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**STUDY REPORT**

***Citizen Report Card***

***Evaluation of the services rendered by the public offer in the sectors of water supply, health, education and council services***

**Perception survey on the satisfaction of the service provided by the public offer in the sectors of drinking water supply, health, education and municipal services in the Council of Kobo Itindi in view of the establishment of Citizen Control of Public Action in these sectors**



**Realized by : NKONG HILL TOP ASSOCIATION FOR DEVELOPMENT (NADEV)**

**With the technical and financial support of National Community Development Programme(PNDP)in collaboration with The National Institut of Statistic (NIS)**



*June 2022*

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## FOREWORD

This report is the presentation of the findings from the Perception Survey on the satisfaction of the service provided by the state in the Sectors of drinking water supply, health, education and Council services in the Kombo Itindi Municipality. This survey was carried out between March 2022 and June 2022 for the first time within this municipality. The findings discussed in the next chapters reveal how households evaluate the public services rendered. Moreover, detailed analysis gave useful pointers and suggestions of the households towards improvement of those services. The survey also sets a base for sustainable dialogue between the service providers (council and state, international organizations, NGOs, elite etc.) and the beneficiaries (households).

The PNDP, NIS, NADEV, and Kombo Itindi council are happy to report that the findings present a tool that contribute to monitor service delivery to the population from both the rural and urban areas within the municipality.

We wish at this point, to express our gratitude to PNDP and NIS for providing the technical and financial assistance for the survey, alongside the Kombo Itindi administrators and security forces, the municipal council executive and staffs for their support throughout the survey.

Our thanks to the sector heads (DDMINEE, DDMINDUB, DDMINSEC, DMO, households who welcomed the enumerators, supervisors and surveyors and provided answers to all the questionnaires which constituted the raw information for this study.

Kombo Itindi council remains especially grateful to NADEV, NIS and PNDP experts for their diligent and committed work in all steps of execution of this survey, including data design and editing, data collection, data analysis and report writing.

Finally, we owe the results to all individuals, parents, children, neighbors and the general public who offered cooperation and spared time to answer all the questions. We thank in advance all those who will comment and make good use of this report. We sincerely thank them all and assure them that the council shall endeavour to implement and follow up the changes that are recommended.



Lord Mayor of Kombo Itindi COUNCIL

*Edmond Cornelius E.*  
MAYOR  
KOMBO ITINDI COUNCIL

## EXECUTIVE SUMMARY

### i. Brief presentation of the Scorecard, its methodology and main results.

This study aims at setting up a mechanism for citizen control of public actions which was carried out within Kombo Itindi municipality. The citizen control of public action is an instrument at the service of promoting local development. The main objective of this scorecard survey is to obtain the population's perceptions on the satisfaction/dissatisfaction of the public service offered in the sectors of health, education, water and council services. In other words, it is 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;

- Capture the population's perception of the quality of public goods and services in the sector of water supply
- Capture the population's perception of the quality of public goods and services in the sector of Health
- Capture the population's perception of the quality of public goods and services in the sector of Education
- Capture the population's perception of the quality of public goods and services at the level of council services.

To realize the aforementioned objectives, a careful application of the methodology prescribed by PNDP was done that is 319 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 Kombo Itindi municipality so as to cause actions.

In all, 10 out of 10 of households sampled were not satisfied with the services of drinking water, 69.5% for the services of the health sector, and 40.6% for council service. As regards education, 5.1% were not satisfied with nursery education services, 7.4% with primary education services, and 5.5% for secondary education services with main reasons being insufficient classroom, insufficient school, high cost of schooling.

### ii. Lists of recommendations based on the results

#### Water Supply

- 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 a great proportion of the population fetch water from the rivers and other unsafe sources the population should be trained on community use of water and management, in order avoid frequent pollutions.
- To mitigate the spread of any water-borne disease, the population should be train on some household water treatment and safe storage techniques.
- A desalination plant be constructed to enable the salty borehole water potable and fit for consumption.

#### **Health**

- Basic drugs should be made readily available within the existing health units.
- More 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 centres in the Municipality.
- Ambulatory Transportations by water should be instituted to better facilitate health care access and ease the transfer of emergency cases to improved medical facilities.

#### **Educational services**

- Lobby for the transfer of more teachers to the Kombo Itindi municipality
- Vocational training centres and technical colleges should be made available to promote skilled talents.
- Schools built with permanent materials and equipped should be provided, so as to improve the quality of educational care services provided to the public.
- Sensitize Parents on the importance of education within rural areas.  
The council and village organizations should also take part in maintaining school equipment.
- School with complete cycles should be made available for especially secondary schools which lack one.

**Council services.**

- More accountability and transparency in all council activities
- 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

## LIST OF ACRONYMS AND ABBREVIATIONS.

<b><i>CAPI</i></b>	Computer Assisted Personal Interview.
<b><i>CCAP</i></b>	Citizen Control of Public Action
<b><i>CDE</i></b>	Cameroun Des Eau
<b><i>CRC</i></b>	Citizen Reporting Card
<b><i>CSO</i></b>	Civil Society Organizations
<b><i>DO</i></b>	Development Objective
<b><i>D.O</i></b>	Divisional Officer
<b><i>EA</i></b>	Enumeration Area
<b><i>EC-ECAM 4</i></b>	Complementary Survey of the Fourth Cameroon Household Survey
<b><i>KIC</i></b>	Kombo Itindi Council
<b><i>MINATD</i></b>	Ministry of Territorial Administration and Decentralization
<b><i>MINEDUB</i></b>	Ministry of Basic Education
<b><i>MINEE</i></b>	Ministry of Water and Energy
<b><i>MINEPAT</i></b>	Ministry, of Economy, Planning & Territorial Development
<b><i>MINESEC</i></b>	Ministry of Secondary Education
<b><i>MINSANTE</i></b>	Ministry of Public Health
<b><i>NADEV</i></b>	Nkong Hill Top Association for Development
<b><i>NIS</i></b>	National Institute of Statistics
<b><i>PIB</i></b>	Public Investment Budget
<b><i>PNDP</i></b>	National Community Driven Development Program
<b><i>PTA</i></b>	Parents Teachers Association
<b><i>S.D.O</i></b>	Senior Divisional Officer
<b><i>TFPs</i></b>	Technical and Financial Partners.
<b><i>UCCC</i></b>	Union of Cities and Councils of Cameroon
<b><i>UN</i></b>	United Nations

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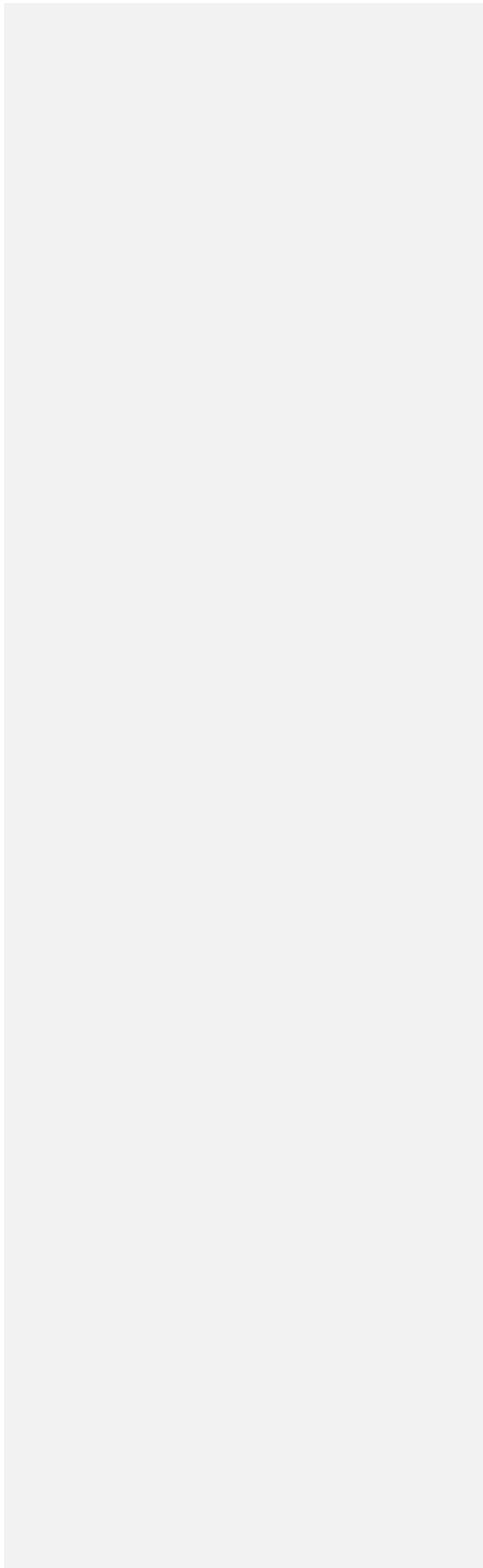


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## **GENERAL INTRODUCTION**

### **Context and Justification**

The Government Since 2004 has had an operational tool for development strategies at the local level. The National Community-Driven Development Programme (PNDP) is an operational framework for development strategies, set up by the Government with the help of its Technical and Financial Partners, with a view to improving the living conditions of the population at the grassroots. PNDP is now at its third phase which began in April 2016, after the Government and its Technical and Financial Partners (TFPs) had judged the implementation of the two previous phases to be satisfactory. For this phase called consolidation phase, the Development Objective (DO) is to strengthen local public finance management as well as participatory development processes within the councils, with a view to guaranteeing the provision of sustainable and quality socio-economic infrastructure and services. It marks the intensification of citizen's engagement activities, notably the Citizen Control of Public Action (CCAP) whose related indicator in the results framework of the PNDP under World Bank financing is: "Number of councils having put in place an operational mechanism for citizen control and access to information".

With the additional IDA 18 funding to respond to the pressure on host communities' resources due to the massive influx of refugees, the target value of this indicator has increased from 160 to 360 councils. The achievement of this new target value relies heavily on the implementation of a second wave of Scorecard after the first, which effectively covered 153 councils and was carried out in 2019 by Civil Society Organizations (CSOs), with the support of the National Institute of Statistics (NIS). This first wave of the Scorecard made it possible to capture the population's perception of the quality of public services provided and to make improvements, thus promoting the establishment of effective good governance mechanisms through which considerable changes can be capitalised in the councils covered by the said wave. The second wave Scorecard covers 188 municipalities in the country, each of which meets at least one of the following conditions: (i) it was not included in the first wave of the Scorecard, (ii) it was included in the first wave of the Scorecard, but did not complete the process, and (iii) it has a secure environment. This second wave of the Scorecard will be technically supervised by a National Technical Coordination and implemented on the ground by CSOs recruited on a three-month contract to accompany a group of councils in setting up a CCAP mechanism.

Once again, the Scorecard operation in the second wave consists of an evaluation of the satisfaction with the services provided by the supply of public goods and services in Kombo Itindi municipality, at the end, the council and her communities will draw up action plans that they themselves will implement, with a view to improving the quality of the services provided by this supply.

This mechanism, set up in the sectors of water, education, health and governance of the Council institution, aims to consolidate the involvement of the populations in these sectors with a view of improving the quality of the goods and services offered in the Council space, both by the PNDP and by any other development actor (including the State through the BIP). It is based on an evaluation of satisfaction through the Scorecard, which involves a survey of the population's perception of the quality of the services provided by the public goods and services offered in the Council area in the sectors listed above.

In a bid to attain aims of the consolidation phase of PNDP, NADEV was recruited to carry out the second wave of Scorecard survey in Kombo Itindi council within lot 1 of the southwest region. Kombo Itindi where this survey was carried out was made of three Clusters of which two were made available for the surveys.

This document presents the data/information requirements attained through the survey. It specifies the relevant information that the survey carried out in the allocated clusters made it possible to be captured in order to feed an action plan for driving change within Kombo Itindi Municipality.

## **Objectives of the survey**

### **General objective**

The main objective of this survey is to obtain the population's perceptions on the satisfaction of the public service offer in the targeted sectors, with a view to setting up a mechanism for citizen control of public actions carried out in the municipal territory. The citizen control of public action is an instrument at the service of promoting local development.

### **Specific objectives**

The specific objectives of this survey was to

- Capture the population's perception of the quality of public goods and services in the sector of water supply
- Capture the population's perception of the quality of public goods and services in the sector of Health

- Capture the population's perception of the quality of public goods and services in the sector of Education
- Capture the population's perception of the quality of public goods and services at the level of council services

### **Document structure**

Four main sections Sumarizes this document namely ;

- **Overview** : cover page, preface, and executive summary.
- **Background** : Introduction and objectives
- **Synthesis of surveyMethodology**
- **Discussion** : public offer and citizen controlof the public action in Kombo Itindi municipality, main findings identified in four targeted sectors.
- **Conclusion** : Action plan for the implementation of the citizen controlof public action, Conclusion/Recommendations.

## CHAPTER I: METHODOLOGICAL SUMMARY OF THE SURVEY

This chapter lays out the different steps and methods employed to conduct the survey in Kombo Itindi municipality.

### 1.1 Sampling plan

#### a. Scope of the survey and target population

This survey was carried out in Kombo Itindi council found in the southwest region of Cameroon. Three clusters that is 3011, 3012, 3013 covering 32 villages of the council area (most of them very small and uninhabited creeks) constitute the municipality with headquarters in Ngosso with an estimated target population of 4,780 were earmarked. Two out of the three clusters were surveyed. This reduction in clusters surveyed was as a result of the inaccessibility of the third cluster to be mapped by the cartographers. The survey targeted four major sectors; health, education, water and council services.

#### b. Survey method

Prior to field data collection, a national capacity building workshop to train two coordinators from NADEV on cartography, survey methods and supervisory methods was organized by PNDP and NIS over a period of one week in Dschang.

NADEV in turn, organised a five days session to train her team of enumerators and supervisors under the supervision of the Southwest Regional PNDP. After thorough sensitization of the major stakeholders in charge of the various targeted sectors within kombo Itindi council was done by PNDP and NADEV.

A team of cartographers were dispatched to the field to map the municipality and select the household to be surveyed. The selected households were made available and accessible through the CS Entry.

