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COMMUNE DE MUNDEMBA



REPUBLIC OF CAMEROON

Peace – Work – Fatherland

SOUTHWEST REGION

NDIAN DIVISION

MUNDEMBA COUNCIL

SURVEY REPORT

MECHANISM OF CITIZEN CONTROL OF PUBLIC ACTION WITHIN THE MUNDEMBA COUNCIL



May 2018

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LIST OF ABBREVIATIONS

CCPA	Citizen Control of Public Action
CDE	Cameroun Des Eau
CRC	Citizen Reporting Card
CSO	Civil Society Organizations
EC-ECAM 4	Complementary Survey of the Fourth Cameroon Household Survey
MINATD	Ministry of Territorial Administration and Decentralization
MINEDUB	Ministry of Basic Education
MINEE	Ministry of Water and Energy
MINEPAT	Ministry, of Economy, Planning & Territorial Development
MINESEC	Ministry of Secondary Education
MINSANTE	Ministry of Public Health
NADEV	Nkong Hill Top Association for Development
NIS	National Institute of Statistics
<u>PIB</u>	<u>Public Investment Budget</u>
PNDP	National Community Driven Development Program
PTA	Parents Teachers Association
UCCC	Union of Cities and Councils of Cameroon
UN	United Nations

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EXECUTIVE SUMMARY

Preface

This report presents the findings of a survey on Citizen Control of Public Action carried out in Mundemba Council by Nkong Hill Top Association (NADEV) with support from the National Community Driven Development Programme (PNDP). Our Council has enthusiastically participated in the various stages of the survey which included the launching, data collection, and validation of the report, with the intention of drawing lessons from the perception of our citizens on the delivery of public services to improve on our work.

The survey has been a welcome process as it has been highly participatory, giving hundreds of the population the opportunity to voice their concerns. Taking cognizance of this, we are fully committed to implementing the action plan adopted by the Council at the end of the process.

In taking this commitment we remain grateful to the PNDP for financing this survey and NADEV for successfully implementing it. We invite all stakeholders and especially the entire population of our municipality to implement the action plan for the continuous development of our council.



**1ST DEPUTY MAYOR
MUNDEMBE COUNCIL**

John Ernest Louis Nkomo

EXECUTIVE SUMMARY

i) Brief presentation of the objectives of the Scorecard, its methodology and main results

The municipality of Mundemba was one of the recipients of the Scorecard survey with main objective to increase effectiveness of public actions, and enhance the capacities of vulnerable population and the underprivileged persons within the community. The survey specifically intends to provide more information on;

- The indicators pertaining to the perception of water services
- The indicators pertaining to the perception of health services
- The indicators pertaining to the perception of education services
- The indicators pertaining to the perception of council services

Commenté [r1]: These are aims of CCPA and deserves to be here

Going these objective, 320 households were selected within the municipality with the help of the National Institute of Statistics (NIS) to take part in the survey. Data collected was analysed by NIS and interpreted by Nkong Hill Top Association for Development (NADEV). The results will later on be disseminated to the general public of the Mundemba municipality so as to cause actions.

In all, 47.4% of households sampled were not satisfied with the services of drinking water, 45% for the services of the health sector, and 47.4% for council service. As regards education, 11.3% were not satisfied with nursery education services, 24.9% with primary education services, and 23% for secondary education services.

ii) Lists of recommendations based on the results

Water Supply

- Portable water supply schemes should be increase within the community.
- More water points should be constructed within the community.
- Water management committees should be formed and empowered around all public water supply points to ensure quality management of these sources, and prompt reactions to any damages incurred by the water point.
- The quality of water available to the general public should be improved
- Since more than 60% of the population fetch water from the rivers the population should be trained on community use of water and management, in order avoid frequent pollutions

Health

- Basic drugs should be made readily available within the existing health units.
- More hospital equipment should be provided for the health care units, so as to improve the quality of health care services provided to the public.
- Improve on the capacity of medical staff to better render health care services to the population.
- Lobby for the transfer of more medical personnel to the community
- Promotion of community health visits and education.
- Encourage private investors to establish private health centers in the Municipality.
- Ambulatory Transportations should be instituted to better facilitate health care access.

Educational services

- Lobby for the transfer of more teachers to the Mundemba municipality
- More vocational training centres should be made available to promote skilled talents.
- More school equipment should be provided for schools, so as to improve the quality of educational care services provided to the public.
- Make schools more accessible by improving on the road conditions leading to these schools.
- Sensitize Parents on the importance of education within rural areas.

The council and village organizations should also take part in maintaining school equipment.

- Second cycles should be made available for secondary schools which lack one.

Council services.

- More accountability and transparency in all council activities
- ~~More transparency of the council in its budgeting and expenditures~~
- Improvement on council staff behaviours and capacities.
- Timelines in providing services.
- More communication between the council and its population.
- Council annual plan should be made available to the general public.

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+ Alignement : 0 cm + Retrait : 0,63 cm

GENERAL INTRODUCTION

Institutional reform in African countries in recent years has been marked by trials of various forms of decentralisation. In general, hitherto centralised governments have initiated a reform agenda with the aim of transferring some powers, tasks, and resources to regional governments and local authorities. Cameroon like many African countries is currently in the process of decentralising significant functions, previously exercised by the central administration, to local governments. This is in line with the 1996 Constitution, which transformed the country into ‘a decentralised unitary state’ comprising a central government and several ‘autonomous’ sub-national governments. It was only after 15 years that the constitutional provisions were transformed into reality, to the satisfaction of many of its citizens. It took another more than 7 years of preparatory work, before the parliament of Cameroon passed three laws on decentralisation in 2004. They establish a framework for decentralisation and make provision for the devolution of powers to local authorities in the economic, social, health, educational, cultural and sports development areas. The supervising authority of state institutions at various levels has been slightly reduced as a result of the law.

It was in line of achieving the much-cherished goal of decentralisation that the government of Cameroon put in place a number of tools towards the aim. One of the main tools used was the National Community Driven Development Programme (with French acronym PNDP), commissioned to contribute towards poverty alleviation using participatory strategies at the level of the local councils. Within the framework for the execution of the PNDP, an agreement was signed between Mundemba Council, the PNDP and NADEV (Nkong Hill Top Association for Development), in which the PNDP has offered technical and financial support to enable NADEV (Local Support Organisation) establish a Citizens' Report Card for the Mundemba Council area. This report card known as the Citizen Control of Public Action (CCPA) has as main objective to get the perception of the local man on the various services offered to them in domains of Water, Health, Education, and Communal Services.

Given this exercise, a survey was conducted by NADEV within the Mundemba municipality, for which the results will help provide suggestions for changes in the domains of Water, Health, Education, and Communal Services. NADEV is expected during this exercise to;

1. Take part in the preparatory activities for the launching of the process;
2. Participate in the Regional workshop of the launching of the process;
3. Technically organize the launching process at the council level;
4. Contribute in the sensitization of stakeholders;

5. Select enumerators and organize their training while putting at their disposal collection tools;
6. Collect data from sample households within the Mundemba council area (average 320 households). The collection of data shall be done with the help of questionnaires which shall be put at the disposal of NADEV by the Program;
7. Interpret and produce a report on the investigation for Mundemba council;
8. Negotiate changes in the course of council restitution workshops;
9. Participate in restitution workshops at the divisional, regional and national levels.

NADEV so far has accomplished the first six tasks, and is currently on the seventh task for which this report is intended.

Structure of the document

The structure of the report constitutes the following sections:

- Executive summary
- General Introduction
- Methodology for the Execution of Citizens Control of Public Action Within the Mundemba Municipality
- Main findings and suggested recommendations
- Plan of action for the establishment of the citizen control of public actions in the Mundemba municipality
- Annexes

CHAPTER ONE

LEGISLATIVE AND REGULATORY FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

1.1 Legislative and Regulatory Framework of Decentralisation

Law No. 96/06 of 18 January 1996 to amend the Constitution of 2 June 1972, deliberated by the National Assembly and enacted by the President of the Republic, clearly defines the role played by the legislative Executive and Judicial arms of government. This law also defines the geographical boundaries of the regions and the creation of regions by the Head of State.

The first major innovation ushered by the reforms of 2004 is the creation of the Region. As of now, the administrative Regions have been created by a decree of the Head of State. The former ten provinces were transformed into ten Regions. The said regions, however, are still to effectively take off in their functioning as provided for by Law No. 2004/19 of 22 July 2004 to fix the Rules Applicable to Regions.

The latest laws on Decentralisation in Cameroon date back to 2004, 2009 and 2011 with the specifications on the transfer of powers in various domains by the State to local authorities. The three main laws of 2004, however, include:

- Law No. 2004/17 of 22 July 2004 on the Orientation of Decentralisation;
- Law No. 2004/18 of 22 July 2004 to fix the Rule Applicable to Councils;
- Law No. 2004/19 of 22 July 2004 to fix the Rules Applicable to Regions.

These laws introduced some major innovations compared to the previous law, viz, law No. 74/23 of 5 December 1974 to Organise Councils. Presently the domains of competence of local authorities have increased from social, cultural and economic, to include, health, education, water supply, sports and other local services. For example, hence forth, councils can create, equip, manage, maintain council health centres on the one hand; create, equip, manage, and maintain kindergartens, nursery, and primary schools on the other.

As concerns the survey on citizen perception of public action, the sectors of health, water supply, education, and council were of primary concern at the council levels. Here, the councils have the following competencies;

Education.

Decree No. 2010/0247/PM of 26 Feb, 2010 lays down conditions for the exercise of some powers transferred by the State to councils relating to Basic Education. This decree lays down the conditions for the exercise by councils, as from the 2010 financial year, of the powers transferred by the State relating to Basic Education and is an execution of the July 2004 law, on the rules applicable to councils, which concerns nursery, primary, secondary and vocational training institutions. The Law states that councils shall;

- Take part in keeping with the school map, setting up, equipping, managing, tending, and maintaining council nursery and primary schools and pre-school establishments.
- Recruit and manage back-up staff for the schools.
- Participate in the procurement of school supplies and equipment
- Participate in the management and administration of state high schools and colleges in the region through dialogue and consultation structures.
- Prepare a local forward plan for training and retraining
- Draw up a council plan for vocational integration and reintegration.
- Participate in the setting up, maintenance and management of training centers.

Water sector.

Decree No. 2010/0239/PM OF 26 Feb, 2010 lays down conditions for the exercise by councils, as from the 2010 financial year, of some powers transferred by the State relating to safe drinking water supply in areas not covered by the public water distribution network conceded by the State, especially the project ownership and management of wells and boreholes. Councils shall exercise the powers transferred by the State relating to the project ownership and management of wells and boreholes, without prejudice to the following State responsibilities and prerogatives:

- Design and implementation of sustainable water and sanitation development plans and projects;
- Definition of guidelines, national policies and strategies on water resources management;
- Spring and mineral water exploitation;
- Laying down of conditions for the protection and exploitation of surface and underground waters.

Health sector.

Decree No. 2010/0246/PM OF 26 Feb. 2010 lay down the conditions for the exercise by councils, as from the 2010 financial year, some powers transferred by the State relating to

health, particularly the building, equipping, maintenance and management of Integrated Health Centres.

Councils shall:

- Participate in drawing up, implementation and the continuous assessment of public health policy.
- Participate in the organization, management and development of public hospital establishments and the technical control of private health establishments.
- Participate in defining conditions for the creation, opening and running of public and private health establishments.
- Participate in the laying down and controlling of the building, equipping and maintenance Standards of public and private hospitals establishments.
- Participate in drawing up and updating the health map.

Council.

Law No 2004/018 of 22 July 2004 in its sections 15, 16 and 17 lays down the powers devolved upon councils for economic development.

Here the Council shall be in charge of the;

- Organization of local trade fairs
- Provision of support income and job generating micro projects
- Development of local agricultural, pastoral, handicraft and fish farming activities
- Development of local tourist attractions
- Building, equipment, management and maintenance of markets, bus stations and Slaughter houses.

1.2 Local Development Promotion

Law No 2004/018 of 22 July 2004 in its sections 15, 16 and 17 lays down the powers devolved upon councils for economic development:

- Organization of local trade fairs
- Provision of support to income and job generating micro projects
- Development of local agricultural, pastoral, handicraft and fish farming activities
- Development of local tourist attractions
- Building, equipment, management and maintenance of markets, bus stations and
- Slaughter houses

- Drinking water supply
- Protection of underground and surface water resources
- Contributing to the electrification of areas inhabited by the poor

In essence, practicing local economic development means working directly to build up the economic competitiveness of a local area to improve its economic future. Prioritising the local economy and increasing the productive capacity of local firms, entrepreneurs and workers is crucial if communities are to succeed in the fast changing world. The ability of communities to improve the lives of their members today depends upon them being able to adapt to the fast changing and increasingly competitive market environment. From the perspective of a given territory – the municipality should aim at restructuring the production system, to increase capacity to create enterprises, generate employment and improve the living standards of the population thus enhancing the attractiveness of the municipality for investors and consumers in its entirety.

1.2.1 Giving Impetus to the Decentralisation Process: The Ministry of Decentralisation and Local Development (MINDDEVEL)

In a move that has been seen as a major step in furthering the decentralization process in Cameroon the President created on the 2nd March 2018 the Ministry of Decentralisation and Local Development.

The missions assigned to this ministry are oriented towards two specific areas: decentralization and local development.

