

REPUBLIQUE DU
CAMEROUN

Paix – Travail – Patrie

REGION DE SUD OUEST

DEPARTEMENT DU
LEBIALEM

COMMUNE D'ALOU



REPUBLIC OF
CAMEROON

Peace – Work – Fatherland

SOUTH WEST REGION

LEBIALEM DIVISION

ALOU COUNCIL

SURVEY REPORT

MECHANISM OF CITIZEN CONTROL OF THE PUBLIC ACTION IN THE COUNCIL OF ALOU



MAY 2018

Technical and financial support of the National Community-Driven Development Program (NCDDP) in collaboration with the National Institute of Statistics (INS)

Realised by: AJEMALEBU SELF HELP (AJESH)



TABLE OF CONTENTS

TABLE OF CONTENTS.....	i
LIST OF ACRONYMS	iii
LIST OF TABLES.....	iv
LIST OF FIGURES	v
LIST OF MAPS	vi
FOREWORD	v
EXECUTIVE SUMMARY	vii
GENERAL INTRODUCTION.....	ix
CHAPTER I: LEGISLATIVE AND REGULATORY FRAMEWORK FOR DECENTRALISATION AND PROMOTION OF LOCAL DEVELOPMENT IN CAMEROON.....	1
1.1 LEGISLATIVE AND REGULATORY FRAMEWORK FOR DECENTRALISATION	1
1.2 PROMOTION OF LOCAL DEVELOPMENT	3
1.3 BRIEF PRESENTATION OF THE COUNCIL	5
1.3.1 Historical and administrative organisation of the council	5
1.3.2 Location of Alou Council Area.....	5
1.3.3 Population structure	7
1.3.4 Economic aspects of Alou Council.....	7
1.3.5 Description of the Biophysical Environment.....	8
CHAPTER 2: METHODOLOGICAL SYNTHESIS OF THE SURVEY ON CITIZEN CONTROL OF PUBLIC ACTIONS IN THE COUNCIL OF ALOU	11
2.1 CONTEXT OF THE STUDY	11
2.2 OBJECTIVE AND METHODOLOGY OF CCPA	12
2.2.1 The Global Objective	12
2.2.2 Methodology of CCPA	12
2.3 METHODOLOGY FOR DRAWING OF SAMPLES AND COLLECTION OF DATA.....	13
2.3.1 Samples	13
2.3.2 Data Collection	15
2.4 METHOD FOR MEASURING PERCEPTION INDICATORS.....	16
CHAPTER 3: MAIN RESULTS AND SUGGESTED IMPROVEMENTS.....	17
3.1 PRESENTATION OF THE SURVEYED POPULATION.....	17
3.2 THE WATER SECTOR.....	18
3.2.1 Availability and utilization of hydraulic services	18

3.2.2	Cost and quality of hydraulic services	19
3.2.3	Appreciation of hydraulic services	20
3.2.4	Reasons of dissatisfaction of the populations	20
3.2.5	Expected results from hydraulic services	22
3.2.6	Synthesis of the perception of hydraulic services and suggested improvements 23	
3.3	HEALTH SECTOR.....	24
3.3.1	Availability and utilization of health facilities.....	24
3.3.2	Cost and quality of health services	26
3.3.3	Appreciation of health services.....	28
3.3.4	Reason for the population's dissatisfaction	29
3.3.5	Expected results concerning health services.....	29
3.3.6	Synthesis of the perception of health services and suggested improvements....	29
3.4	EDUCATION SECTOR	30
3.4.1	Availability and use of education services by cycle	30
3.4.2	Cost and quality of education by level.....	33
3.4.3	Appreciation of Education Services by Level	35
3.4.4	Reasons for people dissatisfaction of education services by cycle.....	37
3.4.5	Expected results in terms of education	37
3.4.6	Synthesis of the perception of education services and suggested improvements 38	
3.5	SERVICES OFFERED AT THE MUNICIPAL INSTITUTION.....	39
3.5.1	Availability and use of services at the municipal institution	39
3.5.2	Cost and quality of services	40
3.5.3	Evaluation of municipal institutions services	41
3.5.4	Reasons for people's dissatisfaction	41
3.5.5	Main expect results from municipal institutions service	42
3.5.6	Synthesis of the perception of municipal institutions services and suggested improvements	42
CHAPTER 4: PLAN OF ACTION FOR THE ESTABLISHMENT OF THE CITIZEN CONTROL OF PUBLIC ACTIONS IN THE COUNCIL OF FALOU		46
4.1	PROGRAM OF DISSEMINATION OF RESULTS	46
4.2	SYNTHESIS OF PROBLEMS ENCOUNTERED.....	46
4.3	MODEL OF ACTION PLAN (BASED ON THE ACTIONS TO BE IMPLEMENTED AT THE LOCAL LEVEL).....	49
ANNEXES.....		54

Annex 1 SURVEY QUESTIONNAIRE.....	54
-----------------------------------	----

LIST OF ACRONYMS

AJESH	Ajemalebu Self Help
CAMWATER/SNEC	National Water Corporation
CCPA	Citizen's Control of Public Actions
CDP	Communal Development Plan
CEC	Cation Exchange Capacity
CRC	Citizen's Report Card
CSOs	Civil Society Organization
GHS	Government High School
GTHS	Government Technical High School
Ha	Hectare
HF	Health Facility
HH	Household
IHC	Integrated Health Centre
IRAD	Institute for Agric Research and Development
NADEV	Nkong Hill Top Association for Development
NIS	National Institute of Statistics
PDESC	Economic, Social and Cultural Development Plan
PNDP	National Community- Driven Development Program
PTA	Parents, Teachers, Association

LIST OF TABLES

Table 1: Situation of the households sampled	14
Table 2: Average expense and level of appreciation of amount paid by HH (%).	35
Table 3: Availability and use of service	39
Table 4: Appreciation of service delivery time and cause of delay	40