During the field data collection phase, the team made of a supervisor and enumerators used Computer Assisted Personal Interview (CAPI) such as tablets and smartphones equipped with MAPS.ME app for location of the clusters boundaries and points and ODK Collect app used for the administration of the household and administrative questionnaires. The administered questionnaires were saved and sent to the central server of NIS for treatment.

#### c. Sample size

A total of 319 households spread over all 3 identified clusters/enumeration areas, were initially earmarked for the survey. Due to inaccessibility to one of the enumeration area, two enumeration areas within Barracks and Ngosso were made available by the cartographers for



the survey with a total of 217 households surveyed.

#### **d. Drawing of the sample**

Following the counting operations carried out by cartographers in the municipality, sequential numbers were assigned to each of these households. The sequential number assigned to the households comprised of cluster number, structure number, and household number. A random selection of households to participate in the survey was made and uploaded on the CS entry app. the number of households assigned and selected for this survey is shown on the table below

**Table 1.1: Summary of the clusters and households for the survey**

Cluster	EA	Number of households initially assigned	Number of households made available	Households surveyed.
3011	262	116	66	66
3012	341	151	151	151
3013	118	52	0	0

### **I.2 Realization of the survey**

#### **i. Data Collection Instruments**

The main data collection tools were tablets, smartphones equipped with CS Entry, MAPS.ME and ODK Collect apps. The questionnaires contained in the ODK collect were ; households, water, basic education, secondary education, health and council services.

#### **ii. Preparation for data collection**

Prior to data collection, several activities were put in place by NADEV and PNDP ranging from recruitment, trainings, sensitisations and autorisation as seen below ;

- Recruitment of scorecard team made of supervisor and Enumerators by NADEV.
- Training of two coordinators from NADEV for the scorecard by the national coordination unit of PNDP with the technical support of NIS in Dschang.
- Organization of a training of Enumerators and supervisors by NADEV supervised by PNDP.
- Sensitization and public awareness was made to all Stakholders with letters of notice from PNDP to the Governor who inturn notified the S.D.O to the D.O and finally the Mayors.
- Authorizations obtained from the D.O and Mayor were given to NADEV team to carry out the survey

The table below shows the team members recruited and who actively participated for the

realisation of the survey.

**Table 1.2: NADEV team for Kombo Itindi.survey**

SN	Name	Function
1	Bepuaka Ekuka	Assistant coordinator for the Scorecard, NADEV.
2	Namolongo Elvis	Supervisor
3	Elonge Danilo	Enumerator
4	Saluwi Marie	Enumerator
5	Chube Emilia	Enumerator
6	Daniel Okon	Enumerator



**Picture 1.1 : Training of Supervisors and Enumerators**

### **iii. Summary of data collection**

A total 217 households made available together with five administrative sectors were surveyed yielding to 70% of initial 319 households assigned and a 100% success rate for the administrative questionnaires. The data collection was done by a team of enumerators and supervisor.



**Picture 1.2 : Field administration of questionnaire**

**iv. Exploitation and cleansing of data**

The household questionnaires were administered by enumerators while the administrative questionnaires administered by supervisors. The data collected were saved and sent via the ODK collect tool to the central server of NIS. The report of work coverage in the field was done by the supervisor. The data was then treated by NIS for the production of tables for further analysis. These tables were later sent to NADEV for analysis and production of charts and figures for the final report.



**Picture 1.3: Report writing process at NADEV.**

## **CHAPTER II : PUBLIC OFFER AND CITIZEN CONTROL OF PUBLIC ACTION IN THE MUNICIPALITY OF KOMBO ITINDI.**

This chapter presents briefly the council, the competences transferred in the context of decentralization and the analysis of finding of the public offers in goods and services in the four targeted sectors (drinking water, health, education, council services) within Kombo Itindi municipality. It is articulated as follows

### **II.1 Presentation of the council**

#### **II.1.1 Administrative location and historical situation**

KIC found in Ndian Division in the southwest region of Cameroon was created within the framework of Law number 77/203 of 19 June 1977 to setup councils and define their boundaries. In April 1995 a Presidential decree created Kombo Itindi municipality and clearly defined it as bordered to the north by Mundemba, to the south by Idabato and Bamusso, to the east by Ekondo Titi and to the west by Isangele. The council became operational in February 1996. 32 villages (most of them very small and uninhabited creeks) constitute the municipality with headquarters in Ngosso I. No government service effectively operates in Ngosso due to the insecurity prevalent in the area. All heads of Government Technical Services including the Divisional Officer, the treasurer, the forces of law and order, Inspector of Basic Education and Health Officers reside in Mundemba. The council operates a temporary office in Mundemba. Ngosso is simply a deserted village with little or no ongoing activity. On the contrary, Barracks which is the economic capital of the municipality has an effective resident population and a border market where fishing and general merchandise constitute the main commodities between traders and fishermen from Cameroon and Nigeria. Since becoming operational in February 1996, the council area has been administered by twelve (12) appointed Divisional Officers and one elected Mayor.

The historical timeline leading to the creation of KIC as well as the handing over of Bakassi peninsula in which KIC is part to Cameroon is seen as in table below;

**Table 2.1: Historical timeline for the creation of KIC**

Date	Activity
21/12/1993	Nigerian soldiers invade Bakassi (Jabane and Diamond Island)
18/02/1994	Cameroonian soldiers put up resistance
24 – 29/03/1994	President Paul Biya opts for diplomatic channels (United Nations, Organization of African Unity, International Court of Justice) to resolve the conflict.
April 1995	Creation of Kombo Itindi Council (KIC) within the Bakassi Peninsular
10/10/2002	International Court of Justice passes judgement in favour of Cameroon
12/06/2006	Cameroon and Nigeria sign the Greentree Accord concerning the Modalities of withdrawal of Nigerian soldiers and transfer of authority in Bakassi to Cameroon.
14/08/2008	Nigeria withdraws her administration and police force signalling total transfer of Bakassi to Cameroon through lowering the Nigerian flag and hoisting the Cameroonian flag.

KIC is one of five councils that constitute the Bakassi Peninsular which was fiercely contested through the use of arms and diplomacy by Cameroon and Nigeria during the period 1993 to 2006 when the Green tree Accord bringing peace and normalizing relations was signed. There is a Bakassi Commission lodged at level of the Prime Minister's Office which spearheads all development projects within the peninsular.

### **II.1.2 Demographic situation**

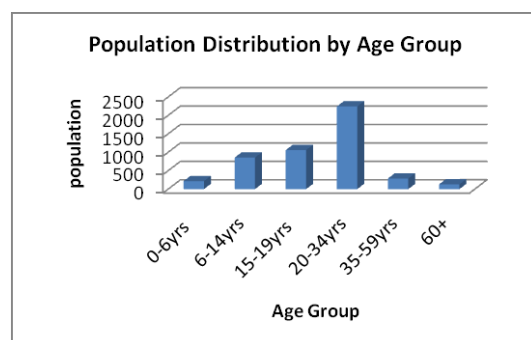
Figures from the Bureau of Census and Population Studies indicate the population at two thousand nine hundred and fifty eight (2.958) inhabitants of whom there are 1.830 men and 1.128 women. Current council documents however indicate the total inhabitants to be 4.780 inhabitants. The reasons advanced by council management for this disparity include threats of insecurity that limited the counting as census agents did not exhaust coverage of Bakassi and settlers of Nigerian origin did not want to offer information. KIC has about five (05) inhabitants per km<sup>2</sup> (source: South West Master Plan of MINEPAT/SOWEDA, 2004). The population is made up of tribes from Cameroon (Isangelle, Masaka, Oron, Bateka) and Nigeria (Obioio, Ijaw, Orong) who are mostly fishermen. 32 villages (most of them very small and uninhabited creeks) constitute the municipality with headquarters in Ngosso I. Three of the 32 villages

(New Jerusalem, Suel and Authority) are uninhabited. There are very few government services operating in Ngosso due to the insecurity prevalent in the area.

**Table 2.2: Population Distribution by age group in the Municipality**

Age bracket	Total Population
0—6years	215
6—14years	854
15—19years	1057
20—34years	2242
35—59years	287
60+ years	127
<b>Total</b>	<b>4,782</b>

Source: Village Survey, Aug. 2011



**Figure 2.1: Population distribution by age group.**

The consolidation effort secured the new names (established by the KIC) of the villages and also the diagnosis identified three villages namely Useh Uya Ofagah, Iwaha Njat II and Suel which are uninhabited because the Nigerian settler population has not returned since the cessation of hostilities within the Bakassi Peninsular.

The analysis of the population in the council area by gender shows that; Men make up 30%, Women 25% and children 45% of the population of the municipality. The disparity in population of male and female is because of the economic activities and risky nature of the area which tend to discourage resident females.

### II.1.3 Geographic location

KIC is located within latitude  $4^{\circ}38'48''$  and longitude  $8^{\circ}45'46''$  in Ndian Division of southwest region of Cameroon as seen in figure below;

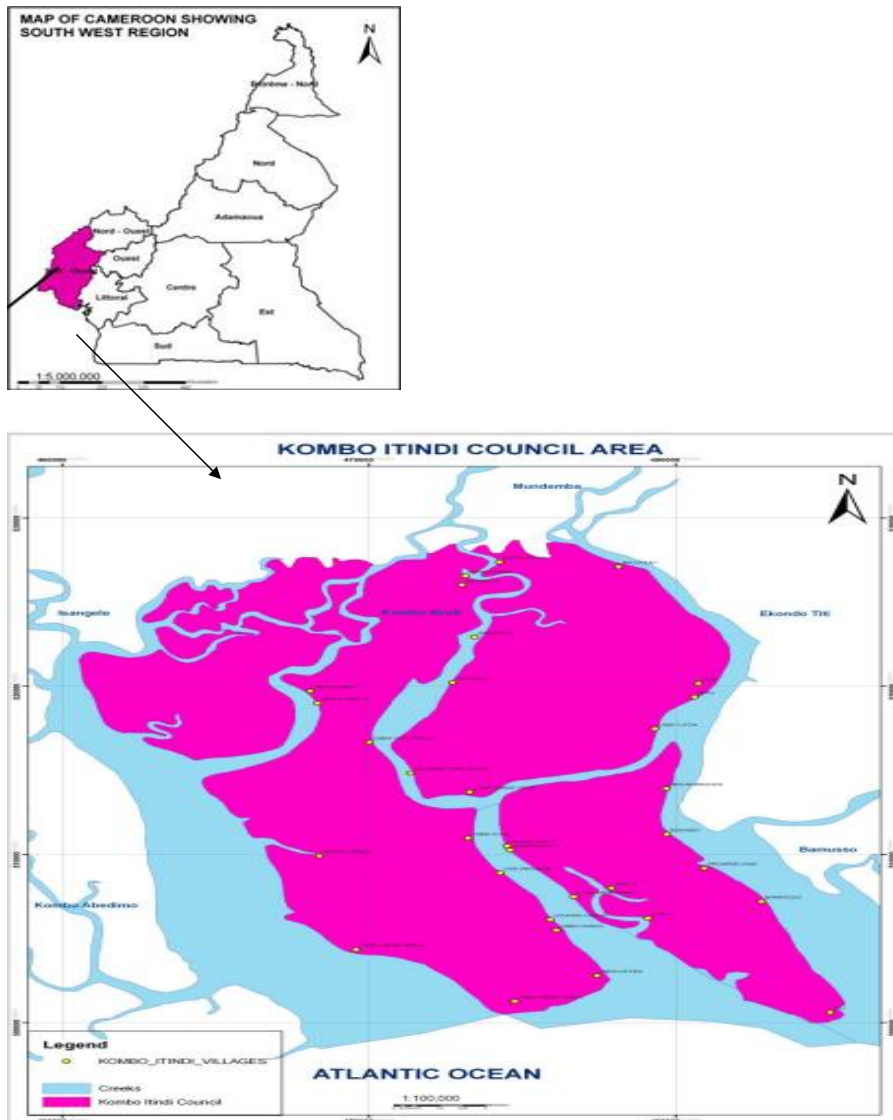


Figure 2.2: Location map of Kombo Itindi Municipality.

### II.1.4 Socio-economic and cultural situation.

The primary economic activity within Kombo Itindi council is fishing due to the presence of sea rich in aquatic species. Due to poor soil within the municipality, agriculture is a farfetched activity practiced by the population. There is a Border Market in Barracks which seldom functions as most fishermen and women take their catch directly to Nigeria (which was planned to be daily). The municipality has no infrastructure that caters for socio-cultural meetings. There are a few drinking spots which are located only in Barracks (the commercial center of the municipality).

About 95% of the inhabitants of Kombo Itindi municipality are of Nigerian ethnicity including the Ibiobios, Orons, Ijaws and less than 5% are of Cameroonian ethnicity including the Masakasand Batekas of Isangele. The entire population are fishermen who still co habit with a high sense of mistrust as a result of the Bakassi war.

Proximity of the council to the Federal Republic of Nigeria has facilitated the influx of several New Christian Religious Movements including the Full Gospel Mission, the Apostolic and the Assembly of God who are the predominant religious institutions that are involved in evangelization within the municipality.

## **II.2 Public supply of goods and services in the context of decentralization**

Under the 2004 decentralization laws (guidance laws on decentralization in Cameroon), many powers have been transferred to the Decentralized Territorial Communities (CTD) in this case Kombo Itindi council, particularly in the areas of health, economic, social, educational, cultural and sporting. The law on the general code of CTDs of 24 December 2019, at the same time as it maintains the powers transferred to CTDs, it further expands them. This, in order to allow a better application of the principle of subsidiarity, that is to say, to act in such a way as to give greater satisfaction to the expectations and needs of proximity of the local populations. The table below shows the powers devolved to Kombo Itindi council in the domain of the targeted sectors of the survey.