With regards to decentralization, the ministry is in charge of:

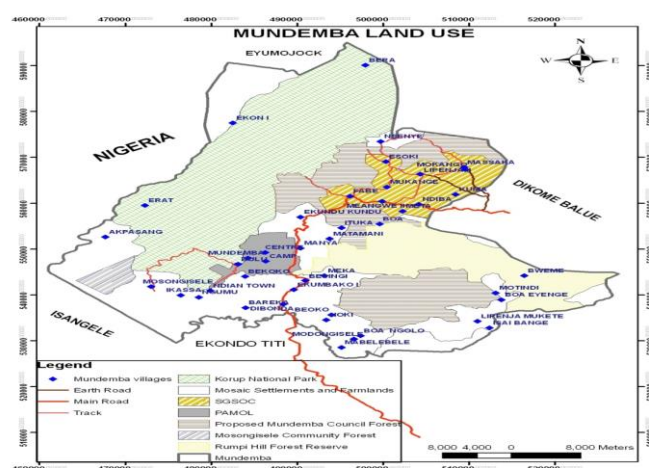
- The elaboration of legislation and regulations relating to the organization and operation of decentralized territorial communities,
- The evaluation and monitoring of the implementation of decentralization. ;
- The monitoring and control of decentralized territorial authorities (CTD);
- The application of legislation and regulations on civil status;
- Finally, under the authority of the President of the Republic, the Minister of Decentralization and Local Development exercises the supervision of the State over decentralized territorial councils.

In the field of local development, the ministry promotes the socio-economic development of regional and local authorities and ensures the practice of good governance within them.

In addition, the ministry exercises State supervision over a number of organizations involved in this sector. This is the case with the Local Council Support Fund for Mutual Assistance (FEICOM), the Local Government Training Center (CEFAM) and the National Civil Status Registry Bureau (BUNEC).

1.3 Brief Presentation of the Mundemba Council Area.

Figure 1: Map of Mundemba Municipality



Source: CDP Mundemba Council, 2011

1.3.1 Historical and Administrative organization of the council

Mundemba Council is located in Ndian Division in the South West Region of Cameroon and was created in 1977. The council has a surface area of 1.557kilometres squares. The Mundemba Council shares boundaries with Eyumojock in the North, Isangele and Ekondo Titi in the South, Toko, and Dikome Balua in the East and Nigeria in the West.

1.3.2 Location of Council

Mundemba Council is located in Ndian Division in the South West Region of Cameroon and was created in 1977. The council has a surface area of 1.557kilometres squares. The Mundemba Council shares boundaries with Eyumojock in the North, Isangele and Ekondo Titi in the South, Toko, and Dikome Balua in the East and Nigeria in the West.

1.3.3 History and people of the council (origin of the people, population, ethnic groups, religions, main economic activities)

The Oroko people originated from the Congo basin, migrating upwards and splitting into two groups. One part settled around the south Region of Cameroon while the other migrated to the South West Region settling along the Kumba-Mamfe high way right up to Mbonge and down to Mundemba. The Korup people came from the South-eastern part of Nigeria (Effike people) settling around the Southern sector of the KNP.

The population of the municipality is 30 044 (field survey 2011) inhabitants belonging to six clans (Batanga, Bakoko, Bima, Ngolo, Korup, Balondo Bandiko). The inhabitants of Mundemba are Christians belonging to various denomination as follows; Catholic, Baptist, Presbyterian, Jehovah Witness, Winners Chapel, Redeemed Christian Church, Apostolic, and Full Gospel.

1.3.4 Description of the biophysical environment

Climate

The Mundemba municipality has an equatorial climate with two main seasons: the dry and the wet seasons. The dry season is usually very short and runs from November to February while the wet season is long and it's between March to October. (*Source: PAMOL Weather station*)

Rainfall

The mean annual rainfall for the period of 2005 – 2009 was 13.2mm³.

Monthly rainfall recorded indicated that maximum rainfall occurs from June to October while the minimum rainfall is between December to February. Annual records also show that 2005 was the wettest year, with a mean annual rainfall of 15.3mm³ within the years of data collection (2005 – 2009). (*Source: PAMOL Weather station*)

Humidity and Temperature

The mean monthly temperature ranges from 23°C to 30°C between 2005 and 2009 with a mean maximum monthly record of 33.5°C between January- March (2005), and a minimum monthly record of 22.5°C in January (2008). (*Source: PAMOL Weather station*)

Relief

The Mundemba municipality is composed of a stretch of hilly topography. It is made of gentle slopes gradually increasing as we go from the south west coast of river Ndian to the undulating slopes of the Rumpi Hills forest reserve in the south west, stretching right up to Toko sub

division. Another stretch of undulating hilly topography is found in the south east of the municipality, around the northern part of the Rumpi forest reserve. The proposed council forest is relatively flat with dotted areas of undulating gentle slopes. The highest point here is a hill with altitude of 505m. (Source: *Mundemba Monographic Study, 2010*)

Drainage

The municipality is drained by streams and rivers. Most of the rivers and streams take their rise from the Rumpi hills and the northern part of the Korup national park (KNP). Rivers and streams that take their rise from the Rumpi hills and flows towards the northern section of the proposed council forest while those that take their rise from the northern part of the KNP flow in a southern direction of the park. The streams in block A combine to form the Mana and Mbo's rivers that finally drain into river Ndian and the Atlantic Ocean while the main stream Mossambi in block B converge with river Lokeri and drains into Dibonda river, which empties into the Atlantic Ocean. (Source: *Mundemba Monographic studies, 2010*)

Soils

A description of the geology and soils of the area can be done following Dumort (1965) describing the South West Region including the municipality. His description showed that the Precambrian gneiss and cretaceous sedimentary sandstones which form old basement complex decomposes in situ into old sandy soils. These soils are heavily leached as a result of their low after retention capacity and the frequent heavy rainfall in the municipality. Analysis of composite samples of the cores of the top 10cm of soils from the Korup national park which shares a common region with the municipality shows that the soils are strongly acidic (Low P^H) and low in nutrients (Gartland, 1986; Newbery et al, 1988). (Source: *Mundemba Monographic studies, 2010*)

Vegetation

The forest is part of the Atlantic Biafran Refugia as described by Letouzey. It is a moist lowland evergreen forest, rich in Cesal pinaceae. The forest is quite dense and virgin and frequently encountered species include: Bubinga, Moabi, Iroko, Bilinga, Poga, Azobe, Ekop Naga, Tali, Okan, Framire and Dabema. Other occurring species are Ilomba, Niova, Padouk, Movingui, Aiele and several others less utilized timber species.

The proposed council forest area also contains a variety of non-timber forest products (NTFPs), of high economic value such as Bush mango, Njansang, Bush onion, Bush pepper, and bitter kola, Eru, Shell nuts and several others with less economic potential. (Source: *Mundemba Socio Economic studies, 2009*)

1.3.5 Economic Aspect of the Council

The major economic activities in these communities are agriculture and petty trading, with PAMOL Ndiian Estate having a large oil palm plantation with a processing unit employing about two thousand workers. The maritime access and transit to Nigeria also promote economic activities in the area.

1.3.6 Population distribution per village by gender

A head count in 2011 revealed that there were more women (36.9%) than men (33.1%) within the Mundemba council area. The table below shows the distribution of population by villages and by gender.

Table 1 : Population per village by gender

Villages	Male	Female	Youths less than 16 years	Children less than 5 years	TOTAL
Ngenye	23	21	9	16	69
Matamani	07	06	29	5	47
Mopako	34	47	28	11	120
Mokango	240	320	40	100	700
Mokange	22	24	6	5	57
Lipenja 2	120	180	100	100	500
Esoki	63	51	80	30	224
Massaka	30	40	60	30	160
Meka Ngolo	183	253	190	150	776
Manja	1029	1371	700	400	3500
Besingi	77	167	96	70	410
Mundemba 2	240	300	50	40	630
Ekumbako	07	11	5	6	29
Ikassa Town	27	28	19	4	78
Ngumu	54	61	20	25	160
Mosongisseli Ngolo	28	37	70	50	185
Mabelebele	18	24	18	35	95
Boa Bima	09	07	05	07	28
Bareka Bima	10	07	6	7	30
Mosongiseli Balondo	120	100	60	50	330
Weke	11	08	9	7	35

Bekoko	06	09	14	11	40
Ndian Town	74	71	41	96	282
Boa Ngolo	20	16	18	12	66
Kuma Bima	02	03	20	15	40
Beboka Bima	15	16	11	7	49
Ndiba	16	11	6	3	36
Meta	05	08	5	3	21
Iwei	18	15	8	3	44
Ituka	15	12	10	13	50
Fabe	80	120	35	15	250
Ikondo-Ikondo	159	151	50	50	410
Meangwe II	134	81	130	55	400
Beoko	80	105	55	60	300
Bulu Camp	1543	1157	500	300	3500
Ikassa Camp	186	179	45	60	470
Hospital Camp	43	50	13	8	114
Mana Camp	354	266	30	50	700
Makeke Camp	141	179	68	123	511
Mundimba Camp	523	327	300	150	1300
Mundemba Town	3712	4788	3000	2500	11450
Center A/B	80	120	35	15	250
Isai Mbange	03	02	60	25	90
Lipenja Muketi	16	20	10	9	55
Dikuma	15	17	11	7	50
Ekon I	36	57	168	82	343
Ikondokondo II (Akpasang)	63	16	100	59	238
Nguru Korup	09	07	2	4	22
Erat (Ekon II)	235	205	200	110	750
Bera	14	09	20	7	50
Total	9949	11 080	6565	5000	30 044

CHAPTER TWO

METHODOLOGY FOR THE EXECUTION OF CITIZENS CONTROL OF PUBLIC ACTION WITHIN THE MUNDEMBA MUNICIPALITY

2.1 Study Context

As mentioned already above, since the second phase of the PNDP Program, one of the expected results is "the number of councils that have put in place an operational mechanism on citizen control and access to information" A pilote phase was conducted in 2011 and covered 10 councils in the 10 regions (Idenau in the Southwest Region). This first experience provided knowledge for the scaling up of the third phase. The pilot phase has enable us to;

- See a great enthusiasm of the population to give their opinion on the development of their localities.
- Identify some points of improvement on which the various sectors and Mayors need to take into consideration in the management of their sectors and localities respectively.
- Identify some points of attention for a successful operation.

In order to obtain reliable information for this operation, phase III of PNDP was to carry out a survey in 160 councils with households in order to capture their perceptions for the services offered in the domains of Water, Health, Education and Council services. For this exercise responsibility was distributed as follows;

- The technical leadership of the operation entrusted to NADEV (CSOs) for their independence and their knowledge of the environment.
- The technical support from the National Institute of Statistics (NIS) is predominant both on design and on the operationalization.

Structure of the document

The structure of the report constitutes the following sections:

- Executive summary
- General Introduction

- Methodology for the Execution of Citizens Control of Public Action within the Mundemba municipality
- Main findings and suggested recommendations
- Plan of action for the establishment of the citizen control of public actions in the Mundemba municipality
- Annexes

2.2 Objective and Methodology of CCPA

The main aim was to support the council in realising a citizen control mechanism of the activities of the council. The CCPA also had as objectives after the realisation of the ScoreCard to promote governance, increase effectiveness of public actions, and enhance the capacities of vulnerable population and the underprivileged persons to make known their problems. More specifically, the CCPA aimed at;

- Identifying the stakes and actors (administration and users)
- Collecting data and disseminating the results in 160 councils in collaboration with 19 Civil Society Organizations (CSO)
- Strengthening the capacity of 160 councils to take advantage of the knowledge acquired and adopt changes that will be suggested at the end of the activity.
- Putting in place a consultation framework that will regroup several institutional actors at the council, Divisional, Regional and National levels in order to promote the institutionalization of CCPA

In this light, the methodology adopted for the execution of the CCPA included:

- Putting in place coordination and execution bodies at the National, Regional and Council levels.
- Organize a workshop at the National and Regional levels to bring together institutional actors who can contribute to the institutionalization of this operation (MINEPAT, MINATD, UCCC, MINSANTE, MINEE, MINEDUB, MINESEC, NIS, etc.)
- Negotiate the engagement with stakeholders on the operation.
- Collect, process and analyse data.
- Produce reports.

- Disseminate information / knowledge acquired and negotiate the changes with target councils.

2.3 Method of Sampling and Data Collection.

2.3.1 Sampling

2.3.1.1 Survey Area and Target Population

The study on CCPA covered the entire Mundemba municipality, with a target population of all households within the municipality. Based on a list of enumerated households provided by the Complementary Survey of the Fourth Cameroon Household Survey (EC-ECAM 4), the opinion polls were gotten from a number of sampled households within each village/quarter within the municipality.

2.3.1.2 Sampling Method of the Survey

A stratified random sampling technique was employed in the identification of households to take part in the study, and was done by NIS

2.3.1.3 Sample Size of the Study

The sample size of the study was given as 320 households per council area. Again, this figure was provided by PNDP to NADEV which was also calculated by NIS. The formula

~~employed-used~~ for this is given below as follows;

$$n = \frac{N^2 \times e^2 (1 - p)}{N^2 + \frac{N^2 \times e^2 (1 - p)}{z^2}}$$

Where:

- N represents the total number of households in the community
- e is the error margin (set at 5%)
- z refers to the level of reliability (at 95%, z=1,96)
- P stands for the proportion of the population satisfied with the services offered (given that the level of this indicator is unknown to our population, we set it at 50%)

The application of the above formula gives us a sampling size of 320 households.