LIST OF FIGURES

Figure 1: shows the surveyed population by age	17
Figure 2: Percentage of male and female surveyed	18
Figure 3: Percentage of households with principal water supply systems as mentioned above.	18
Figure 4: Source of water used by the household	19
Figure 5: Percentage of households that declared the time taken to fetch water and return on foot.	20
Figure 6: Percentage of households that declared a breakdown in the supply system and repairs done within the periods	21
Figure 7: Reasons for non-satisfaction with potable water supply	22
Figure 8: Percentage expectation of households with respect to the needs mentioned	22
Figure 9: Percentage of households and closeness of various health facilities to them.	24
Figure 10: Shows % of households and distance covered by population to get to the closest health facility	24
Figure 11: Percentage of household's members indicating where they preferably go to when confronted with health issues.....	25
Figure 12: The percentage of at least one household's member indicating the medical practitioners who attended to them during their visits to the hospital	26
Figure 13: Represents the percentage households indicating the presence of staff, equipment and hospitalisation rooms in the health facility	26
Figure 14: The percentage of households indicating the number of beds found in a single room	27
Figure 15: Percentage of households indicating the amounts paid for consultations	27
Figure 16: Percentage of households appreciating the amount paid for consultation	28
Figure 17: Overall Appreciation of Health Services.....	28
Figure 18: Appreciation of existing education services by sampled households.	31
Figure 19: Appreciation of number of children per household attending the establishments .	32
Figure 20: Proportion (%) of completeness of cycles, availability of classrooms and chairs .	33
Figure 21: The number of pupil per class	34
Figure 22: Frequency of teachers in the schools.....	34
Figure 23: Appreciation of Education Services by Level.....	36
Figure 24: Appreciation of class room repairs in case of damage.	36
Figure 25: Reasons for people's dissatisfaction.....	37
Figure 26: Expectations of households	38
Figure 27: Reasons for dissatisfaction	41

LIST OF MAPS

Map 1: Location map of Alou council area	7
--	---

FOREWORD

In January 1996, Cameroon adopted a new constitution transforming it into a unitary decentralized state with Regional and Local Councils. These decentralized councils including the Alou council, promote the economic, social, health, educational, cultural and sports development of their populations. In order to enhance the decentralization process and precisely on the 22nd of July 2004, the government of Cameroon enacted law defining the powers devolved to councils for their socio-economic development. In order to support local development and the councils in the ongoing decentralization process the GoC since 2005 embarked on council institutional reforms and capacity building. Since 2010 the government started transferring competences to the Local Councils in an increasing number of sectors.

It is in this light that the Alou council with financial and technical support from the National Community-driven Development Programme (PNDP) decided to carry out a Citizen's Control of Public Actions (CCPA) also known as the scorecard in the hydraulic, Health and Water sectors and including services rendered by the council itself. This was done in the form of a survey.

A local Support Organisation (LSO) called Ajemalebu Self Help (AJESH) was hired to carry out the survey and report while the National Institute of Statistics, (NIS) defined the sampling methodology and did the data analysis.

AJESH recruited data collectors that despite the very unfriendly prevailing socio-political situation in the region at the time successfully carried out the data collection exercise.

The data collected was analyzed; a draft report was produced and restituted with stakeholders who gave inputs for the improvement of the quality of the final report.

The results obtained are very useful for the council and the other sectors evaluated and will act as a basis for achieving the council's local developmental goal while ensuring the services provided will be greatly improved and will go a long way to assist the local communities.

We envisage not only ensuring the replication of this exercise to reach other decentralised services that were not reached but also to ensure the exercise is repeated regularly.

We extend our sincere gratitude to PNDP, NIS, AJESH and other stakeholders whose support was primordial for the success of the project. We equally wish everyone good reading.



The Mayor,

Dr. Ntemgwa Paul Sixtus
LORD MAYOR / MAIRE
ALOU COUNCIL

EXECUTIVE SUMARY

The Citizen's Control of Public Actions (CCPA) also known as the Scorecard or Citizen's Report Card (CRC) aims at capturing the perception of local people on the services rendered by some 4 public sectors, namely hydraulics, health, education (basic and secondary) and the services of the council itself in the Alou municipality of the South West Region.

AJESH (Ajemalebu Self Help), a civil society organization with head office in Kumba was selected by the National Community–Driven Development Programme (PNDP) of the Ministry of the Economy, Planning and Regional Development to implement the project in the Alou municipality.

Activities of the project include; organization and launching in the council area which took place on the 4th of October 2017 from mid-day in the council hall; contribution to the sensitization of stakeholders; selection and training of data collectors and putting at their disposal data collection tools; collecting data at household level using questionnaires; preparing and analysing the data collected; producing a draft report; negotiation of changes during restitution meetings and finalisation of the report.

Data collection in Alou took place from the 23rd to the 28th of October 2017 by 10 enumerators. The data was verified, prepared, analysed and tables produced for reporting.

Results show that most respondents were men and fell in the 65 years and above age bracket (Youths). Highest age bracket for household's heads interviewed also fell in the range of 65 years and above.

Recommendations

Water sector

- Construction of supplementary sources or water collection points;
- Repairs of water supply systems when damaged and greater implication of the state, CAMWATER, council and the elites in water supply and management of the systems;
- An improvement in the quality of water supplied and improved management of water collection points;

Health sector

- Reduction in the cost of consultation fee and provision of additional health facilities;

- Improvement of the quality and quantity of health equipment and the management of the health facilities;
- Provision of more qualified staff and improvement in the quality of services rendered by health personnel;
- Provision of more drugs in the health facilities;

Education sector

- Provision of more qualified staff and ensure the regularity of teachers in class
- Provision of more classrooms, tables and desks and reduction in the cost of fees paid;
- More involvement of the government, elites and council in the provision of equipment and material to the schools and maintenance of school property;
- Improvement in end of year and external course exams;

Council sector

- Greater implication of the population in decision making;
- Greater transparency in the management of council projects and budgets;
- Increase visibility of council actions;
- Greater availability of the mayor and his assistants and check staff absenteeism, corruption and bad reception of the population;
- Improve communication and sensitization of the population on council action.

Conclusion

The survey was very important as concerns improving the services provided by the sectors concerned. It is a good tool in governance and we advise that the same should be done to other sectors that were not covered while considering the challenges that were encountered. This should equally not be an end but should be re-done occasionally to ensure good governance

GENERAL INTRODUCTION

The National Community-driven Development Program (PNDP) is a tool designed in 2004 by the Government with the support of its technical and financial partners with a view to improving on the living conditions of the populations in rural areas on the one hand, and to boosting the decentralization process, on the other one

This policy which is spearheaded by the Program results in a strong involvement of the grass-roots populations as regards the execution of all of its activities. The implementation of the citizens' role in a Council therefore leads to the soaring of various information, co-ordination and monitoring mechanisms both at Council's and PNDP's levels, on which the citizen engagement relies.

In the course of the second phase of the Program, a citizen control mechanism had been experimented in ten pilot councils via the Scorecard software. It is worth noting that such a mechanism dwelled, on the one hand, on the conduct of a populations' perception survey in connection with the council's public assets and services delivery, and on the other hand, on the spread of the results derived from such an operation in a bid to obtain significant changes in terms of quality as concerns public assets and services delivered by the council.