**Table 2.3: powers devolved to Kombo Itindi council in the domain of the targeted sectors of the survey**

<b>N0</b>	<b>Sector</b>	<b>Decree of transfer</b>	<b>Powers/competences transferred/devolved</b>	<b>Details</b>	<b>Order ( if any)</b>
01	MINEE ( Water& Energy )	Decree N0.2010/0239/PM of 26/02/2010	Safe drinking water in Areas not covered by Public water distribution	-feasibility studies, construction and rehabilitation, maintenance of wells and boreholes -conservation, protection and sustainable usage of water -Maintenance & rehabilitation of the entire wells and boreholes within the municipality -Maintenance & rehabilitation of Drinking water infrastructure Within the municipality -Insure hygiene and sanitation At the surroundings of wells and boreholes within the municipality -Keeping of a date base of all municipality infrastructure related to drinking water	Arrêté N0.2010/00298 /A/MINEE du 01-09-2010
02	MINSANTE (Heath)	Decree N0.2010/0246/PM of 26/02/2010 Decree N0. 2011/0004/PM of 18-01-2011	Powers transferred by the State related to public health	- setting up, equipping and managing and maintaining council health centres, in keeping with the health map; -recruiting and managing nursing staff and paramedics of integrated health centres and sub-divisional health centres; -providing assistance to health facilities and social welfare centres; -Presiding over health facility's management committee	Arrêté N0.2010/3202 /A/MINSANTE du 09-09-2010
	MINEDUB Basic Education)	Decree N0.2010/0247 of 26-02-20109	Powers transferred by the State related to Basic Education	-setting up, managing, equipping, tending and maintaining council nursery and primary schools as well as preschool establishments, in keeping with the school map; -recruiting and managing the teaching and support staff of the said schools; -acquisition of school supplies( Paquet minimum) and equipment;	Order N0.2010/ 246/B1/1464/A/ MINEDUB/CAB of 31-12-2010

03				-participating in the management and administration of State and regional secondary and high schools through dialogue and consultation platforms.	
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In short, this new regulatory and legislative framework for the availability and accessibility of public services in the municipal area will join in a remarkable way the entire legal system governing water management (Law No. 98/ 005 of April 14, 1998).

### II.3 Analysis of the offer in the four target sectors.

This section involves the sectorial analysis of the inventory for the main target sectors (Water supply, Health, Education and the Council services) in this survey. The analysis is a reflection of the situation of existence, functionality and the present state of the infrastructures per sector.

#### II.3.1 Water supply sector

The sector of water supply reveals the situation of the various infrastructure existing and their present state in Kombo Itindi municipality

**Table 2.4: Inventory of water points in the council**

Type of drinking water point	Number of water points of this type	Number of functional water points of this type	Number of water points with maintenance and management mechanism	Number of water points with a functional maintenance and management mechanism
Well with human-powered pump	00	00	00	00
Well with electric pump	00	00	00	00
Boreholes with human motor pump	01	00	01	01
Borehole with electric pump	00	00	00	00
The standpipe	00	00	00	00
Spring	00	00	00	00
Council water supply network	00	00	00	00
<b>Total</b>	<b>05</b>	<b>01</b>	<b>00</b>	<b>00</b>

**Source:** Survey CCPA2, DD/MINEE, 2022

From the table above, there exist just 1 water points as in Boreholes with human motor pump in the Municipality which is not functioning.

It equally indicates that there is a functional mechanism for maintenance and management in place to sustain the infrastructures.

However the fact that the water point is not functional is an indication that there is need for the council and the population to step up actions towards sustainable water management in their areas.

### II.2.2 Health sector

This section reveals the situation of health infrastructures, state and functionality within the Kombo Itindi municipality

**Table 2.5: Inventory of health facilities covering the council**

Type of health facility	Number of health facilities of this type	Number of functional health facilities of this type	Number of health facilities of this type with a functional COSA or COGES	Support for the municipality in the maintenance and management of this type of health facility	Type of support				
					technical monitoring	financial support	Capacity Building	Logistic support	Other (s) to be specified
Health centre /Integrated health centre	02	01	01	Yes					
District Medical Centre	02	00	00	N/A					
District Hospital	00	00	00	N/A					
Regional Hospital	00	00	00	N/A					
Reference Hospital	00	00	00	N/A					
Formation sanitaire privée	00	00	00	N/A					
Others(Please specify)	00	00	00	N/A					
<b>Total</b>	<b>07</b>	<b>05</b>	<b>01</b>						

*Source: Survey CCPA2, DMO Meme, 2022*

The above table indicates that, there exist 02 Integrated health centres in the Municipality which are all government facilities. Among the 2, just 1 is functional with a functional COSA or COGES. And receives support for maintenance and management of the facility and logistics from the Council.

However, the findings also reveal that, there is no District, Regional or reference hospitals in the Municipality or neither a medical training facility.

### II.2.3 Education sector

This sector presents the state of existing Educational facilities in Kombo Itindi Municipality at each level of the educational teaching order.

**Table 2.6: State of Education services**

Cycle	Teaching level	Number of schools provided in the municipality by the school map	Number of schools in the order of education	Number of non-operational schools	Number of schools with classrooms made of permanent materials	Number of schools with a functional PTA
Nursery	Public	02	01	00	00	01
	Secular private	00	00	00	00	00
	Denominational private	00	00	00	00	00
	parent school	00	00	00	00	00
Primary	Public	08	08	02	02	01
	Secular private	00	00	00	00	00
	Denominational private	00	00	00	00	00
	parent school	00	00	00	00	00
Secondary 1 <sup>st</sup> cycle	Public	01	01	00	01	00
	Secular private	00	00	00	00	00
	Denominational private	00	00	00	00	00
	parent school	00	00	00	00	00
Secondary 2 <sup>nd</sup> cycle	Public	00	00	00	00	00
	Secular private	00	00	00	00	00
	Denominational private	00	00	00	00	00
	parent school	00	00	00	00	00
<b>Total</b>		<b>12</b>	<b>10</b>	<b>02</b>	<b>03</b>	<b>03</b>

*Source: Survey CCPA2, council 2022*

The findings from the table above reveal that, there exist 2 public Nursery schools provided in the Municipal school map. Among the above mentioned, one of school is operational with a functional PTA. Also the public nursery school in the municipality is not built with permanent materials.

In the level of the Primary, there are 08 public schools that exists in the Municipality map of which 2 are non-functional and among those functioning just 2 are built with permanent classrooms and materials with 1 having a functional PTA.

At the level of the Secondary, there exist 01 operational public 1<sup>st</sup> cycle secondary school without afunctional PTA and built with permanent material in the municipality.

However, most of the schools at all level are not fully functional and therefore the need to strengthen household resilience and the zeal to increase the level of school attendance and make the institutions more effective and functional.

#### **II.2.4 Council services sector**

This section reveals the existing services at the council area and the degree of accessibility of the

population to the services provided.

**Table 2.7: Inventory of council services**

Kind of service	Service availability	Time in days to obtain the service
Establishment of civil status documents	Yes	N/A
Issuance of town planning documents	No	N/A
Road development	Yes	N/A
Waste management / Sanitation	No	N/A
Legalization of documents	Yes	N/A
Document authentication	Yes	N/A
Hygiene and sanitation	Yes	
Development of green and leisure spaces	No	
Development of play areas	No	
Public lighting	No	
Public transport	No	
Assistance and support for socially vulnerable people	No	
Other (s) to be specified)_ Construction of Business centres for economic Operators	No	

*Source: Survey CCPA2, council 2022*

The table above shows that, there exist 5 main services that is, a civil status service, Road development, Hygiene and Sanitation, legalization and authentication services in the Municipality. Generally, the time taken to respond to citizens demand for a service in the Municipality is unspecific.

However with the powers transfered to councils within decentralisation context, more of other services are expected from the council.

### CHAPTER III: MAIN FINDINGS IDENTIFIED IN THE TARGET SECTORS

### III.1 Description of the survey population

The distribution of the household respondents in terms of relation to head of house, age group, sexis given in this section.

**Table 3.1 Shows the distribution of the respondent in relation to the head of household.**

Place of residence	Relationship with the head of the household.						Total
	Head of Household	Spouse of Head of Household	Son/daughter of the Chief or his/her spouse	Father/mother of the Head or his/her spouse	Other relative of the head or his/her spouse	Not related to the head or his/her spouse	
Rural	64.1	14.3	10.6	.9	8.8	1.4	100.0
Total	64.1	14.3	10.6	.9	8.8	1.4	100.0

*Source: Survey CCPA2, Kombo Itindi 2022*

Head of household age group	Rural		Together	
	Man	Woman	Man	Woman
Less than 20 years	00	00	00	00
[20 - 35[	20.4	35.5	20.4	35.5
[35 - 50[	56.6	40.2	56.6	40.2
More than 50 years	27.0	24.3	27.0	24.3
<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>

The above table shows out of the total respondent, 64,1% are head of houses, 14,3 spouses of head of house, 10,6 son/daughter, 0,9% father/mother to head of house or his/her spouse, 8,8% other relative to head of household or his/her spouse and 1,4% not related to head of house.

Also the study reveals a majority of head of household are between 35 to 50 years of age be it men or women.

**Table 3.2 : Distribution (%) in the municipality of the respondents according to place of residence, sex and age group.**

Age group of respondent	Rural		Together	
	Man	Woman	Man	Woman
Less than 20 years	5.6	2.7	5.6	2.7
[20 - 35[	23.1	25.7	23.1	25.7
[35 - 50[	51.7	56.8	51.7	56.8
More than 50 years	19.6	14.9	19.6	14.9
<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>

*Source: Survey CCPA2, Kombo Itindi council 2022*

The data above shows the most dominant age group for the respondents is 35-50 years followed by respondent between age 20-35, then those more than 50 years and finally those less than 20 years.

This is a possible indication that the elderly population exceeds the youth population during the survey.



### III.2 Drinking water supply

Here it expresses the types of water points present in the municipality, its accessibility, the characteristic of the water, the level of satisfaction derived from the water point.

#### III.2.1 Use of water points in the council

The table 3.3 shows the proportion of the available water points in the municipality.

**Table 3.3: Proportion of types of water point available in the village / inhabited district according to place of residence**

Place of residence	Type of water point available in the village / neighborhood											
	Well with human-powered pump	Well with electric pump	Open pit	Borehole with human motor pump	Borehole with electricpump	standpipes	Source	fed up	Water supply network	Drinking water supply(CAMWATER)	River	others
Rural	1.8	.9	73.3	29.5	72.4	4.1	.0	.5	.9	.0	40.1	75.6
Together	1.8	.9	73.3	29.5	72.4	4.1	.0	.5	.9	.0	40.1	75.6

*Source: Survey CCPA2, Kombo Itindi 2022*

As in table 3.3 above, 75.6% of the water points are from probably other community which is the most available for the municipality, followed by open pit which makes 73,3% are open pit and then 72,4% of water point being borehole with electric pump making it the third most available water point in the municipality. Equally there exists no drinking water supply from CAMWATER.

Table 3.4 below reveals the proportion households that uses public water sources and the main source they use.

**Table 3.4 : Use of a public water source**

Place of residence	Proportion (%) of households using a public water source	Main source of water supply				
		<i>Well with human-powered pump</i>	<i>Borehole with electric pump</i>	River	Standpipe	Total
Rural	6.0	38.5	7.7	15.4	38.5	100.0
Together	6.0	38.5	7.7	15.4	38.5	100.0

*Source: Survey CCPA2, council 2022*

The data on table 3.4 reveals 6% of household uses public water source and of the 6% households, standpipes and well with human pump are the main source of water supply standing at 38,5% each. Followed by river as the main source of water supply with 15,4% of the households.

### III.2.2 Accessibility of water points in the council.

Here we talk on how available the water source is over the year and the level at which the available water sources meet the needs of the household.

As seen in table 3.5 and 3.6 below

**Table 3.5 : Availability throughout the year and use of the main water supply throughout the day**

Place of residence	Proportion (%) of households reporting that the water point used is available all year round	Proportion (%) of households with access to the water point used throughout the day	Principale source d'approvisionnement en eau accessible tout au long de la journée		
			<i>Well with human-powered pump</i>	Standpipe.	Total
Rural	23.1	38.5	80.0	20.0	100.0
Together	23.1	38.5	80.0	20.0	100.0

*Source: Survey CCPA2, council 2022*

As shown on table 3.5 above, 23,1% of the households reports that the water point they use is available all year round and 38,5% of this households says they have access to these water point that is available throughout the year. From these households, it is revealed well with human powered pump is the most accessible water source available though out the year with 80% followed by standpipe with 20%.

**Table 3.6: Correspondence between availability of the main source of water supply and household water needs.**

Place of residence	Proportion (%) of households whose frequency of availability of the main source of water supply corresponds to their water need	Frequency of availability of the main source of water supply		
		once	Twice	Total
Rural	12.5	87.5	12.5	100.0
Together	12.5	87.5	12.5	100.0

*Source: Survey CCPA2, council 2022*

Based on the household needs of water, table 3.6 indicates 12,5% of total households have their water needs met with the frequency of the available water source of which 87,5% says the water is available once while 12,5% says their water is made available twice.

### III.2.3 Upkeep and maintenance of water points in the council

This section gives account of the maintenance of the water points, its management, financial aspects to maintain the water points within Kombo Itindi municipality as seen on table 3.7, 3.8, 3.9 and 3.10 below.

**Table 3.7: Breakdown in the last six months and repair time of the main type of water point used.**

Place of residence	Proportion (%) of households whose main type of water point has failed in the last 6 months	Distribution of households according to the time taken to repair the breakdown of a water point	
		Not yet	Total
Rural	23.1	100.0	100.0
Together	23.1	100.0	100.0

*Source: Survey CCPA2, council 2022*

Table 3.7 above shows that 23,1% of household reveals their water points have failed within the last six month in which they have not yet repaired

**Table 3.8 : Type of actors involved in the recommissioning of the main type of water point**

Place of residence	Actors in the recommissioning of the main type of water point						Total
	<i>Council</i>	<i>State</i>	<i>Elite</i>	<i>Management Committee</i>	<i>Village/neighbourhood chief</i>	<i>CAMWATER /SNEC/CDE</i>	
Rural	23.1	15.4	.0	7.7	.0	.0	.0
<b>Together</b>	23.1	15.4	.0	7.7	.0	.0	.0

*Source: Survey CCPA2, council 2022*

As seen on table 3.8 above the main actor involve in the recommissioning of the main type of water point is the council, followed by the state and management committee.