2.3.2 Data Collection

i) Data Collection Tools

The main tool for data collection was the questionnaire made up of five main sections; the background, Drinking water, Health, Education, and ~~Communal~~-Council services. It was accompanied with the cartographic map and list of households in the municipality, and the data collection manual.

ii) Data Collection

The data collection process was carried in two main stages, the training of enumerators and the proper collection of data.

a. Training of Enumerators

Training of enumerators within the Mundemba municipality took place between the 12th and 14th of October 2017, at the Mundemba council hall. This training had as main objective to build the capacities of enumerators who were the principal collectors of data from the households, on the understanding of the concept of the CCPA and the objectives of the activity. To accomplish this task, a very participative approach was used, including simulations for each sections of the questionnaire, and a field practice. Ten (10) enumerators were trained and Ten (10) were retained based on an appraisal test.

b. Data Collection Proper

The data collection was carried out by 10 enumerators and one council supervisor who made sure the collection was done properly. The Mundemba Council had 14 enumeration area. That is 3 PAMOL camps (Ikassa, Makeke and Bulu), 5 quarters in MUNDEMBA TOWN (mundemba town and native, Iriba, Street one, Iyoro and Hilltop) and 6 villages out mundemba (Meka, Beoko, Meangwe, Marya, Beboka and Lipen~~ija~~ II). As mentioned above, the main data collection tool was the questionnaire which was only to be administered to the household head or his/her spouse, or any other adult household member capable of providing answers to the questionnaire in the absence of the household head. Data collection started on the 18th October 2017 and ended on the 23rd October 2017.

c. Treatment and Analysis of the Data Collected

Data collected from the field was verified and validated by council supervisor, which was later transferred to NADEV coordination for validation, and finally handed to PNDP. The data was

keyed in into computers by PNDP, then treated and analyzed by NIS, thereof producing tables which will be used for the analysis in this report.

2.4 Method for Measuring Indicators of Perception

Perception indicators were measured quantitatively making use of mostly categorical variable. The questionnaire was designed with most of the questions having predefined set of responses which facilitates treatment and analysis of the responses. The most important question for all the sections dealing with respondent satisfaction of services within the said sector had three (03) predefined answers; satisfied, unsatisfied, and indifferent, which are also known as categories for the said question. It should however be noted that, the tools for the survey and analysis of data was developed and carried out by the National Institute of Statistics.

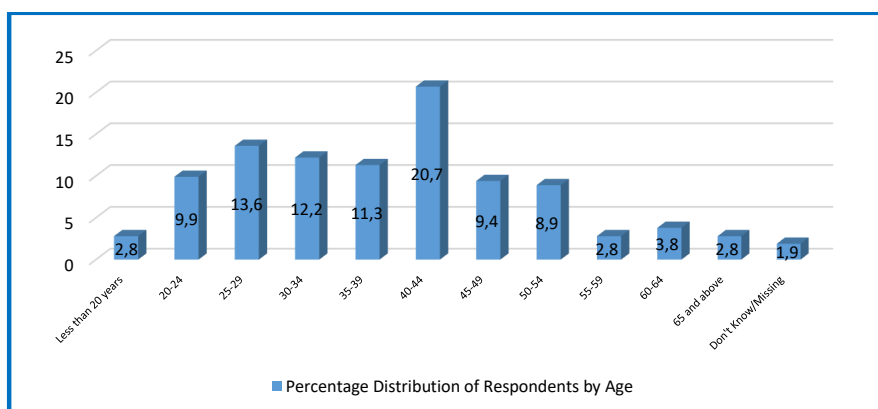
CHAPTER THREE

MAIN FINDINGS AND SUGGESTED RECOMMENDATIONS

3.1 Characteristics of the Sampled Population

A general characteristics of the sampled population is presented below.

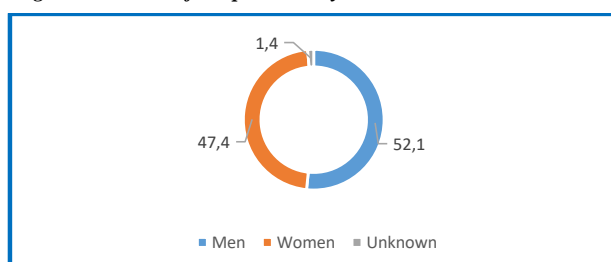
Figure 2: Percentage Distribution of Respondents by Age.



Source: survey report CCPA Mundemba, 2017

Figure 2 above shows a majority of respondents being between the ages of 40 and 44 years old, with a percentage of 20.7%. In general, majority of respondents are between the ages of 25 and 44 years old, with a cumulative percentage of 57.8%. This shows clearly the youthfulness of the population of Mundemba. Also, the sampled population showed a high participation of men (52.1%) as compared to women (47.4%). This shown on figure 2 below.

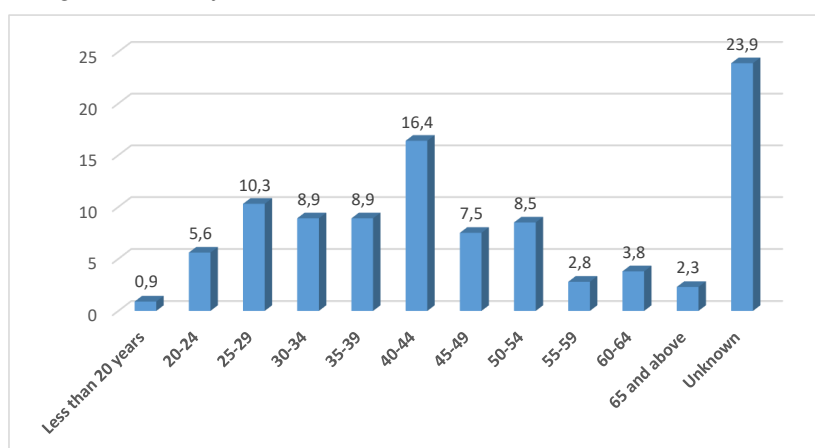
Figure 3: Percentage Distribution of Respondents by Gender



Source: survey report CCPA Mundemba, 2017

Within the context of CCPA study, priority was given to the Household head or his/her spouse to give responses to the questions asked. Except in their absence, could another member of the household be interviewed. With this note, it is important to know the general characteristics of the sub population of households heads within the survey. Figure 3 below shows that most household heads interviewed were of ages between 40 and 44 years old (16.4%), followed by those from 25-29 (10.4%), and between the ages of 30-34 and 35-39 years old (8.9%) each. The high percentage of unknown ages of household heads (23.9%), as seen on the figure was due to the fact most of the households selected for the study were occupied by the students who were at the period of the survey on holidays, and other households were non-existent due to demolition that occurred before the Female African Nations Cup in Cameroon which preceded the period of the study.

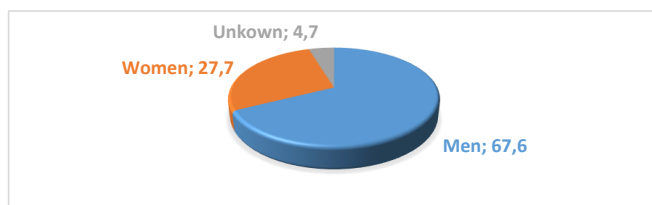
Figure 4: Age Distribution of Household Heads



Source: susurvey report CCPA Mundemba, 2017

Interestingly, though they mostly took part in the CCPA study, men formed the majority of the population of household heads representing 67.6% as opposed to 27.7% for females. 4.7% of the household heads were unavailable during the survey period.

Figure 5: Gender Distribution of Household Heads



Source: survey report CCPA Mundemba, 2017

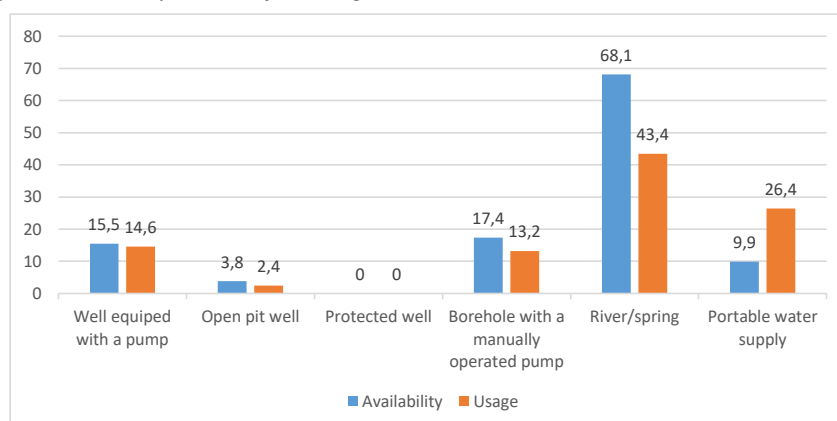
3.2 Water Sector

Water scarcity is a global phenomenon which affects countries worldwide especially in developing countries. Mundemba is blessed with abundant water resources but paradoxically the inhabitants of this region are facing a serious water crisis. CAMWATER/CDE exist within the Mundemba town while other villages have various water schemes like bore holes and wells. Notwithstanding, there is need for extension of CAMWATER/CDE network to other communities without water schemes. The results below describe to an extent, the existing state of potable water supply.

Commenté [r2]: Population figure was not needed and as such, has been removed

3.2.1 Availability and Utilisation

Figure 6: Availability and Use of Drinking Water Sources



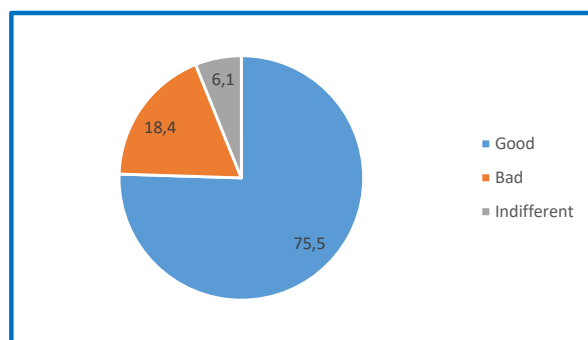
Source: survey report CCPA Mundemba, 2017

Five (5) available portable water supply sources were identified from the survey of households, which include, river/spring (68.1%), Boreholes with manually operated pumps (17.4%), well equipped with pump 15%, Portable water supply which is just 9.9% and open pit well with availability of (3.8%), and no protected wells. When it comes to usage of these various sources of portable water supply, two (2) principal sources stood out from the other, canalisation (26.4%) and rivers/springs (43.9%). In all, over 99.5% of households have access to portable water within Mundemba municipality. The high rate of connection to portable water can be explained by the extensive coverage of the main water distribution agency, Cameroun Des Eau (CDE), and the flow of springs and rivers in the various neighborhoods. The coming of drilling technology has also foster the proliferation of boreholes and wells within the community as seen by their usage of 15.6%.

3.2.2 Quality and Cost of Water Services

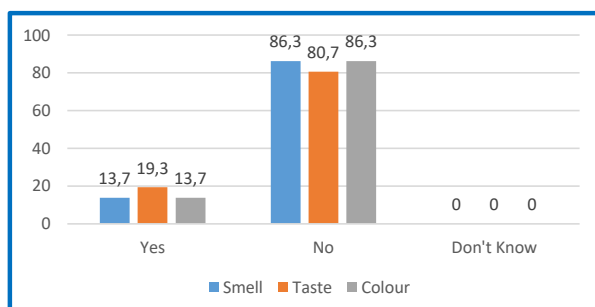
Water quality within the Mundemba municipality is generally good as affirmed by 75.5% of the households surveyed, while 18.4% said the water quality was bad. Though the general quality of water is good, 13.7% of the households said the water had both smell and colour, while 19.3% said it had taste. This is shown on figure 7 and 8 below.

Figure 7: General Portable Water Quality within Mundemba Municipality



Source: survey report CCPA Mundemba, 2017

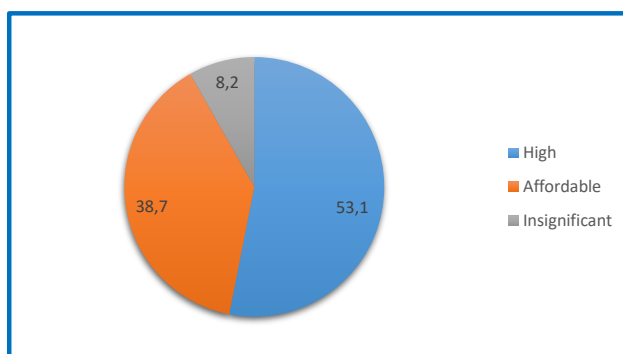
Figure 8: Detailed Portable Water Quality within Mundemba Municipality



Source: survey report CCPA Mundemba, 2017

With regards to cost of portable water within Mundemba, the research shows that 23.1% of all households surveyed, incur an average monthly cost for portable water of 1843.6CFA. While 38.7% of these households thinks the amount is affordable, 53.1% thinks this amount is high, and 8.2% considered the amount to be insignificant. This is illustrated on the figure below.

Figure 9: Perception of Cost of Portable Water in Mundemba

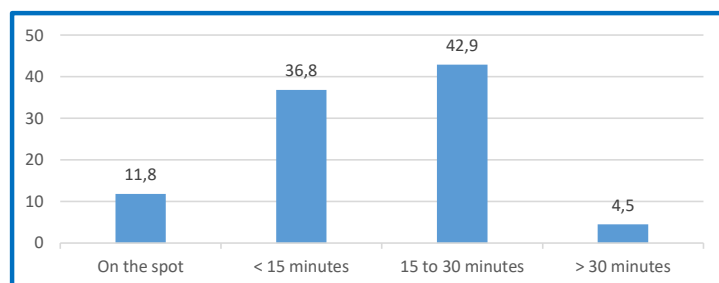


Source: survey report CCPA Mundemba, 2017

3.2.3 Appreciation of Water Services

On the whole, 77.4% of households surveyed have access to portable water all year round, while 11.8% have access to portable water all day. The high access to portable water year round can be explained by the availability of rivers/springs in the community. It was also important to know the time used per households to fetch water on foot and back. This will indicate the amount of time spent on this activity, as it affects other activities of the household, women and children in particular, who are mostly involved with the activity.