Such an operation is intended to be scaled up within the Program's third phase, dubbed consolidation phase whose development objective revolves around improving on local public finance management and the management of public investment budgets by councils as well as participatory development processes with a view to ensuring both the supply of quality, sustainable infrastructures and socio-economic services. The framework of its results therefore constitutes a must, inasmuch as one of its indicators is in correlation with the « Number of councils that have already implemented an operational citizen control and information access mechanism ».

As a result, the program undertakes to set up a citizen mechanism aimed at controlling public action within the 160 councils that should be considered as the target of the above mentioned indicator. Through the present process the program not only intends to consolidate the mainstreaming of the population's aspirations into its achievements, but also those emanating from other development actors/stakeholders involved in the council's environment.

Thus, a population's perception survey was conducted on the quality of public service delivery within the council environment, especially in the hydraulics, health, education and communal services.

This survey has as main objective, to understand the populations' perceptions about their level of satisfaction with regard to public services delivery in the targeted sectors, with a view to setting up a citizen control mechanism of public achievements throughout the council environment.

More specifically, this survey is intended to shed light on:

The indicators relating to the appraisal of hydraulic services provision;

The indicators relating to the appraisal of health services provision;

The indicators relating to the appraisal of education services provision and

The indicators relating to the appraisal of council services provision.

The Citizen perception of public action survey (SCORECARD) was carried out in the Alou council area from November 16 2018 with the training of enumerators and the data collection was from the 20 to the 26 of November 2018. The data collected was subjected to statistical analysis by the national institute of statistics and the results are presented for interpretation and reporting.

CHAPTER I: LEGISLATIVE AND REGULATORY FRAMEWORK FOR DECENTRALISATION AND PROMOTION OF LOCAL DEVELOPMENT IN CAMEROON.

1.1 LEGISLATIVE AND REGULATORY FRAMEWORK FOR DECENTRALISATION

The aim of a well-designed decentralization programme is to deliver effective services to all citizens and to deepen democracy through active popular participation in local governance. The decentralization process in Cameroon took its rise from the 18th of January 1996 Constitution which states inter alia in its Article 55 that: The duty of councils, regional and local authorities shall be to promote the economic, social, health, educational, cultural and sports development of the said authorities.

Decentralization can be defined as the transfer by the State to decentralized territorial entities, particular competences with suitable means (*Article 2 (2) L017*).

Decentralization constitutes the fundamental axis for the promotion, development, democracy and good governance at the local level (*Article 2 (2) L017*).

This transfer of competences is exerted in a progressive manner by the State and the local authorities (*Article 15 L017*).

In line with the law, the Government of Cameroon with the assistance of its technical and financial partners put in place the National Community Driven-Development Program (PNDP) in a bid to improve on the living conditions of the population in the rural areas.

Three bills voted by the Cameroonian House of Parliament in June 2004 were promulgated into law on July 22, 2004.

The three main laws of 2004, however, include:

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

These laws replace the hitherto disparate laws of 1974 on local councils with their multitude of subsequent amendments.

Under the provisions of the laws of 2004, there is a devolution of powers accompanied by the transfer of means, financial, material and human, to local entities that are made of 10 regions and

339 councils. The President of the Republic can by decree create or redelimit the geographical boundaries of a local authority as well as rename or decide on the temporary regrouping of local authorities. Moreover, a common decentralisation fund is created (article 23(1), Orientation Law). For the steering and evaluation of the decentralisation process there is a national decentralisation council and an inter-Ministerial Committee of local services (article 79, Orientation law). These new laws (that essentially focus on local development and governance) constitute the basic framework of rules on decentralisation in Cameroon. Prior to July 2004, local entities were endowed with largely social functions like the celebration of marriages and delivery of birth and death certificates (1974 law relating to councils). In the transfer of powers for local development under the 2004 laws, local authorities are assigned the task of promoting economic, social, health, educational, cultural and sports development (article 4(1), Law of Orientation). Powers that correspond to the promotion of development in these sectors are devolved to local authorities under conditions laid down by law (articles 18–24 of Rules applicable to Regions; articles 15–22 of Rules applicable to Councils). The development opportunities implied in the execution of these tasks are new to local authorities in Cameroon. Here, the local authority can only act as catalyst to local development by at least strengthening municipal infrastructure (especially social infrastructure), carrying out a broad range of activities under the heading of ‘governance’ (institutional capacity building of local government structures as well as civil society organisations and especially the interface between them) and an endowment with the capacity to lead local development for wealth creation. This way, devolved powers will greatly contribute in serving development. The decentralisation laws of 2004 further set the pattern of the exercise of power by local authorities which represents the framework for governance and democratic practice. Local authorities are endowed with legal personality and administrative autonomy by law. These structures are administered by entities whose organs are elected through direct universal suffrage. The activities of these elected local entities are overseen by the representative of the supervisory authority, that is, the Governor and the Senior Divisional Officer at the level of the region and the council respectively (articles 46–57 of the Orientation Law). Local officials are not only accountable to the electorate but to the Chief Executive of the state too. The latter can dismiss an elected official for embezzlement (article 95(1) Orientation law). Each local authority has two organs, one deliberative and the other executive. To increase dialogue over municipal matters, there are four statutory meetings (unlike two under the 1974 Law). Local authorities are empowered to undertake decentralised cooperation and form unions of councils (article 131 Orientation law). On democratic practice within organs of local authorities, a quorum of two-thirds of the membership is required for a municipal council meeting to be held. Decisions are

taken by simple majority vote and as a general rule council sessions are open to the public. Extracts of proceedings of council sessions must be communicated to the public eight days after the council session (art 40(1)). The practice of having local governments that are elected directly by the population actively involves them in the choice of their local leaders who in turn are accountable or answerable to them. It is therefore evident that laws that define such a pattern of the exercise of power at local authority level enhance democratic practice and good governance. The attainment of this objective through laws that devolve such powers determines the process of decentralisation and contingent on the level of contextual constraints and the dynamism of its stakeholder.

In a bid to further promote the process of decentralisation in Cameroon, the president of the republic on the 2nd of March 2018, signed a decree creating the Ministry of Decentralisation and Local Development (MINDEVEL). Its structures have been put in place and it is expected that in the near future, the process of decentralisation in Cameroon would have been greatly improved upon.

1.2 PROMOTION OF LOCAL DEVELOPMENT

The State embarks on the decentralization process because she wants to bring the government closer to the local population so that they can participate actively in orienting developmental issues of the country (*Cheka, 2007*).