**Table 3.9 : Intervening in the management, upkeep and maintenance of this water point**

Place of residence	Intervening in the management, upkeep and maintenance of the main type of water point				
	COGES	Council	CAMWATER	Community	Total
Rural	15.4	69.2	.0	53.8	.0
<b>Together</b>	15.4	69.2	.0	53.8	.0

*Source: Survey CCPA2, council 2022*

The council happens to be the most visible in intervening in the management, upkeep and mentainance of the the water points followed by the community

**Table 3.10 : Financial contribution of the household to the operation of the Project ManagementCommittee.**

Place of residence	Proportion (%) of households that contribute financially to the operation of the Management Committee
Rural	.0
<b>Together</b>	.0

*Source: Survey CCPA2, council*

As in table 3.10, none of the households contribute financially to the operation of the management committee.

#### III.2.4 Characterization of water points in the council

This section carries how the water services is appreciated by the households, the characteristics of the water source as shown on table 3.11 and 3.12 below.

**Table 3.11: Accessibility to the main source of supply and appreciation of the service provided by this source**

Place of residence	Average household distance from main public water supply	Average time (in minutes) taken to reach the water point	Average time (in minutes) of waiting at the water point	Average number of people that a household usually finds at this water point	Distribution of households according to the assessment of the service provided by the main public source of water supply			
					fair	Bad	Very bad	Total
Rural	4201.5	16.8	11.9	6.8	15.4	69.2	15.4	100.0
Together	4201.5	16.8	11.9	6.8	15.4	69.2	15.4	100.0

*Source: Survey CCPA2, council 2022*

From table 3.11 above, the average distance from household to available water point in the municipality is 4201,5 meters with average time 16,8 minutes, average waiting time 11,9 minutes and average number of people at point 6,8 people as such 69,2% of households indicates the service provided is bad.

**Table 3.12: Proportion (%) of households in the council according to the characteristics of the main source of water supply and the place of residence**

Place of residence	Proportion (%) of households reporting that water from the main source of water supply		
	has a smell	has a taste	has a color
Rural	76.9	53.8	92.3
Together	76.9	53.8	92.3

*Source: Survey CCPA2, council 2022*

From table 3.12, it shows 92,3% of household reveals the water has colour, with 76,9% indicating the water smells and 53,8% has taste.

### III.2.5 Satisfaction of the needs expressed in terms of water supply in the council

This section shows expression of water needs and how satisfied or dissatisfied the households are to the water service as seen on tables 3.13, 3.14 and 3.15.

**Table 3.13 : Expressed need for water supply and satisfaction of this need**

Place of residence	Proportion (%) of households having expressed a need for drinking water supply during the last 6 months	Among the households having expressed a need, proportion (%) whose need was expressed:								Proportion (%) of households whose expressed need for water was satisfied
		To the mayor	In the state	To an elite	To the Water Point Management Committee	To the village/neighbourhood chief	To the Administrative Authority	At Camwater/SNEC	To Other	
Rural	24.9	94.4	5.6	5.6	.0	.0	18.5	.0	.0	1.9
Together	24.9	94.4	5.6	5.6	.0	.0	18.5	.0	.0	1.9

*Source: Survey CCPA2, council 2022*

The data set on table 3.13 above indicates 24,9% of total households has expressed need for drinking water supply. 94,4% of them expressed to the mayor and 18,5% expressed to the administrative authorities. Of which just 1,9% of household whose expressed need for water was satisfied

**Table 3.14 : Distribution in the council of households satisfied with the expressed need for drinking water according to the interval of time taken for satisfaction.**

Place of residence	Average time taken (in months) between the favorable response and satisfaction of the need expressed by a household	Distribution of households according to the time taken to satisfy the expressed need for water supply	
		Less than a month	Total
Rural	0.1	100.0	100.0
Together	0.1	100.0	100.0

*Source: Survey CCPA2, council 2022*

It takes 0,1 month to get favourable response for those who were satisfied with their express need as in table 3.14.

**Table 3.15: Non-satisfaction of drinking water supply**

Place of residence	Proportion (%) of households dissatisfied with drinking water supply	Among dissatisfied households, proportion (%) whose reason for dissatisfaction is:						
		Distance from the water point	Poor water quality	Insufficient water supply points	Bad management of the water point	Default/Slow maintenance in the event of a breakdown	High cost of water supply	Other
Rural	100.0	13.8	66.4	35.5	18.4	6.5	1.8	71.0
Together	100.0	13.8	66.4	35.5	18.4	6.5	1.8	71.0

*Source: Survey CCPA2, council 2022*

As in table 3.15, 100% of households are dissatisfied with drinking water supply with 66,4% of the household attributing to poor water quality, 18,4% says it due to bad management, 13,8% say its due to distance from water point and 71,o% attributes it to other reasons.



**Picture 3.1: Water sample collected during survey in Kombo Itindi municipality.**

### **III.2.6 Actions planned to improve the service provided in drinking water**

This section lays out the recommendations that need to be taken to improve on the drinking water service provided as in table 3.16



**Table 3.16: Household actions in the council to improve the service provided by the drinking water supply** Proportion (%) of households by type of action and place of residence.

Place of Residence	Proportion (%) of households able to commit to improving the service provided by drinking water supply through:										
	Additional water points			Improved management of water points					Improved water quality		Others
	Contribution for the construction of an additional water point	Donation of the construction site of a water point	Advocacy with donors	Revitalization/implementation of Management Committee	Financial contribution to a community mechanism for the management and maintenance of the water point	Encouragement for the integration of women in the	Monitoring of the production of reports on the management of the water point by the Management Committee	Facilitation of the movement of the repairman in charge of the maintenance of the water point	Participation in periodic water purification campaigns in the locality	Participation in awareness campaigns on the denunciation of acts of insalubrity that impact water quality	
Rural	36.4	39.2	48.4	10.6	9.2	.5	.0	1.4	9.7	12.0	24.0
<b>Together</b>	36.4	39.2	48.4	10.6	9.2	.5	.0	1.4	9.7	12.0	24.0

*Source: Survey CCPA2, council 2022*

To improve on the water supply service, 48,4% says they will advocate for donors to come and assist, 39,2% of the households are willing to offer land for construction of water point and 36,4% says they will make contribution for the construction of additional water points as shown on table 3.16 above.

### III.3 Health services

This section projects the level of utility of health facilities in Kombo Itindi Municipality by households as well as their motivation to the use of the facility.

#### III.3.1 Use of health facilities in the Council

Households frequency in the use of health facilities in the Municipality between the Public, Lay private and Confessional facilities and household motivation is analyzed, see (Table :3.17) below.

**Table 3.17: Distribution (%) in the Council of households according to the type of health facility most frequently used for care and place of residence**

Place of residence	Distribution (%) in the council of households according to the type of health facility most frequently used for care		
	Public	Lay private	Total
Rural	76.5	23.5	100.0
Together	76.5	23.5	100.0

Source : Survey CCPA2, Council 2022

The results from the table above indicate that more households use the public health facility with 76.5% frequency, while 23.5% of households use lay private health facility.

**Table 3.18: Proportion (%) of households in the council according to the reason for choosing the type of private health facility**

Place of residence	Among households, proportion (%) whose reason for choosing the type of health facility:						
	Distance	Cost	Reception	Quality of care	Staff availability	Availability of drugs	others
Rural	62.7	39.2	0.0	5.9	58.8	58.8	25.5
Together	62.7	39.2	0.0	5.9	58.8	58.8	25.5

**Source:** Survey CCPA2, DMO Meme 2022

From table 3.18 above, a greater proportion of these households as in 62.7% use the public health facility due to its proximity to the households that is the distance. Some in the frequency of 58.8% choose public health because personnel is available.

**Table 3.19: Distribution (%) in the municipality of households according to the main public health facility attended to obtain care**

Place of residence	Type of health facility existing in the village / neighborhood		
	Intergrated health centre	Hôpital/CMA	Total
Rural	97.7	2.3	100.0
<b>Together</b>	97.7	2.3	100.0

*Source: Survey CCPA2, council 2022*

The results on the above table 3.19 is that intergrated health center is the main existing health facility in the municipality with frequency of 97,7%. With 2.3% indicating they go to hospitals far away if they can afford.

**Table 3.20: Accessibility of the main public health facility used to obtain care**

Place of residence	Proximity of the household to the main public health facility attended to obtain care			Average distance of a household to the main public health facility visited to obtain care	Average time (in minutes) taken to reach the main public health facility attended to obtain care
	Yes	No	Total		
Rural	71.2	28.8	100.0	12659.5	46.6
<b>Together</b>	71.2	28.8	100.0	12659.5	46.6

*Source: Survey CCPA2, council 2022*

The above results on table 3.20 indicates greater propotion as in 71,2% shows their health facility is close especially those attending the intergrated health center while 28.8% travel far to get medical care from hospital with the average distance to health facity being 12659.5 meters as a result of the distance travel to towns for hospital care. It equally revealed the average time to reach the health facility is 46.6 minutes due to the proximity of the intergrated health center around and the far hospitals in other towns.

### III.3.2 Characterization of small equipment used in health facilities

In this section, we see the availability of equipment in the health facility.

**Table 3.21 : Proportion (%) of households in the council according to the characteristics of the small equipment available in the main public health facility attended to obtain care.**

Place of residence	Characteristics of the small equipment available in the main public health facility attended to obtain care									
	Scissors	Syringes	Alcohol	Cotton	Betadine	Thermometer	Tensiometer	Balance	Gloves	Others
Rurale	88.7	85.3	66.7	79.7	35.6	46.9	46.9	67.2	79.1	14.7
Together	88.7	85.3	66.7	79.7	35.6	46.9	46.9	67.2	79.1	14.7

*Source: Survey CCPA2, council 2022*

The results shows scissors is the ,most available equipment followed by syringes and cotton in the health facility attended inthe municipality.

### III.3.3 Financing of care in health facilities

This section tries to reveal the cost in financila terms to receive medical attention

**Table 3.22: Payment for health care and judgment of households on the reception of caregivers**

Place of residence	Average amount (in FCFA) paid for an ordinary consultation in the main public health facility attended to obtain care	Proportion (%) of households who find the average amount paid for an ordinary consultation in the main public health facility attended to obtain care high	Proportion (%) of households reporting that other unauthorized fees are charged for serving them at the main public health facility they attend for care	Distribution (%) of households according to the judgment on the reception of healthcare personnel in the main public health facility attended to obtain care			
				Good	Fair	Bad	Total
Rural	537.3	2.8	.0	44.1	42.9	13.0	100.0
Together	537.3	2.8	.0	44.1	42.9	13.0	100.0

*Source: Survey CCPA2, council 2022*

The average cost to attain health care is 537.3 FCFA as such just few proportion of the household with frequency of 2.8% considers it to be high. No unauthorised fee is collected from the population when they go for health care. Hence a greater proportion as in 44.1% of household says the reception of health care personnel is good.

### III.3.4 Appreciation of the service rendered in health facilities

Here it expresses if the service they receive is meeting the need of the municipality

**Table 3.23: Availability of drugs and resolution of health problems in the main health facility attended for treatment**

Place of residence	Proportion (%) of households reporting that medicines for common illnesses in the locality were always available	Proportion (%) of households for whom most health problems in the village are solved in the main health facility attended for care
Rural	5.1	7.9
Together	5.1	7.9

*Source: Survey CCPA2, council 2022*

The results shows just a few proportion of 5.1% indicates that medicine for their illnesses were available with just 7.9% testifying that most of their problems are solved hence the health facility lacks medicine such is unable to solve most of the problem in the municipality.

**Table 3.24: Disatisfaction with the services provided in the main health facility attended for care.**

Place of residence	Proportion (%) of households dissatisfied with the health services offered in the main health facility attended for care	Among dissatisfied households, proportion (%) whose reason for dissatisfaction is:									
		Distance from health facilities	Poor quality of services offered	Staff absenteeism	Poor qualification of health facilities staff	Currency of care	Insufficiency of drugs	Poor quality equipment	Insufficient equipment	High cost of access to health care	Others
Rural	69.5	5.7	61.8	56.9	5.7	1.6	85.4	45.5	66.7	5.7	1.6
Together	69.5	5.7	61.8	56.9	5.7	1.6	85.4	45.5	66.7	5.7	1.6

*Source: Survey CCPA2, council 2022*

The results on table 3.24 shows a greater proportion as in 69.5% of the household are dissatisfied with service in the main health facility with major reason being 85.4% insufficient drugs, 66.7% insufficient equipment, poor quality of service offered as well staff absenteeism.

### III.3.5 Actions planned to improve the health care service

This section gives the various recommendations and activities the households are ready to engage in to improve the health service in the municipality of Kombo Itindi as in table 3.25 below.

**Table 3.25 : Household actions in the council with a view to improving the service provided in the health sector; Proportion (%) of households by type of action and place of residence**

Place of residence	Proportion (%) of households able to commit to improving the service provided in the health sector through:												
											Reduction in the cost of access to health care		others
	Additional health facilities		Extension/Rehabilitation/Equipment of health training		Improved management of health facilities								
	Advocacy for compliance with industry standards	Advocacy with NGOs/private structures for the construction of health facilities	Advocacy with the municipality and the State for the extension and equipment of health facilities	Advocacy with the municipality and the State for the rehabilitation and equipment of health facilities	Supply of medicines and equipment	Reception and care of patients	Maintenance and upkeep of the hospital	Advocacy for the allocation of staff	Control and verification of the effective presence of medical personnel	AOC Grant	Development of public-private partnerships	Negotiation of twinning and inter-municipal agreements	
Rural	36.7	49.7	47.5	48.6	2.3	.6	5.1	48.0	24.9	.0	6.2	1.1	8.5
Together	36.7	49.7	47.5	48.6	2.3	.6	5.1	48.0	24.9	.0	6.2	1.1	8.5

The result shows majority of household as in 49.7% will advocate NGOs/ private structures for the construction of health facilities, 48.6% wants to advocate with municipality and state for the rehabilitation and equipping of the health facilities

### III.4 Education Services

This section describes the types of schools present in the municipality, the choice of schools for households, the quality of education delivered in both private and public schools.