Figure 10: Time used on Foot to fetch water for the Household (%)

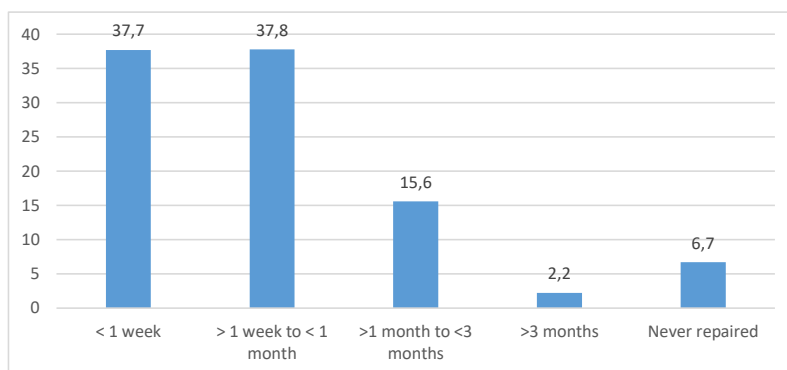


Source: survey report CCPA Mundemba, 2017

It is seen that, the majority of households (42.9%) get water within 15 to 30 minutes, spending a lot of time to get water. 36.8% spend less than 15 minutes to fetch water for their households, which though seems small but plays a major role in the time allocated for other activities of the household. 4.5% of the households spend above 30 minutes to fetch water for their households and 11.8% have access to on the spot water.

Given the frequent damage of water points around the community, it was important to find out using the research, if the main public supply water points have been damaged any time within the last six months. If so, what length of time was used for repairs if any, and who was responsible for the repairs.

Figure 11: Period Used for the Maintenance of Damaged Water Points (%)



Source: survey report CCPA Mundemba, 2017

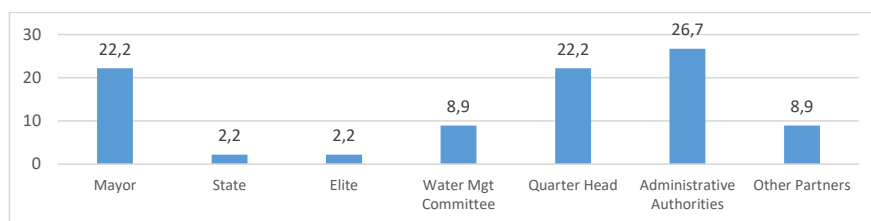
From all households sampled, 21.2% of them experienced a damage of the main public water supply point within the last six months. Figure 11 above shows that 37.7% of these households

said repairs were done less than a week, 37.8% said the repairs were done between a week and a month, and 16.6% said the repairs were carried out between one to three months, 2.2% said more than 3 months and 6.7% said it was never repaired.

For those households who reported the repair of a damaged water point, it was necessary to find out which person or institution was responsible for the repairs. The survey showed that, 2.2% of the reported cases were solved by Elites of the community, 8.9% was handled by water management committees of the community, and the 26.7% was handled by administrative authorities of the community. Village/Quarter heads are responsible for 22.2% of the repairs carried out, the Council is responsible for the same percentage as the Village/Quarter heads while 8.9% of all damages reported were taken care of by other partners/stakeholders of the community (Civil society organizations, foreign partners etc.).

Given the nature of water supply within the community, the research investigated if the households surveyed had made any request with respect to water services within the last six months, and to whom this request was made. The survey revealed that 19.3% of households surveyed had made a request with respect to portable water supply within the last six, of which 26.8% had their needs satisfied. Figure 12 below shows the different stakeholders in charge of realizing the needs expressed by the households within the last six months. As can be seen, majority of the needs of the households (34.1%) were satisfied by other partners/stakeholders (CSOs, NGOs, Foreign Agencies etc.). Village/Quarter heads have also played a vital role in meeting the various needs expressed by households, as seen by the response rate of 31.34%. Other stakeholders involved in the satisfaction of households needs in terms of portable water supply include quarter heads (31.7%), CDE (12.2%), and the council (22%).

Figure 12: Main stakeholders in charge of meeting the needs expressed by households in terms of portable water supply (%)

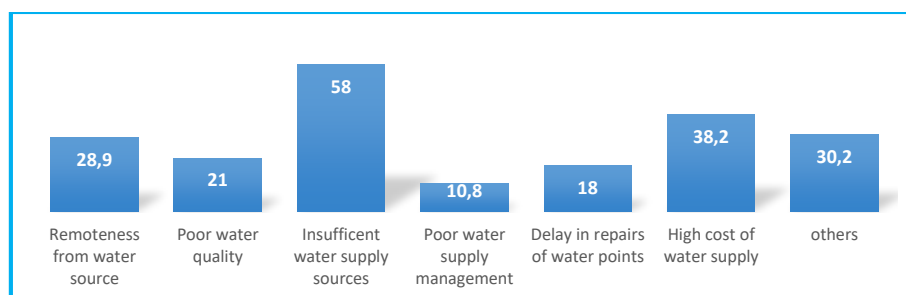


Source: survey report CCPA Mundemba, 2017

3.2.4 Dissatisfaction with the Provision of Portable Water Supply

As discussed above, though the community of Mundemba is blessed with abundant water sources, they still face serious problems of water supply shortages which leave them unsatisfied with the services of portable water supply within the community.

Figure 13: Reasons for Households Dissatisfaction with the Provision of Portable Water Supply Services (%)



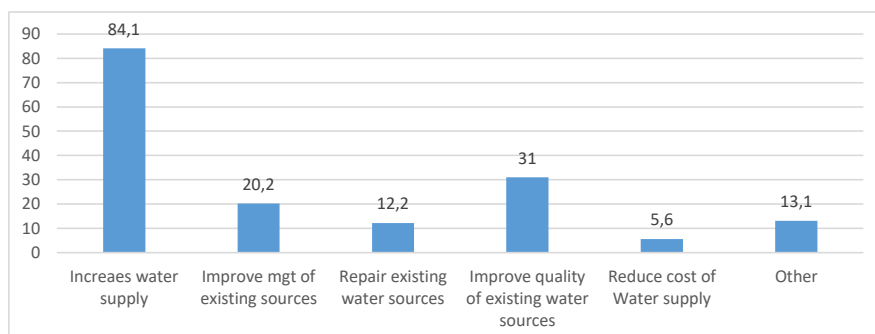
Source: survey report CCPA Mundemba, 2017

The various reasons put forth by households for their non-satisfaction with water supply services include insufficient water supply sources (58%), high cost of water supply (38.2%), and remoteness/distance from water supply source (28.9%), poor water quality (21%), and delay in repairs of damaged water points (18%), poor water management (10.8%), and other reasons (30.2%).

3.2.5 Main Expectations in the Supply of Portable Water

With respect to the supply of portable water within the Mundemba municipality, the households sampled had a number of expectations from the services in charge. 84.1% of the households expect an increase in water supply sources inspired by shortages in water supply within the community. 20.2% of the households expect improvement in the management of the existing water supply sources which will provide a more consistent water supply day and year round. Also, the problem of high cost of water supply is expected to drop to facilitate access to the population of the community (5.6%). Other households expected the repairs of damaged existing water points (12.2%), improvement of the quality of the existing water sources (30.0%), and other expectations (13.1%).

Figure 14: Household Expectations with respect to Water Supply Services



Source: survey report CCPA Mundemba, 2017

3.2.6 Overview of Household Perception on Portable Water Supply Services and Suggested Recommendations

In all, the Mundemba municipality has very high access to portable water as examined above, but due to poor management, quality, and delayed repairs, access is not consistent throughout the year. The problems so far identified for amelioration includes;

- Remoteness and insufficient portable water supply sources within the community
- Poor management of water supply sources, and poor quality of water
- Inadequate communication between the population and water supply management authorities
- Poor quality of the water as stipulated by 45.5% of households.
- High cost of portable water.

This has given rise to some suggestions which if handled, will improve the availability and quality of portable water within the community.

- Portable water supply schemes should be increase within the community.
- More water points should be constructed within the community.
- Water management committees should be formed and empowered around all public water supply points to ensure quality management of these sources, and prompt reactions to any damages incurred by the water point.
- The quality of water available to the general public should be improved
- Since more than 60% of the population fetch water from the rivers the population should be trained on community use of water and management, in order avoid frequent pollutions.

- Encourage Households to practice simple water purification techniques, such as sedimentation and coagulation methods of purification.

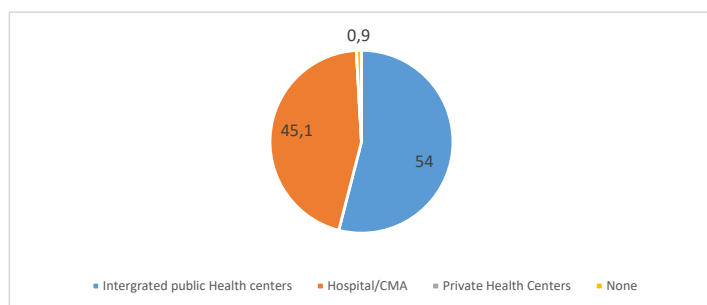
3.3 Health Sector

There are six health ~~centers-facilities~~ within the municipality, four integrated health centres, and two hospitals. ~~Two out of the five are functional while three are non functional. (Also two hospitals are found in the municipality which includes:~~ District Hospital Mundemba and the PAMOL hospital in the camp).

3.3.1 Availability and Utilization

From all households sampled within the survey, public integrated health centres appear to be most accessible to households within the community with a response rate of 54%, followed by hospitals/CMA with 45.1%. There are no private health centres identified within the community. Unfortunately, 0.9% of households do not have any health unit near their households. The figure below helps demonstrates the proximity of health units to households within the community.

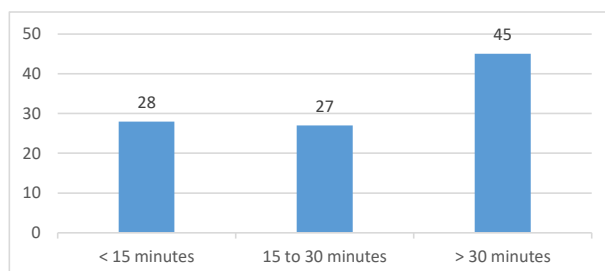
Figure 15: Closest Health Units to Households within Mundemba Municipality



Source: survey report CCPA Mundemba, 2017

Though, a number of health centres are quite close to the households, it was necessary to find out the actual time required to get these health units. The figure below shows that the larger portion of households get to the closest health unit in more than 30 minutes (45%), with 28% being less than 15 minutes to the health unit and 27% being within 15 and 30 minutes to the health unit. Figure 16 below shows the situation clearly

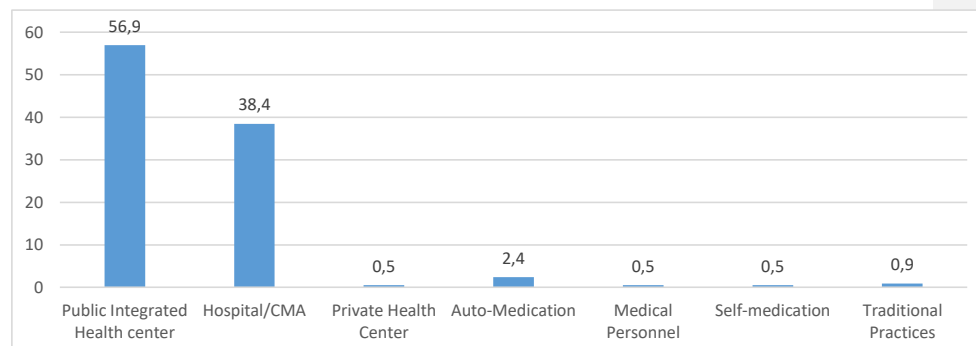
Figure 16: Time used to get to the nearest Health Center by Households in the Community



Source: survey report CCPA Mundemba, 2017

The research further revealed that, most households (56.9%) take preference to a hospital/CMA when health issues arise within the house. 38.4% prefer integrated health centers while 0.5% prefer private health centers. Other households prefer auto medication (2.4%), use of medical personnel (0.5%), self-medication (0.5%), and traditional practices (0.9%).

Figure 17: Households preference of Health service in case of Illness



Source: survey report CCPA Mundemba, 2017

Of all households sampled, 62.4% use the nearest health care unit to their households. With this proportion, they are quite aware of the persons in charge of the health unit. The survey revealed that 57.9% of the nearest health care units used by households are headed by medical

doctors, while 24.6% and 4.8% are headed respectively by nurses and assistant nurses. 7.1% are headed by other medical personnel. Unfortunately, 5.6% are not aware of the person responsible for the nearest health care unit which they use.