The municipality, which is the basic level of decentralization, gradually has administrative and financial autonomy in managing local affairs. It is responsible in particular for promoting development in the economic, social, health, educational, cultural and sports fields by drawing up, in a participatory way, its economic, social and cultural development plan (PDESC).

In the Alou council area, a certain amount of development in the areas of water, education, health and the provision of services by the council had taken place by 2011 which is documented by their Communal Development Plan. In the strategic planning section of the document, certain activities were equally planned to be implemented progressively. It would be good to mention them here as this forms a baseline for comparison with what was observed in the scorecard survey.

- **Hydraulic sector**

By 2011, the Alou council area had 9 boreholes, 2 wells, water catchments and public taps in 4 villages (Atulleh, Ndobelow, Atsombie and urban space) and scan water towers at lewloh, Mockmbie area and urban space. It was programmed in their development plan that by 2016, all

existing water schemes are rehabilitated; regularly maintained and at least 5 new schemes are constructed and functional. It was envisaged that by 2017, at least 30% of water sources in the municipality are good for drinking and that by 2020, the number of water borne diseases must have reduced by 60% in all the communities. It was equally agreed that at least 80% of communities had access to portable water by 2018.

- **Education sector.**

In 2011, the Alou council area as concerns basic and secondary education had, 14 nursery schools, primary schools in all the villages except, Makenana, Betelanda and Letseataw. It had secondary schools in Ndung-wa and Njinmba and high schools in Nchenakea, Atsombie (GTHS), Awut and Alou central (GHS). It had technical schools at Kongameh, Njenawung, Alou central, Anya-lewoh and Nchenallah.

In its development plan of 2011, it was programmed that by 2012, all primary schools will have at least 1 trained teacher per class and that by 2013, all teachers and pupils will have copies of all official textbooks and required didactic materials. At the secondary and technical school levels, it was envisaged that the performance of students increases by at least 20% at the end of 2012 and that secondary schools have at least 2 teachers per subject (recruitment of 72 trained teachers for secondary schools). It was expected that by 2015, schools will have equipped science laboratories (equipping of 2 laboratories in 2 schools), libraries, technical workshops (equipping of 6 workshops in 2 colleges). The construction of 22 classrooms mainly in the Alou urban space was equally programmed. It was programmed that the schools would each have a functional management board and that 80% of the stakeholders are satisfied with their functioning.

- **Health sector.**

The Alou council area has 6 health centers at Anya, Ndobelow, Essangong, Atsombie, Fonjumetaw and the Alou medical centre.

In the Alou CDP and with respect to the health sector, it was envisaged that by 2016, at least 8 new health centres would have been constructed; four health centers and one hospital (government) are equipped with at least 60% of basic facilities; 50% of the population has access to essential drugs at affordable prices; 60% of the population is adequately attended to in the health centres and hospitals yearly; 4 health centres renovated; the Fotabong hospital extended, 6 pro-pharmacies equipped with essential drugs and 25 more staff (Doctors and nurses) transferred to the health facilities.

- **Council sector**

In the CDP elaborated in 2011, it was envisaged that there will be an increase in revenue collection collection by at least 10% per annum; a 90% reduction in loss due to mismanagement; at least 8 hours spent at work by the council staff each day; one functional water source at the council; recruitment of more qualified staff and acquisition of more heavy duty equipment.

1.3 BRIEF PRESENTATION OF THE COUNCIL

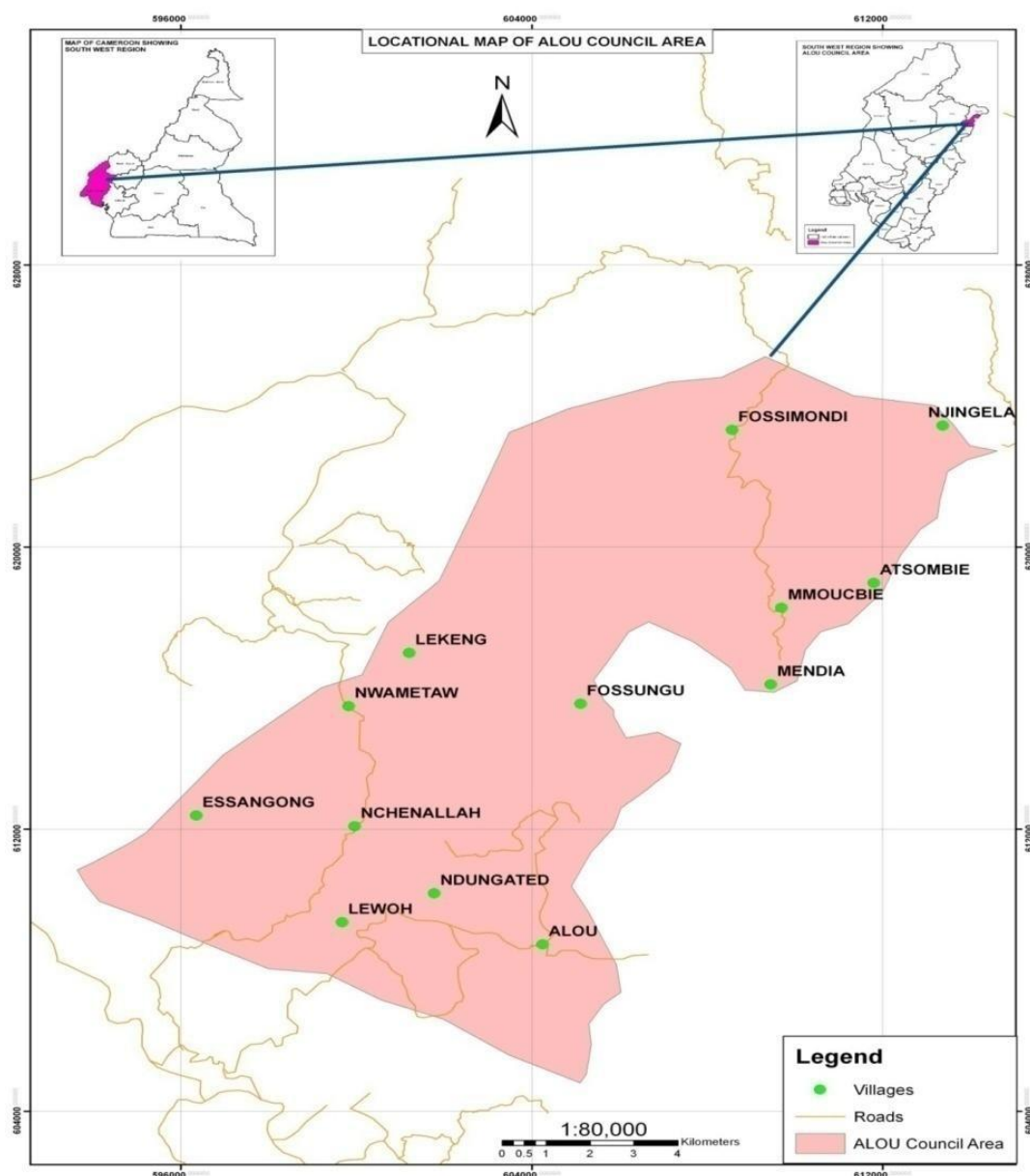
1.3.1 Historical and administrative organisation of the council