#### III.4.1 School attendance in the municipality

**Table 3.26: Percentage of children in households by level of education, level of education and place of residence.**

Place of residence	Education cycle							
	Nursery		Primary		Secondary First Cycle		Total	
	In which order of education do you attend?		In which order of education do you attend?		In which order of education do you attend?		In which order of education do you attend?	
	Public	Total	Public	Total	Public	Total	Public	Total
Rural	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Together	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Survey CCPA2, council 2022

Table 3.26 expresses the fact that there are three main education cycle in the municipality attended by the children that is nursery, primary and first cycle secondary all of which are public.

**Table 3.28: Distribution (%) of households declaring the existence of a public school in an education cycle available in the village / district according to the place of residence and the proximity of the household to this public school.**

Teaching cycle in the village / quarter of Households		Existence of a public school		Proximity of the household to the available public school in the village / neighbourhood		
		Rural	Total	Yes	No	Total
Cycle	Nursery	37.8	37.8	79.3	20.7	100.0
	Primary	54.4	54.4	85.6	14.4	100.0
	Secondary	36.9	36.9	70.0	30.0	100.0
	Professional Training	.5	.5	.0	100.0	100.0
	Together	32.4	32.4	79.0	21.0	100.0

Source: Survey CCPA2, council 2022

The result on table 3.28 indicates there are more public primary schools existing in the municipality with 54,4% respondent, followed by nursery schools with 37,8% and lastly secondary schools with 36,9%. Equally, the public primary school stands to be the most easily access in the municipality.

### III.4.2 Accessibility of the public school in the municipality

It describes how close the schools are and time taken to access them.

**Table 3.29: Average distance traveled and average time taken on foot to get to the school attended by education cycle and place of residence.**

Teaching cycle		Place of Residence			
		Rural		Total	
		Average distance travelled	Average time taken	Average distance travelled	Average time taken
Cycle	Nursery	40.9	1.3	40.9	1.3
	Primary	141.1	3.7	141.1	3.7
	Secondary	171.1	4.4	171.1	4.4
	Professional Training	.0	.0	.0	.0

*Source: Survey CCPA2, council 2022*

The results on table 3.29 shows secondary schools are the farthest from household with an average distance of 171.1 meters and takes greater time to access. While the nursery school is the closest and takes shortest time to access averagely 1,3 minutes within the municipality.

### III.4.3 Characteristics of the school environment

This section describes the school environment, the school infrastructures, the number of student, the presence and effectiveness of teachers and the functioning of PTA.

**Table 3.30: Proportion (%) of households according to the declared characteristics of the establishment attended by level of education.**

Teaching cycle	Declared characteristics of the establishment							
	has a full cycle	has a full workshop	has one room per grade level	Distribution of school books	has a full cycle	has a full workshop	has one room per grade level	Distribution of school books
Nursery	11.5	6.5	11.1	9.7	11.5	6.5	11.1	9.7
Primary	31.8	32.7	32.7	26.7	31.8	32.7	32.7	26.7
Secondary	6.0	.9	8.8	.0	6.0	.9	8.8	.0
Professional training	.0	.0	.0	.0	.0	.0	.0	.0

*Source: Survey CCPA2, council 2022*



From table 3.30 most of the respondents revealed that the primary schools were more adequate than the nursery and secondary schools with the fact that it has complete cycle, it has complete workshop, each class has classroom and books are distributed to students more than in the nursery and secondary schools.

**Table 3.31: Average number of students per classroom in a school and assessment of the frequency of the teacher's presence in the class according to the cycle**

Teaching cycle		Average number of students per classroom in a school	Distribution (%) of households according to the assessment of the frequency of the presence of the teacher in the class			
			Regular	Moderately Regular	Irregular	Total
Cycle	Nursery	12.2	84.0	16.0	.0	100.0
	Primary	15.9	50.7	42.3	7.0	100.0
	Secondary	10.1	31.6	68.4	.0	100.0
	Professional training	.0	.0	.0	.0	.0

*Source: Survey CCPA2, council 2022*

Results on table 3.21 shows primary schools has the most students per classroom with an average of 15,9 per classroom and secondary schools having the least number of students with an average of 10.1 students per classroom. It equally reveals teachers of the nursery schools are more regular in school with 84.0% regular followed by teachers of the primary schools with 50,7% regular while teachers of secondary school are moderately regular with 68,4% moderately regular.

**Table 3.32: Proportion (%) in the council of households not participating in PTA meetings according to place of residence Proportion (%) of households in the council according to the reason for not attending PTA meetings**

Teaching cycle		Proportion (%) of households not participating in PTA meetings	Among households that do not participate in the PTA, proportion (%) of households according to the reason for not participating in the PTA meetings				
			Non-compliance with schedules	Duration	Information meeting and not a discussion meeting	Non-accountability	Other (please specify)
Cycle	Nursery	3.7	87.5	25.0	25.0	12.5	0.0
	Primary	14.3	67.7	25.8	9.7	9.7	16.1
	1 <sup>st</sup> cycle Secondary	6.0	61.5	30.8	0.0	0.0	30.8

2 <sup>nd</sup> cycle secondary						
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Source: Survey CCPA2, council 2022

Table 3.32 above shows out of all the schools, a greater proportion of parents as in 14.3% do not participate in PTA in the primary than parents of the nursery and secondary schools. And the strongest reason that prevent parents from participating in PTA is the fact that it does not comply with their schedule, followed by the duration of the meeting and lastly the fact that there is no accountability.

#### III.4.4 Cost of education and management of school facilities

This section describes the management of school infrastructure by PTA, Council Village Organization, the state, Elites and other partners and also the assessment of amount of fees paid by registration and PTA levy.

**Table 3.33 : Distribution of households according to the assessment of the amount paid for payable fees and place of residence.**

Teaching cycle		Average spend (FCFA)			Breakdown (%) of households paying the fees payable by appreciation of the amount paid			Proportion (%) of households having paid something else in addition to education fees
					HIGH	Reasonable	Low	
Cycle	Nursery	280.0	4980.0	312.0	60.0	40.0	.0	.0
	Primary	.0	1026.8	32.4	1.4	88.7	9.9	.0
	Secondary	.0	4157.9	.0	31.6	31.6	36.8	.0
	Professional training	.0	.0	.	.0	.0	.0	.0

Source: Survey CCPA2, council 2022

The results on table 3.33 shows the highest amount of registration fee stands at an average of 280FCFA for nursery schools while no registration fee is paid for primary and secondary schools. Also more PTA fee is levied for nursery school which stands at 4980FCFA followed by secondary school with an average levy of 4157.9FCFA and least for primary schools.

No body agreed to have paid money that is not related to education fee.

The perception on the fees levied to them shows it is high for nursery, reasonable for primary and low for secondary schools.

**Table 3.34: Proportion (%) of households declaring that the damaged works (water points, classrooms, latrines, etc.) of the school have been repaired according to the type of actor according to the education cycle**

Teaching cycle	Repaired according to the type of actor					
	PTA	Mayor (Council)	Village Organization	MINEDUB/MINE SEC/MINEFOP	Elites	Other
Nursery	4.1	7.4	.0	4.6	.0	.5
Primary	10.6	24.4	.0	11.1	.5	.0
Secondary	3.2	8.3	.0	.5	.0	.0
Professional training	.0	.0	.0	.0	.0	.0

*Source: Survey CCPA2, council 2022*

The results on table 3.34 show repair works for nursery, primary and secondary schools is mostly done by the council, followed by MINEDUB for nursery and primary schools and PTA for secondary school.

#### III.4.5 Assessment of the education service by cycle

It describes the level of satisfaction or dissatisfaction with the services offered in the various educational cycles as seen on table 3.34.

**Table 3.35: Proportion (%) of households dissatisfied with education services by level of education and reason for dissatisfaction.**

Teaching cycle	Proportion (%) of households dissatisfied with education services	Among dissatisfied households, proportion (%) whose reason for dissatisfaction is:										
		Distance from the institution	Insufficient classrooms	Insufficient facilities	Insufficient schools	Attendance	Punctuality	Quality of Teaching	Lack of textbook distribution	Poor results	High cost of schooling	Distance from the institution
Nursery	5.1	.0	45.5	27.3	27.3	.0	.0	.0	.0	18.2	63.6	.0
Primary	7.4	.0	37.5	6.3	12.5	.0	.0	.0	.0	25.0	56.3	18.8
Secondary	5.5	.0	66.7	25.0	33.3	.0	.0	8.3	8.3	.0	33.3	.0
Professional training												

*Source: Survey CCPA2, council 2022*

From results on table 3.35, people are more dissatisfied with service in primary education than in secondary and nursery schools.

The main reasons for dissatisfaction in the nursery education is high cost of schooling, insufficient classrooms, insufficient school facilities and schools in the municipality.

For primary education it is mostly due to high cost, followed by insufficient classroom and poor results.

Dissatisfaction in the secondary education from top to least are due to insufficient classrooms, insufficient schools and high cost of schooling.

#### III.4.6 Actions envisaged to improve the education service

It describes the different engagements the population is willing to put forth to ensure an improved educational service.

**Table 3.36: Actions by households at the municipal level with a view to improving the service provided in the education sector** Proportion (%) of households by type of action and place of residence.

Teaching cycle		Proportion (%) of households able to commit at municipal level to improving the service provided in the education sector through:						
		Excellence award for schools	Raising of teachers civic/professional	Close monitoring of parent/teacher relation	Restoration of the authority of teachers	Teacher training	Advocacy for more teachers	others
cycle	Nursery	.5	.9	6.5	.9	.0	6.0	2.3
	Primary	3.7	2.3	15.7	3.2	.0	16.6	6.5
	Secondary	1.4	.5	1.8	1.8	.0	4.1	3.2
	Professional training	.0	.0	.0	.0	.0	.0	.0

Source: Survey CCPA2, council 2022

Table 3.36 shows the population is ready to engage more on close monitoring of parent teachers relation followed by the advocacy for more teachers for nursery school.

For primary school they are more willing to engage advocacy for more teachers as well as close monitoring of parent teachers relation as well as other personal actions to support.

While for the secondary education, they are more willing to advocate for more teachers as well as other actions to improve the secondary education service in the municipality.

**Table 3.37: Household actions at the community level to improve the service provided in the education sector** Proportion (%) of households by type of action and place of residence

Teaching cycle		Proportion (%) of households able to engage at the community level in improving the service provided in the education sector through:									
		Participation in school activities	Bonus for good teachers	Denouncing bad teachers	Strengthening parent-teacher relationships	Payment of contributions	Strengthening the presence of women in the PTA Bureau	Dissemination of the PTA's management reports	Dissemination of good practice	Monitoring of regular teacher	others
cycle	Nursery	5.5	.9	1.4	6.0	3.2	0.0	0.9	0.9	4.1	0.9
	Primary	14.3	.9	2.8	12.0	13.4	0.5	0.9	0.9	9.7	2.8
	Secondary	3.2	0.5	.0	1.8	0.9	0.9	2.8	0.0	1.4	2.8
	Professional training.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

*Source: Survey CCPA2, council 2022*

At the community level as shown on table 3.37, a greater proportion of households are willing to strengthen parent teachers relation to improve the nursery education. In the other hand, most households as in 14,3% are willing to improve secondary by participating in school activities. While in secondary education, most of the household are planning to participate in school activities to improve.

### III.5 Provision of communal services

This section gives the various services that the council provides and the perception of the quality of services.

### III.5.1 Characterisations of municipal service provision.

**Table 3.38 : Request for service, reception at the council and time taken to obtain the service.**

Council Service	Proportion of households having requested the service during the last 12 months	Proportion of households considering that the reception for the service was good	Time taken to obtain municipal service					
			In progress	Days	Weeks	months	year	Total
Birth Certificate	4.6	4.1	60.0	10.0	20.0	10.0	.0	100.0
Dead Certificate	.0	.0						
Marriage Certificate	.0	.0						
Legalization of official documents	.5	.5	.0	.0	.0	100.0	.0	100.0
Issuance of urban planning documents	.0	.0						
Development of roads	8.8	8.3	36.8	.0	.0	57.9	5.3	100.0
Waste management/sanitation	.9	.9	.0	.0	100.0	.0	.0	100.0
Hygiene and sanitation	.5	.5	.0	.0	100.0	.0	.0	100.0
Development of green and recreational areas	.0	.0						
Public transport	.0	.0						
Public lighting	14.7	13.4	18.8	.0	3.1	75.0	3.1	100.0
Development of playgrounds	.0	.0						
Resident Permit	1.4	1.4	33.3	.0	33.3	33.3	.0	100.0
Validation of location plans	.0	.0						
Authentication of documents	.0	.0						
Informations	.5	.0	100.0	.0	.0	.0	.0	100.0
Others	1.4	1.4	66.7	.0	.0	33.3	.0	100.0

*Source: Survey CCPA2, council 2022*

Following the results on table 3.38, the following services have been requested in the last 12 months that is birthcertificates, legalisation of official documents, development of roads, waste management, hygiene and sanitation, public lighting, residents permits, information and others.

The most requested Council service among the others are public lightings at 14,7% followed by road as in 8,8% and birthcertificates at 4.6% as compared to the rest. Of all the services requested, public lighting is the best service rendered followed by road and then birthcertificates.

Among the services requested, as in birthcertificates, residence permits and information are still ongoing to be obtain.

Legalisation, road, and public lighting takes months to obtain. While waste management and hygiene and sanitation takes weeks to obtain.

### III.5.2 Constraints to the provision of council services.

This section explains the challenges in terms of time, cost, quality of service involve in obtaining council services.