3.3.2 Quality and Cost of Health Services

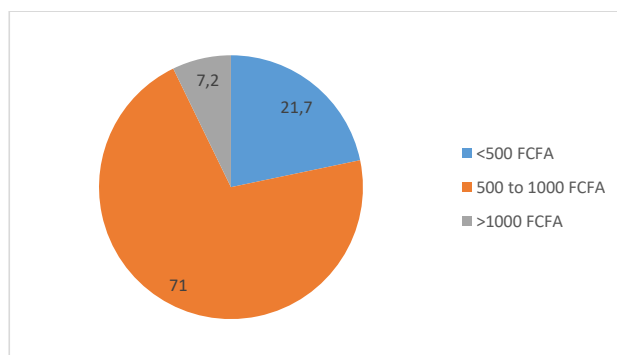
In terms of quality of health service, the survey was interested in finding out the situation of the health unit the last time a member of households visited the facility, in terms of personnel, availability of medications, equipment and cost of consultations

The survey revealed that, almost all health units used by households had the medical personnel present, as seen by an 88.9% response from all households sampled. Also, minor equipment (syringes, alcohol, scissors, etc.) were available in the health facility as said by 82.5% of households. This shows that the health units are capable of carrying out minor emergency cases. Also, 93.7% of households said hospitalization wards were available for admission of patients. In these hospitalization wards, 0.8% said no beds were found, 35.6% of households reported less than 5 beds found in the wards, 22.0% reported 5 to 10 beds, and 21.2% reported more than 10 beds, while 20.3% could not tell the number of beds found in the ward.

With regards to availability of medication within the health care unit, 97.6% of households reported the availability of a pharmacy or pro-pharmacy, while 53.5% of households said the pharmacies actually had drugs during their visit to the nearest health care unit.

In terms of cost of health services, 58.5% of households reported paying an amount of money for consultation at the nearest health care unit visited.

Figure 18: Cost of Consultation of Households



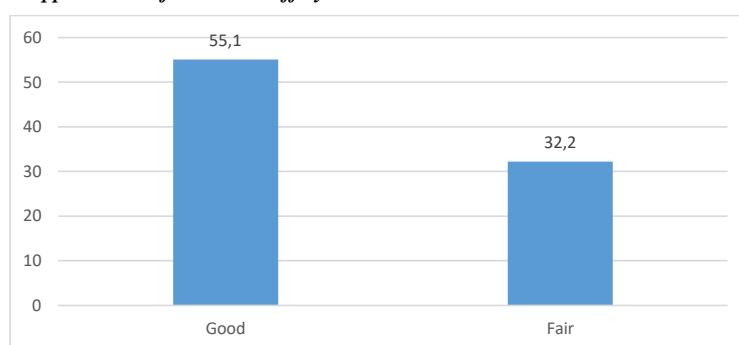
Source: survey report CCPA Mundemba, 2017

From the figure, 71% of households reported paying between 500 and 1000 FCFA for consultation, 7.2% above 1000 FCFA, and 21.7% below 500 FCFA. With these different cost of consultation, 56.5% of households found the amount to be reasonable or affordable, while 33.3% found the amount to be high for them, and 10.1% said the amount was insignificant to them and posed no inconveniences for them.

3.3.3 Appreciation of Health Services

In general, the majority of households sampled revealed that they found the attitude of the medical staffs at the nearest health care unit visited to be good, as seen by a 55.1% response rate, while 32.2% said their attitude was fair.

Figure 19: Appreciation of Medical Staff by Households



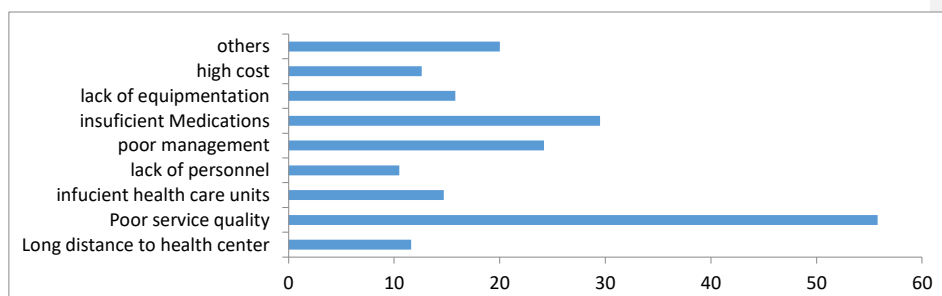
Source: survey report CCPA Mundemba, 2017

In all, 40.3% of households agree that, the nearest health care unit was capable of providing appropriate solutions to a good number of health problems faced by the household.

3.3.4 Dissatisfaction of Households with Health Services

45.0% of households were not satisfied with their health services, and were attributed to reasons as remoteness of health care units, high cost of health care, insufficient drugs, insufficient and poor equipment of the health unit etc. The proportion of dissatisfaction of house hold were based on several factors as illustrated bellow.

Figure 20: Reasons for dissatisfaction with health care delivery



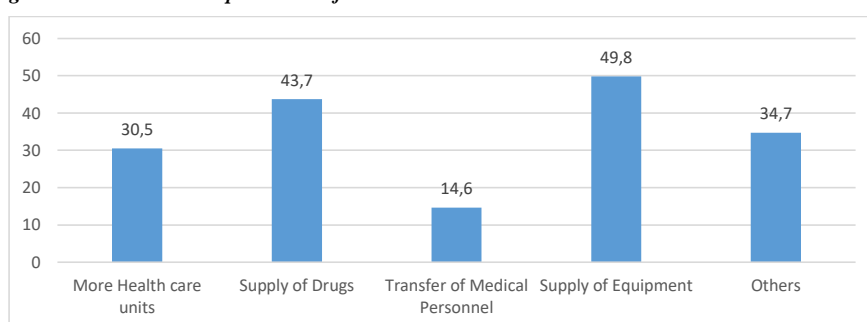
Source: survey report CCPA Mundemba, 2017

The poor level of service delivery is the main reason for dissatisfaction with a proportion of 55.8%. Insufficient medications, poor management, others reasons and lack of equipment are also reasons for dissatisfaction, with proportions of 29.5%, 24.2%, 20% and 15.8% respectively. High cost, Lack of staff and distance of health services from household are each just below 15% of the reasons of dissatisfaction.

3.3.5 Expectations of Households with regards to Health Services

As always, households are not short of expectations from the health sector. 30.5% of households expect an increase in the number of health care units within the municipality, while 43.5% expect the provision of more and better equipment within the health care units. 49.8% and 14.6% of households respectively, expect the supply of more drugs to health care units, and the transfer of a medical personnel from the health care unit. 37.4% expect other improvements of the health care units.

Figure 21: Households expectations of health service sector



Source: survey report CCPA Mundemba, 2017

3.3.6 Overview of Households perception on Health Services and Suggested Recommendations

On a general note, the provision of health services within the Mundemba municipality is highly appreciated by the population due to;

- The presence of 16 health care units within the municipality.
- Availability of medical personnel at the various health care units
- Availability of basic materials, medications and equipment in health care units
- The existence of pharmacies/pro-pharmacies within the various health care units
- The population have a good perception of the reception in health
- Though health care services are quite good within the municipality, some amelioration need to be done to provide better quality services to the population. To help them achieve this goal, NADEV suggest the following;
- Basic drugs should be made readily available within the existing health units.
- More hospital equipment should be provided for the health care units, so as to improve the quality of health care services provided to the public.
- Improve on the capacity of medical staff to better render health care services to the population.
- Lobby for the transfer of more medical personnel to the community
- Promotion of community health visits and education.
- Encourage private investors to establish private health centers in the Municipality.
- Ambulatory Transportations should be instituted to better facilitate health care access.

3.4 Educational Sector (Basic, Primary, Secondary and Vocational training)

The survey was interested in the existence and accessibility of Basic, Secondary, and vocational training institutions. Before detail results are presented, it should however be noted that, the actual number of households who answered questions with regards to nursery and Vocational education were less than 25, and so a genuine conclusion cannot really be drawn from their responses given the small sample size.

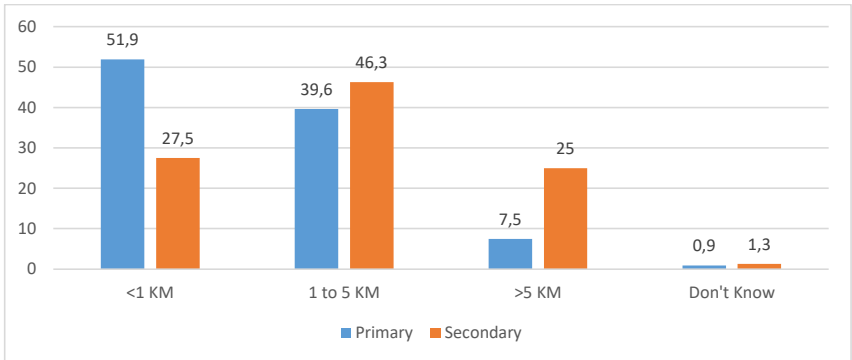
3.4.1 Availability and Utilization of Educational Services

The survey revealed the existence of primary and secondary institutions within the municipality. All households with children in primary school confirmed the existence of primary schools within their quarter/village, that is (100%), and 93.8% of all households declared the presence of a secondary school within their village/quarter. Within the community,

the average number of children per households attending the primary school within the village/quarter was reported to be approximately 2 children, and 2 children still for secondary school.

The distance to be covered by children of households to get school was also analyzed, and it showed the following;

Figure 22: Distance Covered by Households Children to get to School.

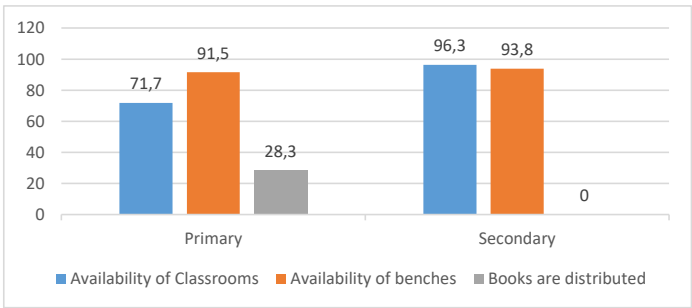


Source: survey report CCPA Mundemba, 2017

As seen above, the survey revealed that, most primary schools are less than a kilometer from the households as reported (59.1%), while the secondary schools are within 1 and 5 kilometers away from the households as reported (46.3%). The study also revealed that, the average time on foot for child to get his/her school is approximately (21) minutes for primary schools, and 32 minutes for secondary schools.

It was also of interest to know if the various schooling institutions disposed of the complete cycles as required by standards. The survey revealed that, most of the primary and secondary schools have complete cycles as required. (91.5%) of households agree that the primary schools had a complete cycle, while (100%) of households declared that the secondary schools had a first complete cycle and (60%) said it has a complete second cycle.

Figure 23: Availability of classrooms, benches and books distributed.

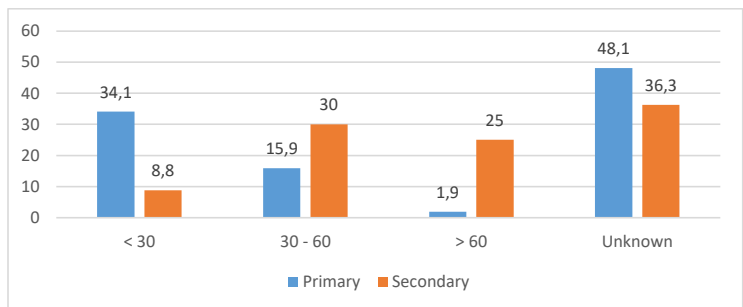


Source: survey report CCPA Mundemba, 2017

3.4.2 Quality and Cost in the Provision of Educational Services

The quality and cost of education is very vital for the development of any nation, and so some emphasis was laid in finding out these aspects of the nursery, primary and secondary educational systems. In the framework of this study, the main variables used in measuring the quality of education included; number of children per classroom and attendance of teachers, while the variables for cost included; average annual cost of tuition per child and additional expenditures.

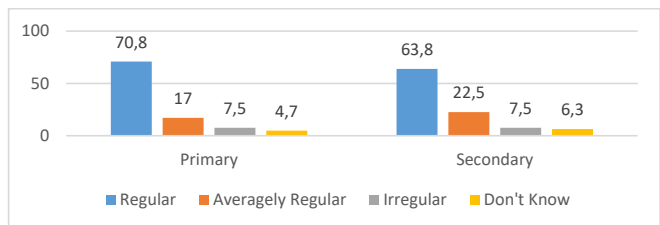
Figure 24: Average Number of Pupil/Students per Classrooms



Source: survey report CCPA Mundemba, 2017

The survey shows that, the average number of pupils in primary schools is less than 30 as seen by the (34.1%) response rate, while (48.1%) of households did not know the number. As concerns secondary schools, households reported an average number of students between 30 and 60 children, as seen from the 30% response rate, and 27% were unaware.

Figure 25: Attendance frequency of Teachers

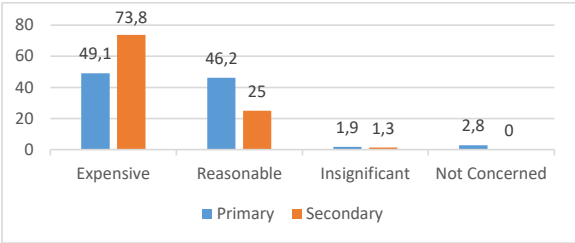


Source: survey report CCPA Mundemba, 2017

The figure reveals that on average, the teachers are regular in schools as reported by (70.8%), and (63.8%) of households for primary and secondary respectively. Nevertheless, some households still reported fairly regular and irregular attendance of teachers in school.

As what concerns the cost of education within the community, most of the households sampled declared the high cost of education at all levels. In essence, 98.1% of households affirmed to have paid tuition fee for primary schools, and 100% for secondary education.