According to oral information obtained during the diagnoses of the CDP, human beings lived in Alou council area since the last two centuries. The inhabitants of the different fondoms in the area came from different places. The people of Njenawung, Upper Lewoh, Ndungatet and Nwametaw originated from Dschang (Western region of Cameroon) and share similar way of life with the Bamileke people of Menoua Division. The majority of inhabitants of Njenatah (Lower lewoh) hold their origin to the Bayangies from the Upper Bayang Sub Division of Manyu Division while the M'mock people of the council area derived their origin from the Wabanés. The settlements and start of the villages was influenced mainly by fertile soils for farmland. The diversity in origin of the people has resulted to a variation in dialect and behavior. So much has changed in number, and scale of development to an existing six chiefdoms of the council area; Ndungatet, Nwametaw, Njenawung, M'mockmbie, M'mockngie and Lewoh chiefdoms. The legal status and limit of these chiefdoms is highly disputed today. Alou's urban space (Ndungatet and Nwametaw) has a total population of 11,003 inhabitants and the council is at an elevation of 1611m above sea level. It is circumscribed in Alou Sub Division in Lebiale Division of the South West Region in Cameroon. It is bounded in the North by Wabane Sub Division and in the South by Fontem Sub Division. It further shares a common boundary to its West by Menoua Division (West region) and to the East by Manyu Division of the South West Region. The creation of Alou Sub Division by Decree no 94/010 on January 12, 1994, paved a way for a constituted people of Alou Sub Division to benefit the status of a rural council legalized by decree no 95 / 085 of 24th April 1995. Its urban space covers 14 villages which are in two main Fondoms of Ndungatet and Nwametaw.

1.3.2 Location of Alou Council Area.

Alou council is geographically located at eastern coordinate of 5312890 and western of 9562480 at an elevation of 1611m above sea level. It is circumscribed in Alou Sub Division in Lebiale Division of the South West Region in Cameroon.

Division of the South Region in Cameroon. It is bounded in the North by Wabane Sub Division and in the South by Fontem Sub Division. It further shares a common boundary to its West by Menoua Division (West region) and to the East by Manyu Division of the South West Region. The creation of Alou Sub Division by Decree no 94/010 on January 12, 1994, paved a way for a constituted people of Alou Sub Division to benefit the status of a rural council legalized by decree no 95 / 085 of 24th April 1995. Its urban space covers 14 villages which are in two main Fondoms of Ndungatet and Nwametaw. The Ndungatet Fondom of the urban space stretches from the Foto's Palace through Sandsan quarter, Three-corners, Atululi to the main market while the Nwametaw end of the urban space starts from the its Palace across Nwasah village, Nchenallah Nqwuin villages towards the main market. The urban space hosts the central administration of Alou Sub Division, the council premises, administrative structures, a main market and significant population of villagers and civil society. Away from the urban space there is a span of 60 dispersed villages stretching from lower zone made up of Njenatah, Effong, Mbin, Njenawung, Alou, Atem, Lekeng, Attrah and Mankenana. The upper part of the council area is covered with M'mockmbie, M'mouck, Mbelenka, Menky, Nembat, Atulleh, Atsombie, villages.



Map 1: Location map of Alou council area

1.3.3 Population structure

The population of Alou municipality is estimated at a total of 59,793. In its urban space (Ndungatet and Nwametaw), a total population of 11,003 inhabitants were identified within the age brackets. It has an active population age group of about 29 % in the urban area. According to the same sources about 63 % of the total populations are female while 37 % males. (source: village diagnosis during elaboration of CDP: 2011).

1.3.4 Economic aspects of Alou Council

The council area is highly limited in terms of vibrant economic activities. Most inhabitants are farmers with an average monthly income of 30 000FCFA (SDDARD Alou). Farming activities

are very much intense in the M'muock zone where heavy trucks can be seen loading vegetable crops (Irish potato, Cabbage, Carrot, Leeks) to neighbouring cities like Dschang, Douala, and Kumba. Apart from farming, the inhabitants are involved in off-licence sales with restaurant, and petit trade (provision stores). The provision stores are located around the permanent markets while most of the owners live in other villages and operate the stores mainly on market days. Economic groups such as builders (carpenters and bricklayers), auto mechanic, and tailors are also very active in the villages with an economic threshold of about 10 000fcfa per month (Source: VPD).

1.3.5 Description of the Biophysical Environment

- **Climate:**

The council area experiences a bi-modal climate (2 seasons) regime – the dry season and the rainy season. The dry season begins in November and ends in March while the rainy season begins in mid-march and stretches up to October and sometimes November. Average annual rainfall varies from 1400mm to 1800mm. However, these seasons are gradually becoming unpredictable owing to the phenomenon of climate change. The majority of the areas within the municipality are generally cold to very cold especially in the evening which is accompanied by dense fog locally called “Aluo”. Temperatures vary between 180C to 300C, though sometimes it can go below the 180C especially during the harmattan periods of November to January. It is widely known that the name Alou is derived from the foggy nature of the area. The coldness is due to the altitude that ranges from 1611m around 3-corners Ndungated to 1900m in Mbelenka (M'muockngie).

- **Soils:**

The soils in Alou vary due to the difference in topography and vegetation. From the lower part of Effong, Njenawung, through Ndung nwa and parts of M'mouckbie the soils are reddish, rocky and gravely with a thin organic matter layer (5-10cm). The top soil horizons emanate from the underlying sedimentary rocks and metamorphic rocks which have surfaced around the black-stone quarry in Nchenallah and Atululi (stone-head) areas of the urban space. The presence of many eucalyptus trees render the soil to be poor due to many ramified tree plant rooting in the soil.