**Table 3.39: Proportion (%) of households according to the time taken to render the council service.**

council Service	Proportion (%) of households that find the time taken to render the service long or very long	Cause of long or very long delay to help					
		Staff unavailability	Lack of work materials	Staff Incompetence	Poor organization of services	Refusal to corrupt	Total
Birth certificate	70.0	71.4	14.3	.0	.0	14.3	100.0
Legalization of official documents	100.0	100.0	.0	.0	.0	.0	100.0
Development of roads	84.2	6.3	56.3	12.5	6.3	18.8	100.0
Waste management/sanitation	.0						
Hygiene and sanitation	.0						
Public lighting	56.3	.0	83.3	.0	11.1	5.6	100.0
Resident Permit	33.3	.0	.0	.0	.0	100.0	100.0
Informations	100.0	.0	100.0	.0	.0	.0	100.0
others	66.7	.0	.0	.0	.0	100.0	100.0

*Source: Survey CCPA2, council 2022*

Following the results on table 3.39, most households as in 100% reveals the most time is spent on obtaining legalization and information, followed by development of roads, birth

certificates. Staff unavailability is the primary reason for delay in birth certificate and legalization of official document service. Also the lack of materials is the main reason for delay of road development, public lighting and information services. While the refusal to corrupt stands as main reason behind delay for residence permit and others

**Table 3.40: Proportion (%) of households having paid a tip to obtain the council service**

Council Service	Proportion (%) of households having paid a tip to obtain the service
Birth certificate	10.0
Legalization of official documents	.0
Development of roads	.0
Waste management/sanitation	.0
Hygiene and sanitation	.0
Public lighting	.0
Resident Permit	.0
Informations	.0
others	.0

*Source: Survey CCPA2, council 2022*

Table 3.40 shows no body as in 0% pays a tip to obtain most of the requested services except a few proportion of households say 10% who paid a tip for birth certificate.

### III.5.3 Promotion of civic engagement in the Municipality.

It involves the series of measures the council of kombo itindi puts to get the municipality involve and aware of its activities.

**Table 3.41: Proportion (%) of households according to the characterization of the activities of the council.**

Place of residence	Declared characteristics of the activities of the council by the household				
	Communication on actions planned over the past year	Communication on the annual budget	Communication on last year's expenditure and revenue	Support for the village/district in development actions	Involvement of the village/neighborhood in the programming and budgeting of development actions
Rural	2.3	1.8	1.4	4.1	36.4
Together	2.3	1.8	1.4	4.1	36.4

*Source: Survey CCPA2, council 2022*

The results on table 3.41, most households as in 36,4% reveals the council is mostly engaged in the involvement of the village/neighborhood in the programming and budgeting of development actions followed by support for the village/district in development actions.



### III.5.4 Assessment of municipal services.

It describes how satisfied or dissatisfied the households are with council services rendered.

**Table 3.42: Proportion (%) of dissatisfied households and reason for dissatisfaction**

Place of residence		Proportion (%) of households dissatisfied with council services	Among dissatisfied households, proportion (%) whose reason for dissatisfaction is.									
			Heaviness processing of users requests	Non-information of the populations of the management communale	Staff absenteeism	Corruption	bad reception	Lack of professionalism	Ignorance of the actions carried out by the council	Ignorance of the actions carried out by the council Lack of trust in the municipal executive	Unavailability of the municipal executive (Mayor and his Deputies)	Other
	Rural	40.6	13.6	58.0	54.5	.0	.0	.0	35.2	12.5	6.8	1.1
	Together	40.6	13.6	58.0	54.5	.0	.0	.0	35.2	12.5	6.8	1.1

*Source: Survey CCPA2, council 2022*

The results on tables 3.42 shows less than 5 out of every 10 household that is 40.6% is dissatisfied with council services with the greatest reason being non information of the population on council management secondly due to staff absenteeism and followed by the ignorance of the actions carried out by the council.

### III.5.5 Actions envisaged to improve Council services

This section shows the actions households are willing to undertake in order to improve the services offered by the council

**Table 3.43: Actions of households in the council with a view to improving the quality of service provided by the municipal institution**  
**Proportion (%) of households by type of action and place of residence**

Place of residence		Proportion (%) of households able to commit to improving the service provided by the council institution through:									
		Contribution to the dissemination of council information in the community	Feeding and exploitation of suggestion boxes	Participation in community activities (implementation of endogenous solutions)	Consultation of the bulletin board of the council	Animation of the antenna sections in the community radios	Monitoring of dedicated time slots in community radios	Raising awareness for group listening in community radios	Membership of community radio listening groups	Participation in town information and awareness meetings	Other
	Rural	14.3	.5	66.4	2.3	.0	.5	1.8	.9	27.6	13.4
	Together	14.3	.5	66.4	2.3	.0	.5	1.8	.9	27.6	13.4

*Source: Survey CCPA2, council 2022*

According to the results in table 3.43, most households as in 66.4% are willing to engage in the participation in community activities (implementation of endogenous solutions), followed by Participation in town information and awareness meetings 27,6%, while some few proportions are willing to involve in the Contribution to the dissemination of council information in the community and others.

## CHAPTER IV: ACTION PLAN FOR THE IMPLEMENTATION OF CITIZEN CONTROL OF PUBLIC ACTION

### IV.1. Participatory monitoring and evaluation system for driving change

**Table 4.1: Monitoring and evaluation system for driving change**

Phase	Activities	Expected Results	Actors	Roles/tools	Start date	End date
Production of Reports	Submission of draft report, Reading of the report, and Submission of final report	Final scorecard report is available	NADEV/ PNDP	Review panelists Representatives of all sectors involved	28/06/2022	10/072022
Negotiation of Recommendations	Restitution workshop for councils	1. Lessons learned and expected changes 2. List of negotiated changes	PNDP/ NADEV	Review panelists Representatives of all sectors involved	12/07/2018	19/072022
Dissemination of results	Broadcasting of results	Results are fully broadcasted to the general public.	NADEV and	Media houses and publication	20/07/2022	21/07/2022
Implementation	Implementation of accepted changes to different sectors	Accepted changes are implemented	Respective sectors (Council, MINESANTE, MINEE, MINEDUB, MINESEC)		20/07/2022	14/09/2022

## IV.2. Action Plan for the Implementation of the Citizen Control of Public Action

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

Overall objective	Specific objectives	Action	Responsible	Period		Result indicator	Reference value	Target value	Data source	Measurement method
				Beginning	End					
Drinking water supply										
Improve access to quality drinking water within the Municipality	Improve access to drinking water in 29 villages within the municipality	<del>Build</del> Construction of water points within the community	Council/ MINEE		More water points will be constructed		Atleast 29 new water points forthe 29 villages that are not adequately supplied.	CDP/MINEE , Scorecard survey	Survey every after six months	
	Improve the management of water points and sources	Revamp or Create water management committees within the municipality	Council/ MINEE		The existing water manag will be revamped and more will be created.		Revamp all defunctmangemen t committee and create Atleast 29 new water points for the 29 villages that are not adequately supplied.		Check every after six months	
	Improve quality of drinking water	Community sensitization on simple water purification techniques	Council/ MINEE/MI NESANTE		More than half of the community population can use simple water purification		Atleast half of the community.		Sensitise every after two months	

Overall objective	Specific objectives	Action	Responsible	Period		Result indicator	Reference value	Target value	Data source	Measurement method
				Beginning	End					
		Construction of desalination plant to treat salty borehole water.	MINEE/ Council			More potable water from borehole				Saline tests regularly
		Health								
Improve access to quality and affordable health care services	Improve capacity of medical staff	Organize workshops to sensitize medical staffs on good practices <del>within their field of work</del> <u>in performing their duties</u>	MINSANTE/Council			At least 80% of all medical staffs within the municipality practice good working.		All medical staffs within the municipality	MINSANTE Scorecard survey	Checks every six months
		Recruit or Deploy more staff				More staffs present in the municipality.				
	Improve management of health units	Revamp health monitoring committees to better perform their duties	MINSANTE/Council			All health management committees are functioning fully		All health monitoring committee		

Overall objective	Specific objectives	Action	Responsible	Period		Result indicator	Reference value	Target value	Data source	Measurement method
				Beginning	End					
	Improve access to good health care	Provision of medical equipments and drugs,  Construction of more health centres closer to some communities	MINSANTE/Council			More health units constructed		Entire municipality		
<b>Education</b>										
<b>Improve access to education</b>	Improve the quality of education	Supply of school equipment and teaching aids to basic and secondary education. Also Construction of complete and sufficient schools	MINEDUB/MINESEC/Council			1 school each from the basic and secondary		At least one nursery, two primary and 1 secondary school	MINEDUB, MINESEC, Scorecard survey.	Checks once every term at least

Overall objective	Specific objectives	Action	Responsible	Period		Result indicator	Reference value	Target value	Data source	Measurement method
				Beginning	End					
		Deployment of more teachers at the nursery, primary and secondary levels.			More teaching staffs available		Atleast 1 teacher per class for the basic education			
	Improve the management of schools	Revamp/Create school management boards and PTAs			All the schools' management committees functioning fully					
		Provision of council services								
Build strong collaboration and trust between council authorities and the population	Improve access to information by the grassroots	Organization of quarterly open sessions	Council		At least two open session is organized year between council executive and the community		Four open sessions	Council, Scorecard survey	Quarterly checks	
		Dissemination/Publication of Make public the council			Atleast 50% of the population are aware of council activities		50% of population			

Overall objective	Specific objectives	Action	Responsible	Period		Result indicator	Reference value	Target value	Data source	Measurement method
				Beginning	End					
		investment budget								
	Improve time taken to obtain council services	Ensure staffs are always present and regular role call								
						Atleast 70% staff present		70% of council staffs		



## CONCLUSION AND MAIN RECOMMENDATIONS

This scorecard survey in its second wave nationwide in which Kombo Itindi was a target municipality is a great effort through which the mechanisms for citizen's control of public actions is established within the Kombo Itindi council area. The results of this study will go a long way to engage the population more in activities to improve and proper manage developmental projects within the municipality. As such, it goes a long way to strengthen cooperation between the population and the council.

To improve access to better and improve services for the four major sectors targeted by this survey, the following recommendations are necessary to take into consideration;

### **Water Supply**

- 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 a great proportion of the population fetch water from the rivers and other unsafe sources the population should be trained on community use of water and management, in order avoid frequent pollutions.
- To mitigate the spread of any water-borne disease, the population should be train on some household water treatment and safe storage techniques.
- A desalination plant be constructed to enable the salty borehole water potable and fit for consumption.

### **Health**

- Basic drugs should be made readily available within the existing health units.
- More 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 centres in the Municipality.
- Ambulatory Transportations by water should be instituted to better facilitate health care access and ease the transfer of emergency cases to improved medical facilities.

**Educational services**

- Lobby for the transfer of more teachers to the Kombo Itindi municipality
- Vocational training centres and technical colleges should be made available to promote skilled talents.
- Schools built with permanent materials and equipped should be provided, so as to improve the quality of educational care services provided to the public.
- Sensitize Parents on the importance of education within rural areas.  
The council and village organizations should also take part in maintaining school equipment.
- School with complete cycles should be made available for especially secondary schools which lack one.

**Council services.**

- More accountability and transparency in all council activities
- 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.

## ANNEXES

### ANNEX 1: List of participants in the report restitution meeting

### ANNEX 2: Questionnaire for the Study

MINISTRE DE L'ECONOMIE, DE LA PLANIFICATION  
ET DE L'AMENAGEMENT DU TERRITOIRE



MINISTRY OF ECONOMY, PLANNING AND REGIONAL  
DEVELOPMENT

SECRETARIAT GENERAL

GENERAL SECRETARY

PROGRAMME NATIONAL DE DEVELOPPEMENT  
PARTICIPATIF

NATIONAL COMMUNITY DRIVEN PROGRAM

CELLULE NATIONALE DE COORDINATION

NATIONAL COORDINATION UNIT

### SATISFACTION SURVEY OF THE SERVICE PROVIDED BY THE SUPPLY OF GOODS AND SERVICES IN THE MUNICIPAL AREA WITH A VIEW TO SETTING UP A CITIZEN'S CONTROL OF PUBLIC ACTION (SCORECARD) HOUSEHOLD QUESTIONNAIRE

#### Section I. IDENTIFICATION

<b>SIQ01</b>	Region _____	<input type="text"/>
<b>SIQ02</b>	Division _____	<input type="text"/>
<b>SIQ03</b>	Council _____	<input type="text"/>
<b>SIQ04</b>	Council Batch _____	<input type="text"/>
<b>SIQ05</b>	Sequential number of the Enumeration Area _____	<input type="text"/>
<b>SIQ06</b>	Residence stratum: _____ 1=Urban 2=Rural	<input type="text"/>
<b>SIQ07</b>	Name of locality _____	<input type="text"/>
<b>SIQ08</b>	Structure Number _____	<input type="text"/>
<b>SIQ08a</b>	Household number in sample _____	<input type="text"/>
<b>SIQ09</b>	GPS coordinates of household X _____ Y _____ Z _____	<input type="text"/>
<b>SIQ10</b>	Name of the head of household _____	<input type="text"/>
<b>SIQ11</b>	Gender of the head of household _____	<input type="text"/>
<b>SIQ12</b>	Name of respondent _____	<input type="text"/>
<b>SIQ13</b>	Relationship of the respondent to the head of the household (see codes) _____	<input type="text"/>
<b>SIQ14</b>	Respondent Sex : _____ 1=Male 2=Female	<input type="text"/>
<b>SIQ15</b>	Age of respondent (in completed years) _____	<input type="text"/>
<b>SIQ16</b>	Respondent's telephone number _____	<input type="text"/>
<b>SIQ17</b>	Survey start date _____	<input type="text"/>
<b>SIQ18</b>	Survey end date _____	<input type="text"/>
<b>SIQ19</b>	Name of the investigator _____	<input type="text"/>
<b>SIQ20</b>	Name of the council supervisor _____	<input type="text"/>
<b>SIQ21</b>	Collection results _____ 1=Complete survey 4=No competent respondent 2=Incomplete survey 5=Empty dwelling or no dwelling at address 3=Refused 6=Other (please specify) (If the answer is different from 1 and 2, end of the questionnaire)	<input type="text"/>
<b>SIQ22</b>	Assessment of the quality of the survey _____ 1=Very good 2=Good 3=Average 4=Poor 5=Very poor	<input type="text"/>

1 = Head of Household  
2 = Spouse of Head of Household

3 = Son/daughter of the Chief or his/her spouse  
4 = Father/mother of the Head or his/her spouse

5 = Other relative of the head or his/her spouse  
6 = Not related to the head or his/her spouse