Figure 26: Household Perception of Tuition Fee

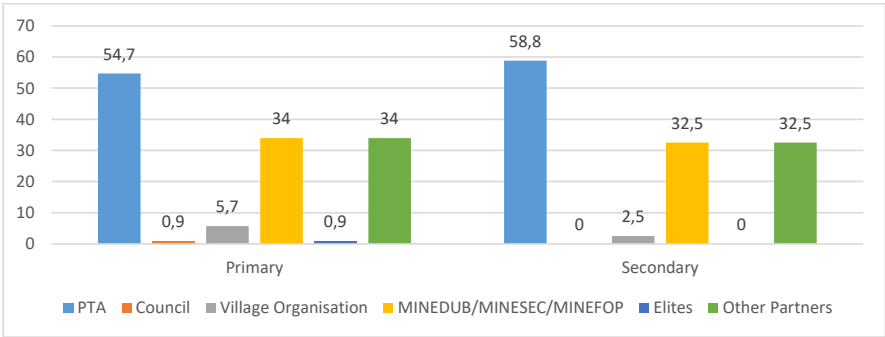


Source: survey report CCPA Mundemba, 2017

The results above show that the parents believe the cost of education is expensive with 49.1% at the primary level and 73.8% at the secondary level. The results also show the proportion of those who paid for something else in addition to fees, 83.8% for primary schools, and 93.8% for secondary schools.

It was also a primary concern to find out the persons or institutions responsible for financing maintenance works within the school environment in case of damage. The survey shows a number of stakeholders who finance maintenance activities where need arises.

Figure 27: Institutions in charge of maintenance activities within schools in case of damages



Source: survey report CCPA Mundemba, 2017

The damaged classrooms were repaired mostly by the PTA with 54.7% and 58.8% at both the primary and secondary levels. The other associations involved with the repair are shown in the table below.

3.4.3 Appreciation of Educational Services

Some households sampled expressed dissatisfaction with the services provided within the educational sector. Precisely 11.3% of households were unsatisfied with the nursery sector, 24.9% with the primary sector, 23% for the secondary sector, and 5.6% with professional sector. Their various reasons for dissatisfaction are analysed below;

3.4.4 Dissatisfaction of Households with Educational Services

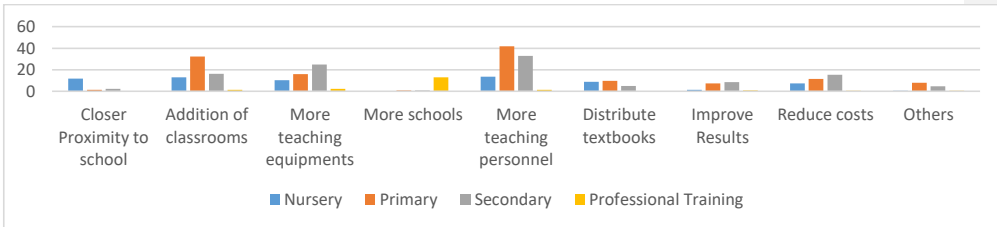
As mentioned above, the various reasons advanced for household dissatisfaction with educational service includes the following;

- Long distances of some schools
- Insufficient classrooms
- Insufficient and inadequate equipment
- Insufficient schools
- Insufficient teaching Staff
- Lack of school manuals
- Poor results
- High tuition fees
- Others

3.4.5 Expectations of Households with regards to Educational Services

The bulk of households confirmed to be satisfied with the services of the educational sector. But nonetheless, a number of worries in terms of expectations from the people in charge were raised. Some of the expectations included; bringing schools closer to households, provision of more and quality equipment, increase classrooms, increase schools, increase staff, distribute text books, improve on school results for all levels, reduce cost of education, and others. What stood out the most is the addition of personnel in schools with 13.6%, 41.8%, 32.9%, and 1.4% at the nursery, primary, secondary and professional formation education levels. All the other results are displayed in the table below.

Figure 28: Expectation of Households with respect to Educational Services



Source: survey report CCPA Mundemba, 2017.

3.4.6 Overview of Household perception of Educational Services and Suggested Recommendations

Most of the households were generally very satisfied with the services of the education sector. This is seen through the following points below;

- The population is aware of the presence of schools within the community, nursery, primary, secondary, and within reasonable distance from households implying the schools are accessible.
- The schools are equipped with classrooms and benches which facilitates the learning process for pupils and students.
- Teachers are also quite regular to school.
- The lack of corruption within schools is also evident, as households do not pay extra charges to get their children admitted to schools or other non-official activities.
- In general households are satisfied with the services they receive from the educational sector

Though most household express satisfaction with educational services, some ameliorations still need to be done, as expected by households. For these reasons, NADEV has the following suggested recommendations.

- Lobby for the transfer of more teachers to the Mundemba municipality
- More vocational training centres should be made available to promote skilled talents.
- More school equipment should be provided for schools, so as to improve the quality of educational care services provided to the public.
- Make schools more accessible by improving on the road conditions leading to these schools.
- Sensitize Parents on the importance of education within rural areas.

- The council and village organizations should also take part in maintaining school equipment.
- Second cycles should be made available for secondary schools which lack one.
-

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3.5 Communal Council Services

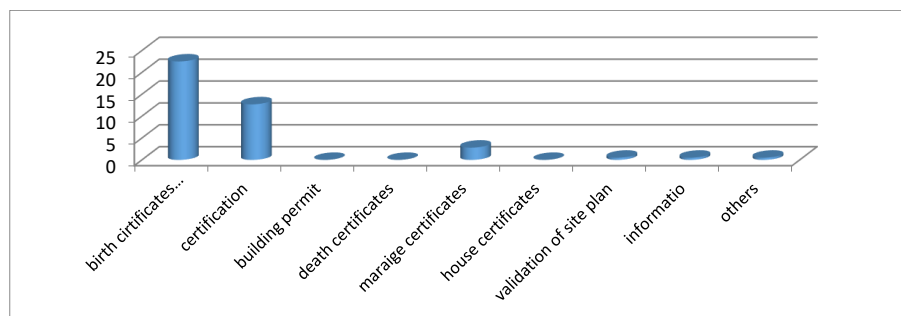
The council represents the decentralized local authority at the level of the community, headed by the mayor. As such, the council has the authority to provide certain services to the population which it serves. Hence, this study was also in a bit to find out the various services offered by the council to its community, the quality of these services and the perception of households with regards to these services.

3.5.1 Availability and Utilization of Council Services

The survey revealed a number of services rendered by the council to its citizens, and includes but not limited to the issuance of birth certificates, certification of copies of official documents, building permits, marriage certificates, death certificates, certificate of residence, validation of location plans, and information dissemination.

There are several reasons why the people of the Mundemba visit the council. According to the study, the following communal council services were evaluated and the time spent by the participants before the service was rendered. However, the data obtained on the time taken to deliver these services was too small to be considered of statistical significance. Hence we shall focus more on the proportion of households who went to the council to apply for one of its services as illustrated below.

Figure 29: Councils Services as demanded by Households

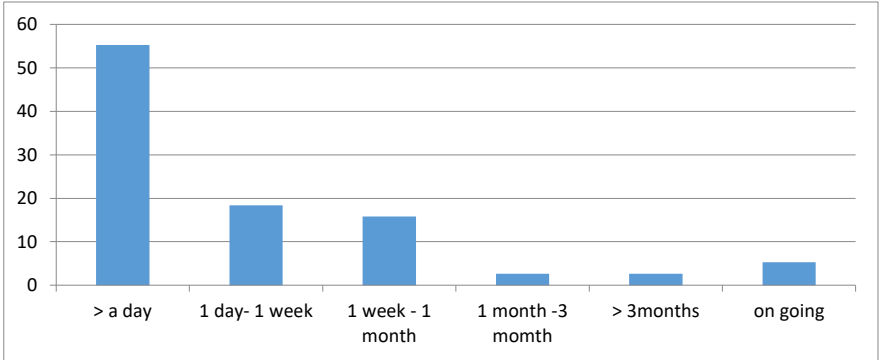


Source: survey report CCPA Mundemba, 2017

22.5% of household participants visited the council for issuing of birth certificates, 12.7% went to the council for certification and 2.8% for marriage certificates. Less than one 1 % of the household members went to the council for building permit, death certificates, information and others. A proportion of 79.2% who applied for birth certificates said that they were well received and 88.9% who did their certification said that they were well received.

With respect to time it took before Services were obtained by applicants, data could only be gotten from those who applied for birth certificates. This is because of the high proportion of households who applied for Birth Certificates. This is illustrated bellow.

Figure 30: Time Span for delivery of Council Services



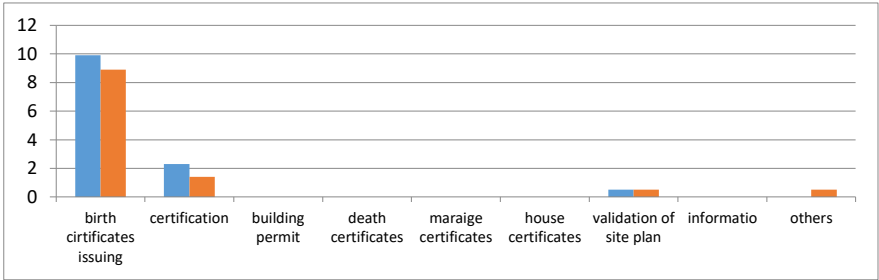
Source: survey report CCPA Mundemba, 2017

Just over 50% of households received their birth certificates within a day. 18.4% received their own certificates within a day to a week and 15.8% within one week and a month. 2.6 % of the households said that they received their birth certificates after waiting for a month and above 3 months. A proportion of 5.3% were still waiting for their Birth certificates. It should be noted that these figures serves only as a pointer, as less 50 households responded to this section.

3.5.2 Quality and Cost in the Provision of Council Services

The amount of time used to completely satisfy the households with regards to their demands was also investigated. The figure below shows the percentage of households who regarded the time used as long or very long.

Figure 31: Percentage of households who regards the council service time as long or very long



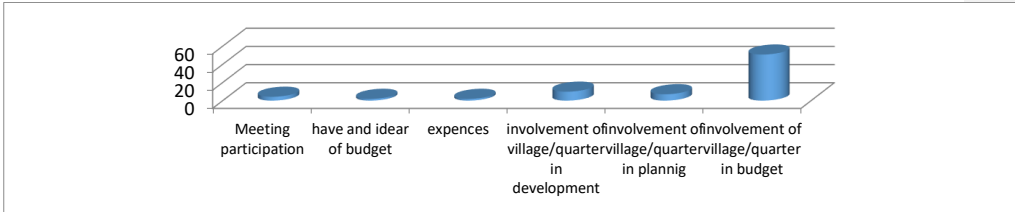
Source: survey report CCPA Mundemba, 2017

9.9% of the households felt that the delivery of birth certificates by the council took long or very long, with 8.9% paying extra for the certificate. 2.5% said that the to certify documents at the council too very long. In other to get their documents certified 1.4% of participants had to pay extra cash. 0.5% of households waited for the validation of their site plan to be done and they all paid an extra amount of money.

3.5.3 Appreciation of Council Services

The involvement of quarters and villages in council activities was also evaluated in this study. The proportion of household involved in council activities of the Mundemba council are shown below. The Mundemba council involves its communities and villages in development and budgeting. 50.7% of the households said that the communities are involved in budgeting, 7.0% of households said that the community was also involves in planning and a proportion of 9.8% of household believed that the council involved the community in development activities. 4.2 % of participants take part in council meetings, and less than 2% of households had knowledge on the expenses and budgeting of the council.

Figure 32: Household Participation in Council Development Activities

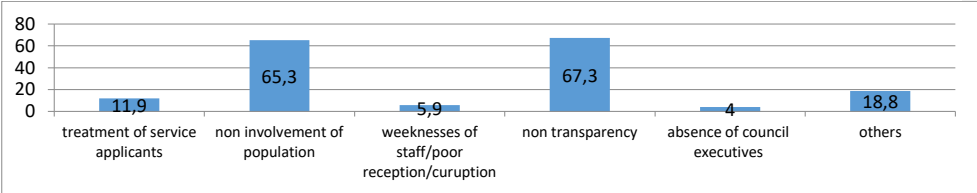


Source: survey report CCPA Mundemba, 2017

3.5.4 Dissatisfaction of Households with Council Services

Even though the councils do a good job in providing services and involving its communities in development and budgeting project, a proportion of 47.4% of the household participants expressed their dissatisfaction with regards to provision of these services.

Figure 33: Reasons for Non Satisfaction of Council Services of Households

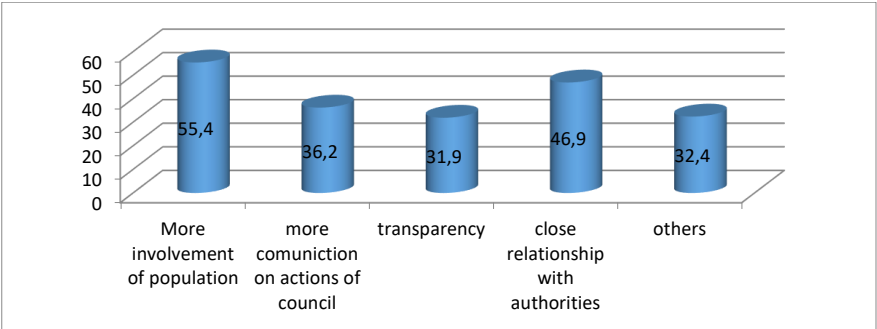


Source: survey report CCPA Mundemba, 2017

It is shown that a great majority of the population of Mundemba are not satisfied with their council because of Non transparency (as stipulated by 67.3% of households) and lack of public involvement (65.3%). Just over 50% were not happy with other aspects and 11.9% were not satisfied with treatment of service applicants. Poor staffing and absence of council executive had a dissatisfaction of 5.9% and 4% respectively.