This notwithstanding, results of a soil analysis carried out by the Institute of Agricultural Research for Development (IRAD) Ekona between M'mouckmbie to M'mouckngie in 2010 showed that the soils within these zones are comparatively deeper upper layer, slightly acidic (pH 4.87-6.64),

higher in nitrogen and a CEC of less than 10cmol. These soils support the cultivation of vegetable crops including Irish potato, cabbage, carrots and leeks. However, due to the topography of the land and the silty to sandy texture of the soil, these soils are susceptible to leaching and soil erosion. This must be controlled in order to sustain yi3.2.3 Relief and Landforms In general, the land form in the Alou municipality is hilly and undulating particularly in the South West of the area. It gradually rises from an altitude of 450m at Ndumbin through 1611m at Ndungatet and Nwametaw (in the urban space) to over 2100m in Mbelenka. Though some of the hill tops are broad-shaped, many are characterised by truncated V-shaped valleys with small streams or rivers

- **Hydrology:**

There are 02 main rivers – Rivers Ntsembou that crosses below and forms the natural boundary between Alou and Alou municipalities, Belarack in Ndumbin, Ntzeh-To between Lewoh and Njenawung, Ntzeh-Mbup, Ngemamoh and Ntzeh-Choh – all crossing through Njenawung flows down to join River Bagwor in Upper Bayang Sub-Division. There are equally many small streams that cut through the villages in the lower parts of M'mouckmbie down to Njenawung to Ndumbin. The majority of the villages get drinking water from small streams and springs. A few villages are however, provided with pipe-borne water.

- **Vegetation:**

a) Flora. The area has two main vegetations, the typical ever green forest which covers the lower zones of Nkandu, Njenatah, Efong, Atem, Alou, Keleng, Attrah etc. These villages show a spatial view of mainly palm trees interspaced by cocoa farmland and a few tall forest trees and shrubs (timber and non-timber forest products). The forest area changes sharply to a typical tropical savanna vegetation from Anya Menkey Atullah, Nembat villages of Upper Lewoh zone, M'mouckmbie and M'muockngie, areas with conspicuous clusters of Eucalyptus trees and shrubs.

b) Fauna (Wildlife) The difference in vegetation type gives rise to a variety of wildlife species. Wildlife in the lower forest zones are mainly monkeys (*Cercopithecus* spp) Porcupine (*Atherurus africanus*) and antelopes while in the upper savanna zones they are cane rats (*Thryonomys swinderianus*) and rat moles. They are equally a variety of reptiles, birds and insect species in both types of vegetation.

- **Protected areas:**

Even though there is no protected area (Reserve or Park) in the municipality the inhabitants of the Fondoms protect patches of forest of varying size – 0.5 to 1.5Ha especially around the palaces

(chief or Fon's Palace). These mini reserves are traditionally referred to as "Lefem" or sacred forest. These "Lefems" contain forest trees with closed canopies and shrubs or one large tree around which the villagers traditionally adore or offer sacrifices. These areas are void of any farming or anthropological activities

CHAPTER 2: METHODOLOGICAL SYNTHESIS OF THE SURVEY ON CITIZEN CONTROL OF PUBLIC ACTIONS IN THE COUNCIL OF ALOU

2.1 CONTEXT OF THE STUDY

The National Community-Driven Development Program (PNDP) is a tool put in place by the Government of Cameroon with the assistance of its technical and financial partners in order to improve on the livelihoods of the populations living especially in rural area and to stimulate the decentralization process, on the other hand.

After the preceding 2 phases that were considered satisfactory, the government introduced a third phase called consolidation phase. This phase includes the extension of the programme to 31 councils not previously covered by the previous phases, the scaling up of Citizen's Control of Public Services (Scorecard), permanent follow-up of the activities of communities (CC et COGES), verification and control of council budgets etc.

The objective of the development of the programme in its third phase is to reinforce the management of local public finances as well as promote a participative development process at council level in view of guaranteeing the supply of quality and sustainable infrastructure and socio-economic services. This objective has specific objectives with precise results of which one of the indicators is the 'Number of councils having put in place an operational mechanism of citizen's control and access to information'. In order to attain the targeted value of this indicator, it was necessary to develop a mechanism of Citizen's Control of Public Actions (CCPA) all over the national territory. The putting in place of this mechanism requires carrying out a survey on the perception of citizens within councils on the supply of some public and council services.

This type of survey was carried out in 10 councils during the previous phase of the programme within the framework of citizen's control called "Scorecard". This survey allowed the concerned councils to have a perception of their population on the quality of public services rendered in the sectors of Water, Health, Education and Council services. This operation was successful as a means of elaborating an effective governance tool through which considerable changes could be capitalised in the councils. Proud of this experience, PNDP decided to extend this operation to 160 councils.

Contrary to the pilot phase that was implemented by the Regional Programme Unit, this phase was programmed to be implemented by Civil Society Organisations (CSOs) specialised in the area.

Of the 158 councils that were finally selected for the project at the national level, 12 were in the South West Region. 2 consulting institutions were equally selected to ensure the effective implementation of the project in the South West Region namely AJESH and NADEV. AJESH had 5 councils namely Mamfe, Bangem, Nguti, Alou and Menji while NADEV had 7 councils.

2.2 OBJECTIVE AND METHODOLOGY OF CCPA

2.2.1 The Global Objective

The main objective of this survey was to understand the population's perceptions about their level of satisfaction with regards to public service delivery in the targeted sectors of water, health, education and communal services and to set up a citizen control mechanism of public achievement throughout the council area

This operation is entitled "Citizen Control for Public Actions" (CCPA).

Specific objectives included:

- To prepare and support the council in the realization of the Citizen Control for Public Action within the council;
- To build the capacity of the council to use the lessons learnt to effect changes suggested from the operation.

2.2.2 Methodology of CCPA

Initially, 14 councils in the South West Region (6 from zone 19 and 8 from zone 18) and 320 houses per council were selected for the CCPA survey. Due to missing data for some councils and households, some of the councils were dropped and 12 finally retained. Some of the households were equally dropped as can be seen later on in this report.

The CCPA for Alou actually began with a 1-day launching of the project that took place at the council conference hall on the 4th of October 2017. The ceremony that equally served as a sensitization meeting for stakeholders saw the participation of over 25 people. The launching was

closely followed up by the training of council supervisors by the coordinator of the project at AJESH, Kumba and this took place from the 11th to the 12th of October 2017. After this training, the council in collaboration with the council supervisor launched a call for applications for the recruitment of 15 data collectors (enumerators). The data collectors were recruited, trained from the 16th to the 18th of October and provided with their data collection tools that included questionnaires.