## CODES SIQ13

**Section II. DRINKING WATER**

<b>S2Q01</b>	What types of water points do you have in your village/neighbourhood? (Circle the corresponding letter(s) other type		1=yes 2=no
		A. Well with human powered pump	<input type="checkbox"/>
		B. Well with electric pump	<input type="checkbox"/>
		C. Open pit	
		D. Borehole with human powered pump	<input type="checkbox"/>
		E. Borehole with electric pump	<input type="checkbox"/>
		F. Standpipe	<input type="checkbox"/>
		G. Spring	<input type="checkbox"/>
		H. Pool of water	<input type="checkbox"/>
		I. Water supply network	<input type="checkbox"/>
J. Drinking water supply (CAMWATER)			
K. River	<input type="checkbox"/>		
X. Other (s) to be specified)			
<b>S2Q01a</b>	Is your main water supply public or private? 1=Public 2=Private if 2 → S2Q18		<input type="checkbox"/>
<b>S2Q02</b>	What is your main public water supply? (One answer only) 1= Well with human-powered pump 4=Drilling with human-powered pump 2= Well with electric pump 6=Spring 3=Open Pit 7=River Drilling with electric pump 8=Drinking water supply 10= Pool of water 09=Fountain stand		<input type="checkbox"/>
<b>S2Q03</b>	Is this water available all year round? 1=Yes 2=No		<input type="checkbox"/>
<b>S2Q04</b>	Do you have access to this water point at any time of the day? 1=Yes 2=No if yes → S2Q07		<input type="checkbox"/>
<b>S2Q05</b>	If not, how often does your household get drinking water each day? 1=Once ; 2=twice ; 3=Three times		<input type="checkbox"/>
<b>S2Q06</b>	Does this frequency correspond to your current need for drinking water? 1=Yes 2=No		<input type="checkbox"/>
<b>S2Q07</b>	Has this water point broken down at any time in the last 6 months, i.e. since .....? 1=Yes 2=No If no S2Q08		<input type="checkbox"/>
<b>S2Q07a</b>	If your water point has broken down at any time in the last 6 months, i.e. since ....., after how long has it been back in service? 1=Less than one week 2=Between one week and one month 3=Between one month and three months 4=More than three months 5=Not yet, if 5 S2Q08		<input type="checkbox"/>
<b>S2Q07b</b>	By whom was it restored to service? (Circle the corresponding letter(s)). Another player in the restoration of the water point?		1=Yes 2=No
		A= Council	<input type="checkbox"/>
		B=State	<input type="checkbox"/>
		C=An elite	<input type="checkbox"/>
		D=The water point management committee	<input type="checkbox"/>
		E=Village/neighbourhood chief	<input type="checkbox"/>
		F=CAMWATER/SNEC/CDE	<input type="checkbox"/>
		H=Do not know	<input type="checkbox"/>
X=Other partners: _____	<input type="checkbox"/>		
<b>S2Q08</b>	Who is involved in the management, maintenance and upkeep (preventive and routine) of the water point?		1=Yes 2=No
		A=Management committee	<input type="checkbox"/>
		B=Council	<input type="checkbox"/>
		C=CAMWATER	<input type="checkbox"/>
		D=Community	<input type="checkbox"/>
		X=Others	<input type="checkbox"/>
If S2Q08=A	<b>S2Q08a</b>	Does your household contribute financially to the operation of Management Committee? 1=Yes 2=No if no go to S2Q09	<input type="checkbox"/>
	<b>S2Q08b</b>	How often does your household contribute financially to the operation of the Management Committee (number unit)? Unit 1 = Day, 2 = Week, 3 = Month, 4 = Quarter, 5 = Semester,	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		6 = Year	
	<b>S2Q08c</b>	What is the amount of this contribution from your household to the operation of the Management Committee (CFA francs)?	<input type="text"/>
	<b>S2Q08d</b>	How do you judge this amount? 1=High 2=Reasonable 3=Insignificant	
<b>S2Q09</b>	What is the average distance from the household to your main public water supply (unit, number)? 1= m 2= Km		<input type="text"/>
<b>S2Q10</b>	How many minutes on average does it take you to walk to the water point? What is the average waiting time at the water point?		<input type="text"/>
<b>S2Q11</b>	What is the average waiting time in minutes at the water point?		
<b>S2Q12</b>	How would you rate the service provided by your main public water supply? 1. Very good 2. Good 3. Fair 4. Poor 5. Very poor		<input type="text"/>
<b>S2Q13</b>	Does this water have an odour? 1=Yes, always 2=Yes, sometimes...3=Never ? 8=Do Not know		<input type="text"/>
<b>S2Q14</b>	Does this water taste good? 1=Yes, always 2=Yes, sometimes...3=Never ? 8=Do Not know		<input type="text"/>
<b>S2Q15</b>	Does this water have a colour? 1=Yes, always 2=Yes, sometimes...3=Never ? 8=Do Not know		<input type="text"/>
<b>S2Q16</b>	How many people do you usually find at this water point ?		<input type="text"/>
<b>S2Q17</b>	Have you expressed a need for a public drinking water supply during the past year? in the last 6 months, i.e. since .....? 1=Yes 2=No If no S2Q18		<input type="text"/>
<b>S2Q17a</b>	Who did you contact? (Several answers possible) Other?	A. Mayor (council)	<input type="text"/>
		B. State (sectorial)	<input type="text"/>
		C. An elite	<input type="text"/>
		D. The water point management committee	<input type="text"/>
		E. Village/neighbourhood chief	<input type="text"/>
		F. Administrative authorities	<input type="text"/>
		G. CAMWATER/SNEC/CDE	<input type="text"/>
		X. Other partners: _____	<input type="text"/>
<b>S2Q17b</b>	Was your need met? 1=Yes 2= No 3= Under study, If 2 or 3 _____ S2Q18		<input type="text"/>
<b>S2Q17c</b>	If you received a favourable response, after how long was your need met (number unit)? 1=minutes, 3=hours, 4=day, 5=week, 6=month, 7=year		<input type="text"/>
<b>S2Q18</b>	Overall, how satisfied is your household with the public water supply in your village? (Circle one answer only) 1=Satisfied 2=Unknown 3=Unsatisfied If 1 or 2 S2Q20.		<input type="text"/>
<b>S2Q19</b>	Give the reasons for your household's dissatisfaction with the public water supply in your village (multiple answers possible). Any other reason?	1=yes 2=no	
		A. Distance from water source	<input type="text"/>
		B. Poor water quality	<input type="text"/>
		C. Insufficient water supply points	<input type="text"/>
		D. Poor management of the water point	<input type="text"/>
		E. Lack of/slow maintenance in case of failure	<input type="text"/>
		F. High cost of water supply	<input type="text"/>
		X. Others to be specified _____	<input type="text"/>
<b>S2Q20</b>	Which of these actions is your household willing to engage in to improve water supply?		1=Yes 2=No
		A. Additional water points	
		A1 Contribution towards the construction of an additional water point	<input type="text"/>
		A2 Donation of site for construction of a water point	<input type="text"/>
		A3 Advocacy with donors (NGOs, associations, elites, companies etc.)	<input type="text"/>
		B. Improved management of existing water points	
		B1 Revitalisation/implementation of SMC	<input type="text"/>
		B2. Financial contribution to a community water point management and maintenance mechanism	<input type="text"/>
		B3 Encouraging the integration of women in the SMC	<input type="text"/>
		B4 Monitoring the production of reports on the management of the water point by the SMC	<input type="text"/>

		B5 Facilitating the movement of the artisan repairer responsible for the maintenance of the water point	<input type="checkbox"/>
		C. Improving the water quality of existing water points	
		C1 Participation in periodic campaigns to make the water drinkable in the locality	<input type="checkbox"/>
		C2 Participation in awareness campaigns on the denunciation of unsanitary acts that impact on water quality	<input type="checkbox"/>
		X. Others to be specified	<input type="checkbox"/>
<b>Section III. HEALTH</b>			
<b>S3Q01</b>	What type of health facility exists in your village/neighbourhood (Circle the corresponding letter(s).Other health facility?	A. Integrated health centre	<input type="checkbox"/>
		B. District Medical Centre	<input type="checkbox"/>
		C. District hospital/CMA	<input type="checkbox"/>
		D. Regional Hospital	<input type="checkbox"/>
		E. Reference/Military Hospital	<input type="checkbox"/>
		F. Private health facility	<input type="checkbox"/>
		X. Other (please specify)	<input type="checkbox"/>
<b>S3Q01a</b>	In which type of health facility do you go for your health care frequently? 1= Public 2= Private Secular 3= Private Religious If S3Q01=1 move to S3Q02 If S3Q01= 2 or 3 continue		<input type="checkbox"/>
<b>S3Q01b</b>	What are your reasons for choosing these facility?	1=Yes 2=No	
		A. Distance	<input type="checkbox"/>
		B. Cost	<input type="checkbox"/>
		C. Receptive	<input type="checkbox"/>
		D. Quality of care	<input type="checkbox"/>
		E. Staff availability	<input type="checkbox"/>
		F. Availability of drugs	<input type="checkbox"/>
		X. others to be specified :	<input type="checkbox"/>
<b>S3Q01c</b>	Do you ever go to public health facilities for care? 1=Yes 2=No If No, go to next section		<input type="checkbox"/>
<b>S3Q02</b>	What is the main public health facility that your household uses for health care? 1= HC/IHC 2= HospitaL 3= District hospital 4= Regional hospital 5 =Reference hospital/ Military Hospital		<input type="checkbox"/>
<b>S3Q02a</b>	Is this health facility the closest to your household? 1=Yes 2=No		<input type="checkbox"/>
<b>S3Q02b</b>	How far away from your household is this health facility (unit and number)? 1= m 2= Km		<input type="text"/>
<b>S3Q02c</b>	On average, how long does it take you to walk to this health facility? (unit and number) 1=minute 2=hour		<input type="text"/>
<b>Questions S3Q03 to S3Q11 ask about the last time a member of your household went to this health facility,</b>			
<b>S3Q03</b>	Was the nursing staff present? 1=Yes 2=No		<input type="checkbox"/>
<b>S3Q04</b>	Was the small medical equipment always available? (Several responses)	1=Yes 2=No 8=Don't know	<input type="checkbox"/>
		A. cissors	<input type="checkbox"/>
		B. Seringues	<input type="checkbox"/>
		C. alcohol	<input type="checkbox"/>
		D. Coton	<input type="checkbox"/>
		E. Betadine	<input type="checkbox"/>
		F. Thermometre	<input type="checkbox"/>
		G. Tensiometer	<input type="checkbox"/>
		H. Scale	<input type="checkbox"/>
		I. Gloves	<input type="checkbox"/>
		X. others to be specified:	<input type="checkbox"/>

S3Q05	Did this health facility have the following services? If no S10.	1=Yes    2= No    8=Don't know	<input type="checkbox"/>
		A. Maternity	<input type="checkbox"/>
		B. Paediatrics	<input type="checkbox"/>
		C. Laboratory	<input type="checkbox"/>
		D. Minor Surgery	<input type="checkbox"/>
		E. Hospitalization	<input type="checkbox"/>
		X. Other to be specified: _____	<input type="checkbox"/>
S3Q06	How much did he pay for normal consultation? (Session fee) amount in CFA Francs		<input type="text"/>
S3Q07	How do you rate this amount?    1=High    2=Reasonable    3=Low		<input type="checkbox"/>
S3Q08	In addition to the consultation fee, did the staff charge other unauthorised fees to serve you (monetary, over-invoicing, equipment, etc.)? 1=Yes 2=No		<input type="checkbox"/>
S3Q09	How did this person rate the reception of the health care staff at this health facility? 1=Good    2=Average    3=Poor		<input type="checkbox"/>
S3Q10	Is there a drug supply point (pharmacy/pro-pharmacy) in this health facility? 1=Yes 2=No 8= Don't know		<input type="checkbox"/>
S3Q11	Were medicines always available there?    1=Yes    2=No    8=Don't know		<input type="checkbox"/>
S3Q12	Does this public health facility solve most of the health problems you face in your household? 1=Yes    2=No		<input type="checkbox"/>
S3Q13	Overall, how satisfied is your household with the health services provided in this public health facility? (Circle one answer only) 1=Very satisfied 2=Satisfied; 3=Average; 4=Unsatisfied; 5=Very Dissatisfied <b>If 1 or 2 go to S3Q15</b>		<input type="checkbox"/>
S3Q14	What are the reasons for your household's dissatisfaction with the services received from the health facility you attended? (Several answers possible) Any other reason?	A. Remoteness from health facilities	<input type="checkbox"/>
		B. Poor quality of services offered	<input type="checkbox"/>
		C. Staff absenteeism	<input type="checkbox"/>
		D. Poor qualification of health facility staff	<input type="checkbox"/>
		E. Monetization of care	<input type="checkbox"/>
		F. Insufficient drugs	<input type="checkbox"/>
		G. Poor quality of equipment	<input type="checkbox"/>
		H. Insufficient equipment	<input type="checkbox"/>
		I. High cost of access to health care	<input type="checkbox"/>
		X. Other (please specify): _____	<input type="checkbox"/>
S3Q15	Which of these actions is your household willing to engage in to improve the quality of the health service?		1=Yes    2=No
		A. Additional health facilities	<input type="checkbox"/>
		A1 Advocacy for compliance with sectoral standards	<input type="checkbox"/>
		A2 Advocacy with NGOs/private structures for the construction of health facilities	<input type="checkbox"/>
		B. Extension/rehabilitation/equipment of existing health facilities	<input type="checkbox"/>
		B1. Advocacy with the commune and the State for the extension and equipment of health facilities	<input type="checkbox"/>
		B2. Advocacy with the municipality and the State for the rehabilitation and equipment of health facilities	<input type="checkbox"/>
		C. Improving the management of FOSA	<input type="checkbox"/>
		C1. Revitalisation of FOSA /Management committees	<input type="checkbox"/>
		C2. Supply of medicines and equipment	<input type="checkbox"/>
		C3. Reception and management of patients	<input type="checkbox"/>
		C4. Maintenance and upkeep of the hospital infrastructure	<input type="checkbox"/>
		C5. Advocacy for the allocation of staff	<input type="checkbox"/>
		C6. Control and verification of the effective presence of medical staff	<input type="checkbox"/>
		D. Reducing the cost of access to health care	<input type="checkbox"/>
		D1. FOSA subsidy	<input type="checkbox"/>
		D2. Development of public-private partnerships	<input type="checkbox"/>
		D3. The negotiation of twinning and inter-communal partnerships	<input type="checkbox"/>
	X. Others to be specified	<input type="checkbox"/>	
<b>Section IV. EDUCATION</b>			
S4Q01	. How many children in your household are between the ages of 3 and 24? If none, go to the next section		<input type="text"/>