3.5.5 Expectations of Households with regards to Council Services

Figure 34: Households expectations from council services



Source: survey report CCPA Mundemba, 2017

The households involved in the study also expressed their expectations from the council in carrying out its activities. From the illustration above, it can be seen that 55.4% of households in the

Mundemba council expect that the population should be involved in council activities. A proportion of 46.9% expect a close relationship with council authorities, 36.2% expect an increase in communication and 31.9% expect more transparency. Expectations for some other reasons were 32.4%.

3.5.6 Overview of Household perception of Council Services and Suggested Recommendations

In all, the council should be appreciated for making available its services to the general public, and involving the population in establishing and carrying out development actions. Though the council involves the population in its activities, it still is not enough, as more people are left out rather than brought in the council, hence more needs to be done to increase the participation of the general public in decision making process of the council, elaboration and execution of development actions, and generally sensitize the public on all council activities. With these observations, NADEV has the following suggestions for the council to improve its services towards its citizens.

- Provision of ~~communal-council~~ services to the population
- Provision of development projects and budgeting for various communities.
- Availability of staff
- The population have a good perception of council activities

Though educational services are quite good within the municipality, some ameliorations need to be done, to provide better quality services to the population. To help them achieve this goal, ~~NADEV suggest the following~~the following suggestions were made;

- More accountability and transparency ~~of the in all~~ council ~~in its budgeting and expenditures~~activities
- Improvement on council staff behaviours.
- Timelines in providing services.
- More communication between the council and its population.
- Involvement of communities and villages in council projects.
- Council annual plan should be made available to the general public

3.6 Conclusion and Principal Recommendations

The aim of the ScoreCard survey done in the Mundemba municipality was to assess the population's perception on Water Supply, Health facilities, Education and Council Services. Though these services are appreciated by the people of the municipality, the people of the community still have some expectation with respect to improving these services. In line with these expectations, NADEV has put in place the following recommendations for each of these sectors.

Water Supply

- Portable water supply schemes should be increase within the community.
- More water points should be constructed within the community.
- Water management committees should be formed and empowered around all public water supply points to ensure quality management of these sources, and prompt reactions to any damages incurred by the water point.
- The quality of water available to the general public should be improved
- Since more than 60% of the population fetch water from the rivers the population should be trained on community use of water and management, in order avoid frequent pollutions.
- Encourage Households to practice simple water purification techniques, such as sedimentation and coagulation methods of purification.

Health

- Basic drugs should be made readily available within the existing health units.
- More hospital equipment should be provided for the health care units, so as to improve the quality of health care services provided to the public.
- Improve on the capacity of medical staff to better render health care services to the population.
- Lobby for the transfer of more medical personnel to the community
- Promotion of community health visits and education.
- Encourage private investors to establish private health centers in the Municipality.
- Ambulatory Transportations should be instituted to better facilitate health care access.

Educational services

- Lobby for the transfer of more teachers to the Mundemba municipality
- More vocational training centres should be made available to promote skilled talents.

- More school equipment should be provided for schools, so as to improve the quality of educational care services provided to the public.
- Make schools more accessible by improving on the road conditions leading to these schools.
- Sensitize Parents on the importance of education within rural areas.

The council and village organizations should also take part in maintaining school equipment.

Second cycles should be made available for secondary schools which lack one.

Council services.

- More accountability and transparency in all council activities
- ~~More transparency of the council in its budgeting and expenditures~~
- Improvement on council staff behaviours and capacities.
- Timelines in providing services.
- More communication between the council and its population.
- Council annual plan should be made available to the general public

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CHAPTER FOUR

ACTION PLAN FOR THE IMPLEMENTATION OF CITIZEN CONTROL OF PUBLIC ACTION

4.1 Program for the Dissemination of Results

Table 2 : Program for the Dissemination of Results

Phase	Activities	Expected Results	Responsible	Partners	Start date	End date
Production of Reports	Submission of draft report	Final scorecard report is available	CSO	PNDP	28/04/2018	30/04/2018
	Reading of the report			Review panelists	01/05/2018	10/052018
	Reading workshop			PNDP Review panelists Representatives of all sectors involved	14/05/2018	26/05/2018
	Submission of final report			PNDP	28/05/2018	03/06/2018

Negotiation of Recommendations	Restitution workshop for councils	1. Lessons learned and expected changes 2. List of negotiated changes	PNDP	CSO Review panelists Representatives of all sectors involved	05/06/2018	12/06/2018
Dissemination of results	Broadcasting of results	Results are fully broadcasted to the general public	CSO	PNDP Media houses	17/06/2018	06/07/2018
Implementation	Implementation of accepted changes to different sectors	Accepted changes are implemented	Respective sectors	PNDP CSO	17/06/2018	14/08/2018

4.2 Action Plan for the Implementation of the Citizen Control of Public Action

Table 3 : Summary of problems encountered

Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local ¹	Central
Water	<ul style="list-style-type: none"> • Insufficient water supply sources • High cost of water supply • Remoteness/distance from water supply • Poor water quality • Delay in repairs of damaged water points • Poor water management • Other reasons 	<ul style="list-style-type: none"> • Portable water sources should be increased within the community, as some households used more than 30 minutes to fetch water for their households. 	yes	yes
		<ul style="list-style-type: none"> • Water management committees should be formed and empowered around all public water supply sources to ensure quality management of the source, and prompt reactions to any damages incurred by the water point. 	yes	
		<ul style="list-style-type: none"> • Damaged existing sources of portable water supply should be repaired as soon as possible because these damaged points have increase 	yes	yes

		<p>the pressure on other water points meant to serve a number of households only.</p> <ul style="list-style-type: none"> • All responsible authorities should improve of the quality of water they supply. • Since more than 60% of the population fetch water from the rivers the population should be trained on community use of water and management, in order avoid frequent pollutions. • The council authority should make available community water schemes to help reduce the cost of households in getting portable water. • The quality of portable water plays a major role in the health of households, and so special measures should be taken by the authorities in charge to ensure very good quality of portable water going into households within the community. • Encourage Households to practice simple water purification techniques, such as 	<p>yes</p> <p>yes</p> <p>yes</p> <p>yes</p>	<p>yes</p> <p>yes</p> <p>yes</p> <p>yes</p>
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		sedimentation and coagulation methods of purification.	yes	yes
Health	<ul style="list-style-type: none"> • Poor level of service delivery • Insufficient medications • Poor management • Insufficient equipment • High cost of health care • Insufficient staff • Distance of health services • Others reasons 	<ul style="list-style-type: none"> • More drugs should be made available within the health care units, and a detailed list of all drug prices, including all other fees to be paid for any service from the unit. • More hospital equipment should be provided for the health care units, so as to improve the quality of health care services provided to the public. • Improve on the capacity of medical staff to better render health care services to the population. • Set up a monitoring and evaluation committee for all health care units at the communal level, to promote quality health service management and delivery within the municipality. • Promotion of community health visits and education. 	yes	yes

		<ul style="list-style-type: none"> • Encourage private investors to establish private health centers in the Municipality. • Ambulatory Transportations should be instituted to better facilitate health care access. 	yes yes	yes yes
Education	<ul style="list-style-type: none"> • Long distances of some schools • Insufficient classrooms • Insufficient and in adequate equipment • Insufficient schools • Insufficient teaching Staff • Lack-Insufficient of school manuals • Poor results • High tuition fees • Others 	<ul style="list-style-type: none"> • More nursery schools should be made available. • More vocational training centres should be made available to promote skilled talents. • More school equipment should be provided for schools, so as to improve the quality of educational care services provided to the public. • Improve on the capacity of teaching staff to better render educational care services to the population. • More school manuals should be distributed in schools in order to ensure students active participation. 	yes yes	yes yes yes yes

		<ul style="list-style-type: none"> • Make schools more accessible by improving on the road conditions leading to these schools. • Parents should be sensitized on the benefits of education in rural development and children encouraged to school. • The council and village organizations should also take part in maintain school equipment. • Second cycles should be made available for secondary schools which lack one. 	yes	yes
Council Services	<ul style="list-style-type: none"> • Non transparency • Insufficient public involvement • Poor treatment of service applicants • Poor staffing • Absence of council executive • Others aspects 	<ul style="list-style-type: none"> • <u>More accountability and transparency in all council activities.</u> • More transparency of the council in its budgeting and expenditures • Improvement on council staff behaviours and capacities. • Timelines in providing services. <p>More communication between the council and its population.</p>	yes	

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		<ul style="list-style-type: none"> <u>Council annual plan should be made available to the general public</u> 		
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¹ Those solutions that will help develop the plan of action.

Table 4 : Action Plan for the Implementation of the Citizen Control of Public Action

Sector	General Objectives	Specific objectives	Actions	Results indicators	Reference value	Target value	Frequency of measurement	Source of verification	RESPONSIBLES	PARTNERS	Estimated cost
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Water	Improve access to quality drinking water within the Municipality	Increase access to drinking water	Build <u>Construction</u> of water points within the community	5 new water points are built within the municipality		5 new water points	Every six months	Pictures Videos Contracts/ MoU	Council MINEE	PNDP ELITES CSOs	5million (pending feasibility study)
		Improve the management of water points and sources	Revamp/Create water management committees	At least 5 new water committees are created around new water points and at least three existing water committees are revamped		5 new water committees	Every six months	List of members of the committee and their contacts Regular minutes of committee meetings Monthly action plans and reports of committees	Council MINEE	CSOs PNDP Village/Quarter Head	2million (pending proper budgeting)

		Improve quality of drinking water	Community sensitization on simple water purification techniques	More than 30% of the community population can use simple water purification techniques		30% of the population	Quarterly	Posters Banners Pictures Reports	MINEE	Council CSOs Public Health (MINSANTE)	1million (pending proper budgeting)
Health	Improve access to quality health care services	Improve capacity of medical staff	Organize workshops to sensitize medical staffs on good practices within their field of work <u>in performing their duties</u>	At least 60% of all medical staff within the municipality practice good working ethics		60% of all medical staff within the municipality		Attendance sheets Reports Pictures Testimonies from participants	MINSANTE	Council CSOs	3million (pending budgeting)

		Improve management of health units	Revamp health monitoring committees to better perform their duties	All health management committees are functioning fully		All health management committees		List of members of the committee and their contacts Regular minutes of committee meetings Monthly action plans and reports of committees	MINSATE Council	CSOs PNDP Village/Quarter heads Elites	1million (pending budgeting)
Educational	Improve access to education	Improve the quality of education	Supply of school equipment and teaching aids to basic and secondary education	At least five schools each from the basic and secondary level are supplied with equipment		5 schools each from the basic and secondary	Quarterly	Pictures Videos MoU Testimonies from recipient institutions.	Council MINDUB MINSEC	Village/Quarter heads Elites PNDP	10million (pending budgeting)

				t and teaching aids							
		Improve the management of schools	Revamp/Creat e school management boards and PTAs.	At least 50% of schools' managem ent committe es are functionin g fully		50% of schools' manage ment committ ees	Quarterly	List of members of the committee and their contacts Regular minutes of committee meetings Monthly action plans and reports of committee s	Council MINDUB MINSEC	Village/Quart er heads Elites PNDP	2million
Council Services	Build trust between council authoritie s and the populatio n	Improve access to information by the grassroots	Organization of quarterly open sessions	At least two open session is organized year between council executive		2 open sessions yearly	yearly	Pictures Videos Reports Minutes of the sessions	Council CSO	PNDP MINATD Elites Village/Quart er heads	

				and the community							
			Dissemination /Publication of Make public the council investment budget.	At least 50% of the municipal population are aware of the council's plan of action and budget		50% Of the population	yearly	Banners Posters/flyers Radio broadcast reports	Council PNDP	MINATD Village/Quarter heads CSOs Elites	

ANNEXES

ANNEX 1: Questionnaire for the Study

Citizen Report Card

Assessment of public services within the Council of

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Section I. BACKGROUND INFORMATION

A01	Region _____	_ _
A02	Division _____	_ _
A03	Council _____	_ _ _
A04	Batch number	_ _
A05	Counting Zone Sequential number	_ _
A06	Residence stratum : 1=Urban 2=Semi-urban 3=Rural	_
A07	Name of the locality _____	
A08	Structure number	_ _ _
A08	Household number in the sample	_ _
a		
A09	Name of the household head _____	
A10	Age of the household head (in years)	_ _
A11	Sex of the household head : 1=Male 2=Female	_
A12	Name of the respondent _____	
A13	Relationships between the respondent and the household's head (see codes)	_
A14	Sex of the respondent: 1=Male 2=Female	_
A15	Age of the respondent (on a bygone-year basis)	_ _
A16	Phone number of the respondent	_ _ _ _ _ _ _ _ _ _ _

[Date]

A17	Date of beginning of the survey	- _ _ / _ _ / _ _ _ _ _
A18	Date of end of the survey	_ _ / _ _ / _ _ _ _ _
A19	Name of the enumerator _____	_ _
A20	Name of the council's supervisor _____	_ _
A21	Data collection result	_
	1=Complete Survey 4=Absence of a qualified respondent	
	2=Incomplete Survey 5=Empty house or no house responding to the given address	
	3=Refusal 96= Any other reasons (to be specified)	
	(If the answer is different from 1 and 2, the questionnaire should come to an end)	
A22	Assessment of the quality of the survey	_
	1=Very good 2=Good 3=Average 4=Poor 5=Very poor	

CODES

- | | | |
|----------------------------------|---|---|
| 1 = Household Head | 3 = Son/Daughter of the Household head or of his/her spouse | 5 = Other parent of the Household Head or of his/her spouse |
| 2 = Spouse of the Household Head | 4 = Father /mother of the Household Head or of his/her spouse | 6 = No relationships with household head or with his/her spouse |
| | | 7 = Maid |