2.3 METHODOLOGY FOR DRAWING OF SAMPLES AND COLLECTION OF DATA.

2.3.1 Samples

i) Field of the survey and targeted population

The survey was carried out in the Alou council area in which households were selected randomly with the help of the National Institute of Statistics (NIS) based on their ECAM numbering of the houses in the area. The observation units put in place to assess the council achievements in the targeted sectors are made up of households. A household within this context refers to one person or a set of persons with or without family links, who live together under the same roof (house, compound, etc.) and who generally share their meal together, put part or whole of their incomes in common in order to meet their needs. They recognize the authority of one person amongst them who is referred to as the household's head.

ii) Survey method

The technical aspects of the survey that include the selection of households for data collection, the analysis of the data and production of tables was done by the National Institute of Statistics (NIS) and the list of households was established on the basis of EC_ECAM 4 survey sample (2 627 ZD of the RGPH 2005 selected as part of this operation). This was to enable the exercise to be very credible. Random samples were selected using a computerized system.

iii) Sample Size

Initially, 20 villages were selected at random for the survey in Alou and 16 households selected per village. This gives a total of 320 households to be used for the survey in the council area. Due to missing data and technical documents at the level of the National Institute of Statistics, only 304 households had enough information that could be used for the exercise and this figure was thus the

final sample size. The table below shows the final distribution of the household sampled in the respective villages.

Table 1: Situation of the households sampled

S/N	Locality	EA number	No of Households sampled	No of Households with information for data collection
1	Alou	001	16	16
2	Technical document not supplied	002	16	00
3	Letia	700	16	16
4	Nchembie	701	16	16
5	Emollah	702	16	16
6	Mmouck (fossimondi)	703	16	16
7	Tieleh	704	16	16
8	Mmockmbie	705	16	16
9	Njenbang	707	16	16
10	Atetem	708	16	16
11	Lefock	709	16	16
12	Techuoah	710	16	16
13	Alleah	711	16	16
14	Akeh (lewoh)	712	16	16
15	Lewoh (Anyah)	713	16	16
16	Atoh	714	16	16
17	Ngong	715	16	16
18	Njenawah	716	16	16
19	Eshung	717	16	16
20	Ndumbin	718	16	16
Total			320	304

2.3.2 Data Collection

Data collection in the Alou council area effectively began on Monday 23 October 2017. After the three days training, the enumerators were technically and psychologically prepared to undertake the assignment. Among all the fifteen enumerators that were trained, two expressed the non-desire to work due to the remuneration proposed per day. 10 data collectors were initially posted to the 19 different villages to be surveyed, but 3 of them later on requested for assistance because of the difficult nature of the terrain and the other 3 remaining data collectors were equally used. The data collection exercise in the area lasted till the 28th of October 2017 (exactly 6 days). The number of households covered by each agent differed and distribution took into consideration the proximity of the localities to cover.

The council supervisor made rounds to collect and verify the questionnaire on a daily basis despite the fact that the supervisors were only given 3 days to do that. This process was even facilitated by the fact that the supervisor has a motor bike which he used for the supervision exercise. This increased effectiveness and efficiency but was high cash demanding. Not all agents could be made every 2 days but the supervisor made sure he made phone calls to those that were not reached to get their feedback.

i) Collection tools (questionnaire)

The main data collection tool in this survey is the household questionnaire. It is broken down in to 5 sections, the first contains background information of the respondent, the second entails the hydraulic sector (water), and the third is on health, the forth on education and the fifth on communal services. The other collection tools are; a pen, pencil and a technical document that was used to locate the structure and households.

ii) Training of data collectors

The supervisors where first trained in Kumba and then sent to their various councils. Each supervisor is at least a bachelor's degree holder. The supervisors then assisted in the training of the enumerators which took place at the ALOU council hall from the 16th to the 18th of October 2017. We trained 15 enumerators who were at least advance level holders and 10 were retained

for the data collection exercise. 5 were left on standby to replace those that finally dropped during the exercise.

iii) Data collection proper

Data collection was expected to be done for six days from the 20 to the 25 of October 2017. Due to the fact that some enumerators had to travel for a day before reaching their locations, some took 8 days including the travelling days and so the exercise actually ended on the 28th of October when all the completed questionnaires had been received by the council supervisor. While the enumerators were collecting the data, the council supervisor went round supervising the exercise to ensure that it was properly done.

iv) Exploitation of data

The answered questionnaires were cross checked by the council supervisor and handed over to AJESH. The coordinator of the project at AJESH equally cross checked the questionnaires and then sent them to PNDP. PNDP on its part carried out the data entry into the computers and later sent it to the National Institute of Statistics for analysis. The data was subjected to statistical analysis; tables were produced and then sent back to first of all PNDP and then AJESH for interpretation and reporting.

2.4 METHOD FOR MEASURING PERCEPTION INDICATORS

The perception indicators in this survey were both measured quantitatively and qualitatively and the number of people affected by a particular need was important. While some required giving precise figures e.g. distances covered (Quantitative) others required that the interviewee simply appreciates the quality of the services rendered e.g. bad, good, very good etc. The indicators for measuring the perception of the population with respect to their satisfaction with services rendered in the 4 sectors namely hydraulic, health, education and council services were arrived at by both PNDP and the National Institute of Statistics.

CHAPTER 3: MAIN RESULTS AND SUGGESTED IMPROVEMENTS

3.1 PRESENTATION OF THE SURVEYED POPULATION

The age group that had the highest number of respondents in the ALOU council area is the range between 65 years and above while the least is less than 20. The next highest age group is between 45 and 49 with 12.9%. On the other hand, the highest number of household heads interviewed equally fell within the age bracket of 65 years and above and more males (47.9%) are household heads than women (42.9%).