Name of the child between 3 and 24 years old		_____	_____	_____	_____
S4Q02	« Name" attend a school in the year 2021/2022? 1 = Yes 2 = No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4Q03	In which educational cycle does "name" attend 1= Nursery 2= Primary 3 = Secondary 1st cycle 4 = Secondary2nd cycle 5= Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4Q04	In which order of education? 1= Public 2= Private Secular 3= Private Denominational If Public, go to next child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4Q05	If private secular or private denominational What are your reasons for choosing this type of school? 1=yes 2=no	distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Quality of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education cycle		Nursery	Primary	Secondary	Professional training
S4Q06	Does your village/neighbourhood have a public school "Name of school"? 1=Yes 2=No If not, go to the next cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4Q07	Is this (name of cycle) public school the closest? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a given cycle, questions S4Q08 to S4Q24b are addressed to the child of the household who will have been selected					
Education cycle		Nursery	Primary	Secondary	Professional training
S4Q08	How far away from your household is the school that your children attend (name of the cycle)? (Unit/time) 1 = m 2 = Km	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S4Q09	How long does it take the children in your household to walk to the (name of cycle) school they attend? (unit/time) 1 = minutes 2 = heures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S4Q10	Does the (name of the cycle) school where the children of your household attend have a complete cycle? (Distinguish the first cycle from the second cycle) 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>S4Q11</b>	Does the vocational training centre where the children in your household attend have a full workshop for their subjects? 1=Yes 2=No 3=Don't know				<input type="checkbox"/>
<b>S4Q12</b>	Does the (name of the cycle) school that the children in your household attend have a room for each grade? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4Q13</b>	In the (name of the cycle) school that the children in your household attend, do all pupils sit on a bench? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4Q14</b>	In the (name of the cycle) school that the children of your household attend, are school books distributed to pupils? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S4Q15</b>	How many pupils on average are in the class(es) in which the children of the household are enrolled in the (name of the cycle)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>S4Q16</b>	How do you rate the frequency of teacher attendance in the class(s) of (name of cycle) in which the children of your household attend school? 1=Regular 2=Medium regular 3=Irregular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4Q17</b>	Do you participate in the activities of the PTA (Meeting)? 1= Yes 2=No If 2 go to S4Q18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>S4Q17a</b>	Why ? (Several choices possible). Another reason?				
	A. Non-compliance with schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B. Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	C. Information meeting, not discussion meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	D. Non-accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	X. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>S4Q18</b>	How much do you pay on average for the fees (registration fees PTA) of this child from your household in the (name of the cycle) in a year? (enter average amount)	Inscription ----- (in FCFA)	Inscription ----- --(in FCFA)	Inscription ----- --(in FCFA)	Inscription -----(in FCFA)
		PTA ----- (in FCFA)	PTA ----- --(in FCFA)	PTA ----- -(in FCFA)	PTA -----(in FCFA)
		Other fees ----- ----(in FCFA)	Other fees ----- ----- (in FCFA)	Other fees ----- ----- (in FCFA)	Other fees ----- (in FCFA)
		Total fees payable -----	Total fees payable ----- --	Total fees payable -----	Total fees payable -----

<b>S4Q19</b>	How do you rate these amounts? 1=High 2=Reasonable 3=Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4Q20</b>	In addition to the fees payable, did your household pay any additional fees to the staff of the (name of cycle) school to admit the household's children to the school? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4Q21</b>	When the structures (water points, classrooms, latrines, etc.) of the (name of the cycle) school in which this child from the household attends are damaged, who takes care of the repairs?				
	A. The PTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. The Mayor (Commune)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. A village organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. MINEDUB/MINESEC/MIN EFOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. The Elites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X. Other partners (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4Q22</b>	Overall, how satisfied is your household with the education services in the (name of cycle) in your village? (Only one answer possible) 1=Satisfied 2=Unknown 3=Unsatisfied <b>If 1 or 2      S4Q24</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4Q23</b>	What are the reasons for your household's dissatisfaction with education services in the (name of the cycle)? (Several answers possible)				
	Any other reason?				
	A. Distance from the institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Insufficient classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Insufficient facilities	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	D. Insufficient schools				
	E. Personnel-related shortcomings	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	E1. Attendance, E2. Punctuality E3. Quality of lessons-	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	F. Lack of distribution of textbooks G. Poor results H. High cost of schooling X. Other to be specified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>S4Q24a</b>	In which of these actions is your household willing to engage in order to improve the quality of service provided by the (name of the cycle) school that this child attends? (Several answers possibles). Other action?			
	A. School excellence bonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Sensitisation of teachers on citizenship/professional awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Close monitoring of parent/teacher relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Restoration of teachers' authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Teacher training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Advocacy for staff affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4Q24b</b>	In which of these actions at the community level is your household ready to engage in order to improve the quality of the service provided by the school establishment of the (name of cycle) that this child attends? (Many possible responses). Other action?			
	A. Participation in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Bonus for good teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Denouncing bad teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Strengthening parent-teacher relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Payment of fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Strengthening the presence of women in the PTA office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Dissemination of PTA management reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. Dissemination of good practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I. Monitoring the regular attendance of teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Section V. COUNCIL SERVICES</b>				

Council services  ↓	<i>S5Q01</i> Have you had to request (name of service) from the Council in the last 12 months, i.e. since .....? 1=Yes 2=No the following service	<i>S5Q02</i> How were you welcomed when you visited the Council? (Choose one answer only) 1=Good 2=Indifferent 3=Poor	<i>S5Q03</i> After how long did you obtain the service you requested from the Council? (Units, numbers) -0 = in progress, 1 =minutes, 2 =hours, 3 = day, 4 = week, 5 = month,  If <i>S5Q03</i> =in progress go to <i>S5Q03a</i> Otherwise, go directly to <i>S5Q04</i>	<i>S5Q03a</i> How long have you been using this service? (Units, numbers) 1 = day, 2 = week, 3 = month, 4 = year	<i>S5Q04</i> How do you rate this time? 1=Seasonable 2=Long 3=Very long If <i>S5Q04</i> =1 <i>S5Q06</i>	<i>S5Q05</i> If <i>S5Q04</i> =2 or 3, what do you think was the cause? 1=Staff unavailable/absent 2=Lack of working materials 3=incompetent staff 4 = Poor organisation of services 5=Refusal to bribe 6=Other (please specify) _____	<i>S5Q06</i> Were you forced to pay unauthorised fees for this service?  1=Yes 2=No
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authentication of documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issuance of urban planning documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste management/sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene and cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of green and recreational areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of location plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authentication of documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance and support for socially vulnerable people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>S5Q07</i>	Have you or any member of the household participated in village assemblies to discuss village development issues and priorities initiated by the council? 1=Yes 2=No 8=Don't know						<input type="checkbox"/>

<b>S5Q08</b>	Are you or any member of your household informed of the amount of your council's annual budget? 1=Yes                      2=No                      8=Don't know	<input type="checkbox"/>
<b>S5Q08a</b>	Are you or a member of your household informed about the actions planned by the municipality in the last year? 1=Yes                      2=No                      8=Don't know	<input type="checkbox"/>
<b>S5Q09</b>	Are you or any member of your household informed of the council's expenditure and income for the last year? 1=Yes                      2=No                      8=Don't know	<input type="checkbox"/>
<b>S5Q10</b>	Does the council support your village/neighbourhood in development activities (community animation, monitoring of consultation committees, monitoring of management committees, setting up of village development monitoring structures, implementation of your micro-projects, implementation of endogenous solutions etc.)? 1=Yes                      2=No                      8=Don't know	<input type="checkbox"/>
<b>S5Q11</b>	Does the council involve your village/neighbourhood in the programming and budgeting of development actions? 1=Yes                      2=No                      8=Don't know	<input type="checkbox"/>
<b>S5Q12</b>	Overall, how satisfied is your household with the services provided by the council? (Choose one answer only) 1=Very satisfied 2=Satisfied 3=Unknown 4=Dissatisfied 5=Very dissatisfied If 1, 2 or 3 go to S5Q14	<input type="checkbox"/>
<b>S5Q13</b>	What are the reasons for your household's dissatisfaction with communal services? (Several answers possible).	1=Yes 2=No
		1=Yes 2=No
		A. Length of time it takes to process users' requests <input type="checkbox"/>
		B. Failure to inform the population of communal management <input type="checkbox"/>
		C. Deficiencies related to communal personnel
		C1. Staff absenteeism <input type="checkbox"/>
		C2. Corruption <input type="checkbox"/>
		C3. Poor reception <input type="checkbox"/>
		C4. Lack of professionalism <input type="checkbox"/>
		D Lack of knowledge about the actions of the municipality <input type="checkbox"/>
<b>S5Q14</b>	In which of these actions is your household willing to engage in order to improve the quality of the service provided by the community team? (Several answers possible).	E Lack of trust in the municipal executive <input type="checkbox"/>
		F. Unavailability of the municipal executive (Mayor and his Deputies) <input type="checkbox"/>
		X. Other (please specify) <input type="checkbox"/>
		1=Yes 2=No
		A. Contribution to the dissemination of municipal information in the community <input type="checkbox"/>
		B. Feeding and operating suggestion boxes <input type="checkbox"/>
		C. Participation in community activities (implementation of local solutions) <input type="checkbox"/>
		D. Consultation of the council 's noticeboard <input type="checkbox"/>
		H. Interventions in community radio stations <input type="checkbox"/>
		H1 Animation of airtime slots <input type="checkbox"/>
		H2 Monitoring of dedicated time slots <input type="checkbox"/>
		H3 Raising awareness for group listening <input type="checkbox"/>
		H4 Membership of listening groups <input type="checkbox"/>
		I. Participation in information and awareness-raising meetings in the municipality <input type="checkbox"/>
		X. Other (please specify): <input type="checkbox"/>

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### Annex 3: Municipal decree setting up the change monitoring committee.



#### MUNICIPAL DECISION N<sup>o</sup>.0010/KIC/M/D/S.G/2022

Setting Up A Follow-Up Committee To Monitor Recommended Changes Based On The Perception Survey Of The Satisfaction Of The Services Provided By The Public Offer In Drinking Water, Health, Education And Communal Services

#### THE MAYOR OF KOMBO ITINDI COUNCIL KNIGHT OF THE CAMEROON ORDER OF VALOUR

**Mindful** of the constitution of the Republic of Cameroon;  
**Mindful** of Law No.2019/024 of 24 December on the bill to institute the General Code of Regional and local authorities;  
**Mindful** of Decree of 2008/376 of 12 November 2008, relating to the administrative organization of the Republic of Cameroon;  
**Mindful** of Decree of 2008/377 of 12<sup>th</sup> November 2008 to lay down the powers and duties of heads of administrative units as well as the organization and functioning of their services;  
**Mindful** of Decree No.77/91 of 25<sup>th</sup> March 1977 to determine supervisory powers over Councils, Council Union and Council establishment modified and completed by Decree No.90/11/1990;  
**Mindful** of Decree No.95/082 of 24<sup>th</sup> of April 1995 creating Kombo Itindi Council;  
**Mindful** of No.77/203 of 19<sup>th</sup> June 1977 to setup Councils and defined their boundaries as well as subsequent amendment;  
**Mindful** of Decree No. 2009/011 of 10<sup>th</sup> July 2009 relating to the financial regime of Decentralized Territorial Collectivities;  
**Mindful** of Decree No.2018/190 of 2<sup>nd</sup> March 2018 creating the Ministry of Decentralization and Local Development;  
**Mindful** of Decree No.2018/190 of 2<sup>nd</sup> March 2018 creating the Ministry of Decentralization and Local Development;  
**Mindful** of Decree No.2019/002 of 04 January 2019, bearing the administrative organization of the Republic of Cameroon;  
**Mindful** of Ministerial order No.00071/MINDDEVL of 03 March 2020, to establish the election of the Mayors after the Municipal elections of 9<sup>th</sup> February 2020 in Kombo Itindi Council, Ndian Division, South West Region;  
Considering Contract No. 001/2022/CS/CPM/CRB/SG between the councils of Zone SW1 (Idenau, Limbe I, Limbe II, Limbe III, Tiko, Kombo Abedimo, Kombo Itindi) headed by the Mayor of Tiko

and Nkong Hill Top Association for Development for the Realisation of Citizen Control Mechanism for Public Action

Considering the necessity of Service

**HEREBY DECIDES AS FOLLOWS**

**Article I:** That the follow-up committee for the perception survey of the satisfaction of the services provided by the public offer in drinking water, health, education and communal services is hereby constituted as follows:

SN	NAME	FUNCTION
1	EDONDE CORNELIUS ETIM	Mayor
2	RICHARD NJOMBIE AKIME	Secretary General
3	MUKETE ANDREW	Development Officer
4	AYUK HANSON BAYE	Civil Society
5	NJOCKI ELVIS MENYE	Municipal Councillor
6	CHIEF OMANA SAVIOUR	Chief Of Ngosso
7	CHRISTOPHER EKPO	Chairperson Of Health Area Committee
8	ANDERSON JONA	PTA Chairperson
9	ESUK MARY EFFIONG	Women Leader

**Article II.** That their services shall be honorary. Nonetheless, any cost incurred in the course of execution or discharge of their duties, shall be borne by the budget of the council.

**Article III.** That a consolidated and validated report shall be established and forwarded to the Supervisory Authority after every sitting- at least once every quarter.

**Article IV.** That this decision which takes effect from the date of signature shall be notified to those concerned, registered, published and communicated wherever and whenever necessary.

Done at Kombo Itindi on 24-06-2022



Cc

- MINDDEVEL S/W
- MINEPAT S/W
- PNDP S/W
- FILE/CRONO

**Edonde Cornelius E.**  
**MAYOR**  
**KOMBO ITINDI COUNCIL**