Q13

Section II. POTABLE WATER

H01	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	1=Yes 2=No A. Well equipped with a pump B. Open pit well C. Protected well D. Boreholes equipped with a manually operated pump E. Spring/ river F. Access to potable water (pipe borne water)	_ _ _ _ _ _
	H01a	Is your main water supply source run by a public or a private entity? 1=Public 2=Private If 2 1 4	_

Section II. POTABLE WATER

H02	<p>What is your main public water supply source? (Just a single answer)</p> <p>1= Well equipped with a pump 4= Boreholes equipped with a manually operated pump</p> <p>2= Open pit well 5= Spring/ river</p> <p>3=Protected well 6 =Access to tap potable water</p>	_																					
H03	<p>What is the quality of the said water?</p> <p>1=Good 2=Poor 3=Indifferent</p>	_																					
H04	<p>Does this water have an odour? 1=Yes 2=No 8=NSP</p>	_																					
H05	<p>Does this water have a taste? 1=Yes 2=No 8=NSP</p>	_																					
H06	<p>Does this water have a colour? 1=Yes 2=No 8=NSP</p>	_																					
H07	<p>Do you pay something to get this water? 1=Yes 2=No If no → H08</p>	_																					
H07a	<p>If yes, how much do you spend on average per month? (give an amount in FCFA)</p>	_ _ _ _ _																					
H07b	<p>How do you appraise the said amount?</p> <p>1=High 2=Affordable 3=Insignificant</p>	_																					
H08	<p>Is this water available throughout the year? 1=Yes 2=No</p>	_																					
H09	<p>How many times do you need, on average, to go on foot and fetch water and come back?</p> <p>1=On the spot 2=Less than 15 minutes 3=Between 15 and 30 minutes 4=more than 30 minutes</p>	_																					
H10	<p>Has this water point had a breakdown at a given time during the last six months, notably since? 1=Yes 2=No If no → H11.</p>	_																					
H10a	<p>If your water point had a breakdown at a given point in time during the last six months, notably since, how long did it take for it to be repaired?</p> <p>1=Less than one week 2=Between one week and one month 3=Between one month and three months</p> <p>4=Over three months 5=Not yet, if 5, → H11</p>	_																					
H10b	<table border="0"> <tr> <td>Who repair it?</td> <td>1=Yes 2=No</td> <td> _ </td> </tr> <tr> <td></td> <td>A=Mayor (Council)</td> <td> _ </td> </tr> <tr> <td></td> <td>B=State</td> <td> _ </td> </tr> <tr> <td></td> <td>C=An elite</td> <td> _ </td> </tr> <tr> <td>Who else?</td> <td>D=The Water Management Committee</td> <td> _ </td> </tr> <tr> <td></td> <td>E=the village/quarter head</td> <td> _ </td> </tr> <tr> <td></td> <td>F=CAMWATER/SNEC/CDE</td> <td> _ </td> </tr> </table>	Who repair it?	1=Yes 2=No	_		A=Mayor (Council)	_		B=State	_		C=An elite	_	Who else?	D=The Water Management Committee	_		E=the village/quarter head	_		F=CAMWATER/SNEC/CDE	_	
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Who else?	D=The Water Management Committee	_																					
	E=the village/quarter head	_																					
	F=CAMWATER/SNEC/CDE	_																					

Section II. POTABLE WATER			
		G=Other partners/stakeholders : _____	__
H11	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes H12 H13		__
H12	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice		__
H13	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		__
H14	Did you express any need in terms of potable water supply in the course of the last 6 months, more specifically since? 1=Yes 2=No If no H15 H18		__
H15	To whom did you submit your request/needs? (several answers are possible) Other?	1=Yes 2=No A. Mayor (Council) B. State C. An elite D. The Water Management Committee E. The village/quarter head F. the Administrative authorities G. CAMWATER/SNEC/CDE X. Other stakeholders : _____	__ __ __ __ __ __ __
H16	Has your need been met? 1=Yes 2=No If no H17 H18		__
H17	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 3=Over three months 2=Between one and three months		__
H18	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied If 1 or 2 H19 H20.		__
H19	State the reasons of your non--satisfaction with regard to water supply in your village (several answers are possible).	1=Yes 2=No A. Far distance to access to the water point B. Poor quality of water C. Insufficiency of water supply points D. Poor management of the water supply	__ __ __ __

Section II. POTABLE WATER			
	Any other reason?	E. Failure/delay to repair in case of breakdown F. High cost of water supply X. Any other reasons to be specified : _____	__ __ __
H20	What are your expectations in terms of supply of potable water? (Several answers are possible). Any other expectation?	1=Yes 2=No A. Additional water points ; B. Improvement in terms of management of the existing water points; C. Repair works should be carried out on the damaged water points ; D. Improvement of the quality of the existing water points ; E. Reduction of price ; X. Other expectations to be specified : _____ _____	__ __ __ __ __ __

Section III. HEALTH		
S01	Which is the nearest health care unit to your household? 1= Public integrated health Centre 2= Hospital/CMA 3= Private health Centre	__
S02	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4 = Over 1 hour	__
S03	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 5=Medicine store 2=Hospital /CMA 6=Go to a medical staff member 3=Private health center 7= Treat at home Self-medication 4=Traditional healers 8=Others (to be specified)	__
S04	Has any member of your household gone, at least once, to the nearest health care unit in the course of the last 12 months, specifically since ? 1=Yes 2=No If no —→ S17	__
S05	Who is in charge of managing such health care units? 1=Medical doctor 2=Nurse 3= Nurse aider 4=Other (to be specified) _____ 8= Does not know	__
The last time a member of your household was taken care of in such a health care unit,		
S06	Were the medical staffs present? 1=Yes 2=No	__

Section III. HEALTH		
S07	Were minor medical equipment (such as scissors, syringes, alcohol, cotton, betadine, thermometer, tensiometer, medical scale, etc.) always available? 1=Yes 2=No 8=Do not know	_
S08	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no → S10.	_
S09	How many beds are available in the hospitalization rooms? 0= None, 1=Less than 5 beds 2=Between 5 and 10 beds 3=Over 10 beds 8=Does not know.	_
S10	How much did he/she paid for one consultation? (Session fees) 1=Free of charge 3=Between 500 and 1000 CFAF 2=Less than 500 CFAF 4=Over 1000 CFAF If S10=1 → S14	_
S11	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	_
S12	In addition to the consultation fees, did the household member who received treatment give a tip to the medical staff for him/her to be better taken care of? 1=Yes 2=No If no → S14	_
S13	If yes, did the person do it willingly or was he/she obliged by the medical staff to do so? 1=Personal initiative 2=Obliged by the medical staff to do so	_
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor	_
S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no → S17	_
S16	Are drugs always available? 1=Yes 2=No 8=Do not know	_
S17	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No	_
S18	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 → S20	_
S19	State the reasons of your non-satisfaction with regard to health services provided within the health care unit you attend? (several answers are possible) Any other reason?	<div>1=Yes 2=No</div> <div>A. Far distance to access the health care units</div> <div>B. Poor quality of services provided</div> <div>C. Insufficiency of existing health care units</div> <div>D. Defaults related to the health care unit staff</div> <div>E. Poor management of the health care unit</div> <div>F. Insufficiency of drugs</div> <div>G. Poor quality of/Insufficiency of equipments</div>

Section III. HEALTH			
		H. High cost with regard to health care access X. To be specified) : _____	_
S20	What are your expectations with respect to health care services? Any other expectations?	1=Yes 2=No A. Additional health care units B. Supply of drugs C. Transfer of a staff member D. Equipped health care units X. Other to be specified _____	_ _ _ _ _


Section IV. EDUCATION					
	Education cycle →	Nursery	Primary	Secondary	Vocational training
E01	Is your village/quarter provided with an education cycle « Name of the said cycle »? 1=Yes 2=No	_	_	_	_
E02	How many children from your household attend the nearest school? (name of the cycle) (write down the number in front of each cycle)	_ _	_ _	_ _	_ _
E03	How many Kilometers do children from your household cover, on average, to go to school? (Name of the cycle)? 1=Less than 1 Km 2=Between 1 and 5 Kms 3=Over 5 Kms	_	_	_	_
E04	What is, on average, the time spent covered by children from your household to reach the nearest school on foot? (name of the cycle) (estimated in minutes)	_ _	_ _	_ _	_ _
E05	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes 2=No		_	1st cycle _	2 nd cycle _

E06	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes 2=No 3=Does not know				_
E07	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes 2=No	_	_	_	_
E08	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	_	_	_	_
E09	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	_	_		
E10	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30 3=Over 60 2=Between 30 and 60 4=Does not know	_ _	_ _	_ _	_ _
E11	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in which the children from your household are enrolled? 1=Regular 2=Averagely regular 3=Irregular	_	_	_	_
E12	How much do you pay per child from your household on average (registration, tuition fees, Parent-teacher associations' fees (PTA) (name of the cycle) throughout a school year? (write down the average amount)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in n FCFA)
E13	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	_	_	_	_
E14	In addition to the fees, has your household paid additional fees to the personnel of the school	_	_	_	_



	(name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No If no E16				
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	_	_	_	_
E16	When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2 =No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organization D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) _____ Any other?	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _
E17	In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 E19.	_	_	_	_
E18	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village? (Several answers are possible) Any other reason? 1=Yes 2=No A. Far distance to access the education service B. Insufficiency of class-rooms C. Insufficiency of equipments D. Insufficiency of schools E. Insufficiency of teaching Staff F. No distribution of text books G. Poor results H. High tuition fees	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _

	X. Any other reason to be specified	_	_	_	_
E19	Do you have any expectations in terms of provision of education services in the (name of the cycle)? (Several answers are possible) Any other expectation? 1=yes 2=No				
	A. Have a school located nearer to the village/quarter	_	_	_	_
	B. Build more class-rooms	_	_	_	_
	C. Add additional Equipments	_	_	_	_
	D. Create more school/vocational training center	_	_	_	_
	E. Recruit more teaching staff	_	_	_	_
	F. Distribute text books	_	_	_	_
	G. Improve the results	_	_	_	_
	H. Reduce the costs	_	_	_	_
X. Others (specified) _____	_	_	_	_	

Section V. COUNCIL SERVICES							
Council Services 	C01 Have you requested for a specific service to the council (name of the service) during the last 12 months, notably since.....?	C02 How were you received during your last time at the council? (Choose only one answer) 1=Well 2=Indifferent 3=Bad	C03 After how much time did you obtain the service requested from the Council? 1=At most after one day 2=Between one day and one week 3=Between one week and one month 4=Between one month and three months 5=Beyond three months 6= Ongoing	C03a Since when did you ask for this service? (in day)	C04 How do you assess this waiting time? 1=Reasonable 2=Long 3=Very long If C04=1 → C06	C05 If C04=2 or 3, If the time were deemed so long, what could be the problem according to you? 1=Unavailable staff /absent 2=Absence of working material 3=Corruption	C06 Did you have to pay a tip in order to obtain the said service? 1=Yes 2=No
	1=Yes 2=No						

	following service →		If C03=1 2, 3, 4 or 5 → C04			4=Other factors (to be specified) _____	
Issuance of birth certificates	_	_	_	_ _	_	_	_
Certification of official copies of documents	_	_	_	_ _	_	_	_
Building permit	_	_	_	_ _	_	_	_
Death certificate	_	_	_	_ _	_	_	_
Marriage certificate	_	_	_	_ _	_	_	_
Certificate of residence	_	_	_	_ _	_	_	_
Approval of localization plans	_	_	_	_ _	_	_	_
Information	_	_	_	_ _	_	_	_
Other (to be specified) _____	_	_	_	_ _	_	_	_
C07	Has any member of your household taken part in the village assemblies aimed at drawing up the Council Development Plan? 1=Yes 2=No						_
C08	Is any member of your household informed about the amount of the annual budget of your council? 1=Yes 2=No						_
C09	Is any member of your household informed about the expenditures and incomes of your council during the previous fiscal year? 1=Yes 2=No						_
C10	Does the council support the development actions of your village/quarter (such as community activities, follow-up of village development committees, follow-up of management committees, setting up of village development and monitoring committees, carrying out of micro projects in your village/quarter, etc.)? 1=Yes 2=No 8=Does not know						_
C11	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know						_

C12	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know		__
C13	Broadly speaking, what is your level of satisfaction as concerns services provided by the council? (choose only a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If 1 or 2 → C15		__
C14	<p>State the reasons of your non-satisfaction with regard to services provided by the council (Several answers are possible).</p> <p>Any other reason?</p>	<p>1=Yes 2=No</p> <p>A. Cumbersome procedures with regard to the processing of users' requests</p> <p>B. Non-involvement of the populations in the management of development activities by the council</p> <p>C. Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...)</p> <p>D. Poor visibility of the council action on the populations</p> <p>E. Unavailability of the council executive (the Mayors and his/her deputies)</p> <p>X. Any other reasons (to be specified) _____</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
C15	<p>What do you expect from the council team? (Several answers are possible).</p> <p>Any other expectation?</p>	<p>1=Yes 2=No</p> <p>A. Increased involvement of the populations in the decision-making process</p> <p>B. Increased communication by the council as far as its development actions are concerned</p> <p>C. More transparency as far as management is concerned</p> <p>D. Closeness of the Council to the populations</p> <p>X. Any other expectation (to be specified) : _____</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>

ANNEX 2: Photo Gallery



The Mundemba Council Building



Launching of scorecard at the Mundemba council hall, Lord Mayor gives speech at Launching



Training of Enumerators at the Mundemba council hall



Group photo after training of enumerators