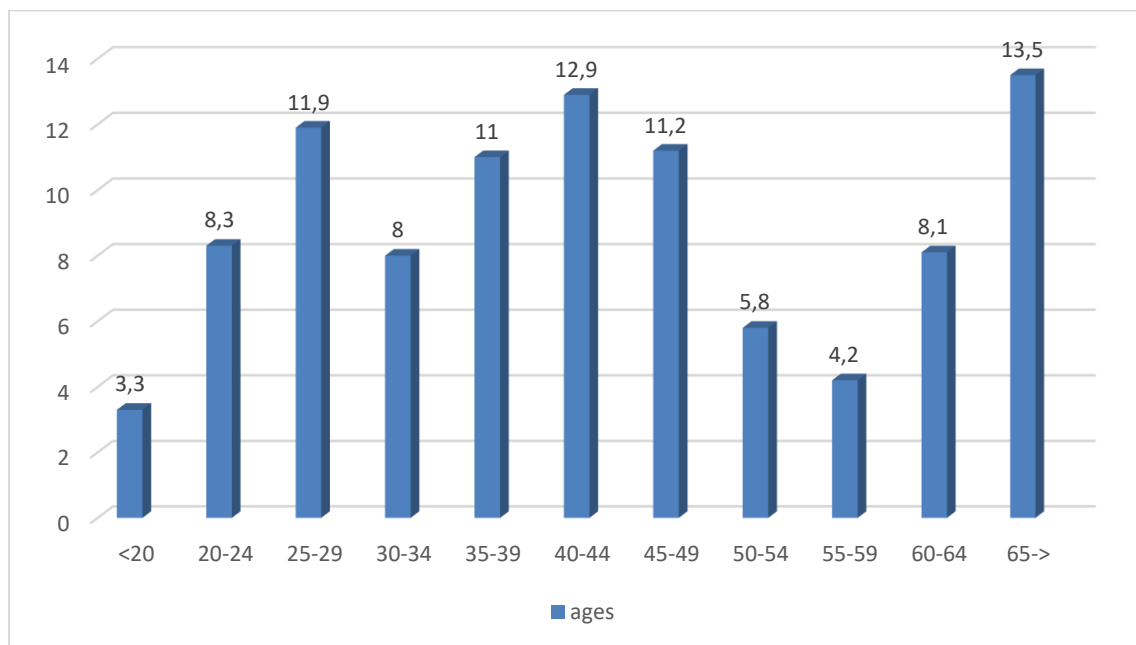


Figure 1: shows the surveyed population by age

From the figure below, the majority of respondents sampled were men (52%).

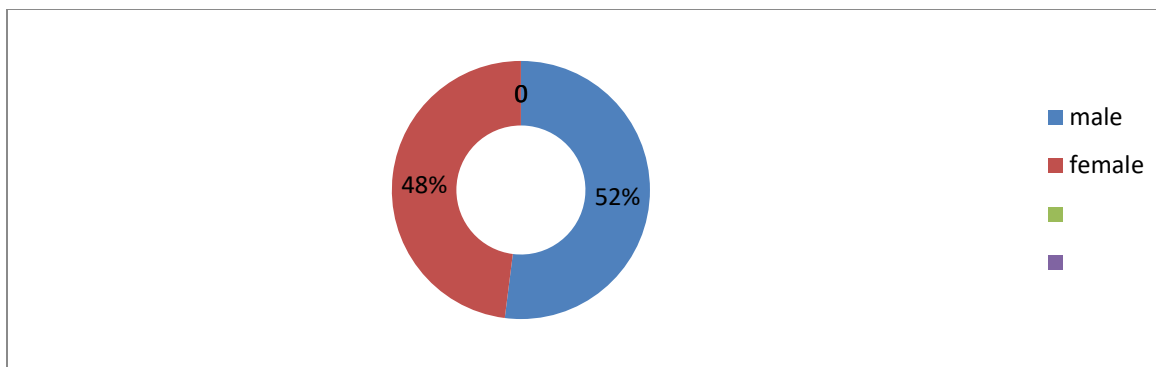


Figure 2: Percentage of male and female surveyed

3.2 THE WATER SECTOR

3.2.1 Availability and utilization of hydraulic services

According to the sampled population, the main source of water supply in the Alou council area is from spring and rivers (73.2%). 15.7% of the households mentioned that they get their water from wells with a manual pump and only 10.7% of the population get their water from a public potable water supply scheme.

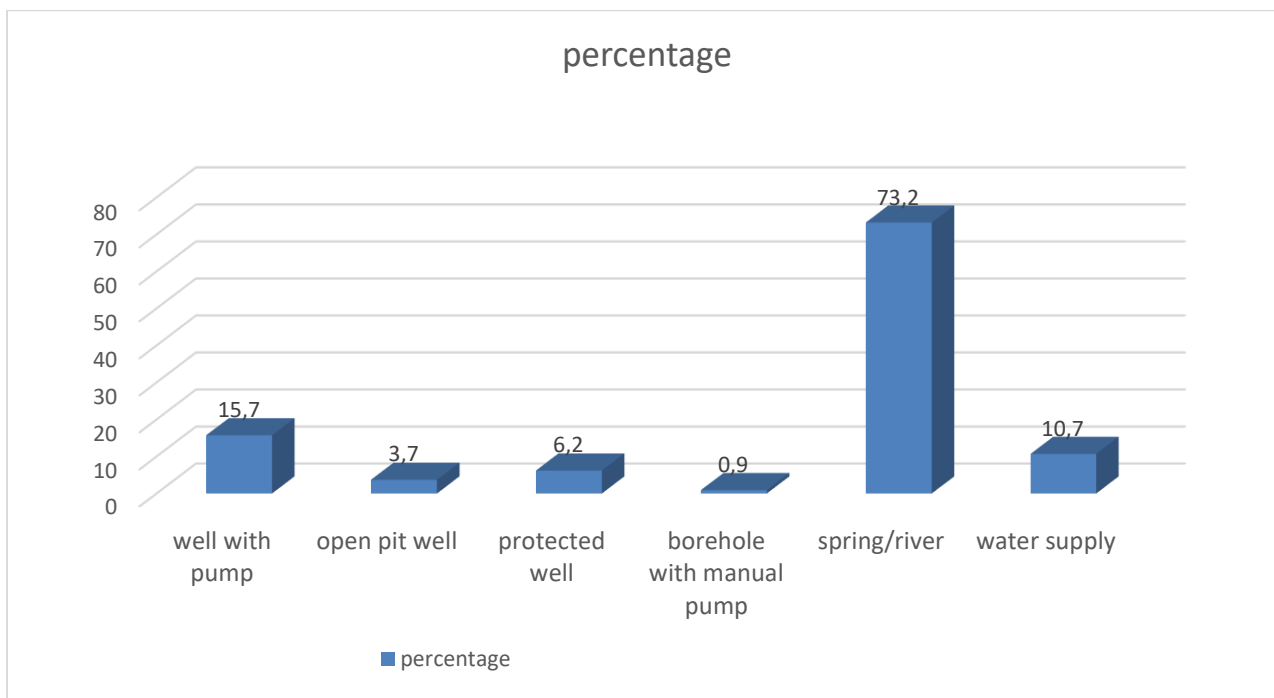


Figure 3: Percentage of households with principal water supply systems as mentioned above.

On the other hand, 42% of the households accepted using portable water and of this population, 39.8% say it is from a portable water supply system while 32.8% say it is from a river. See table below.

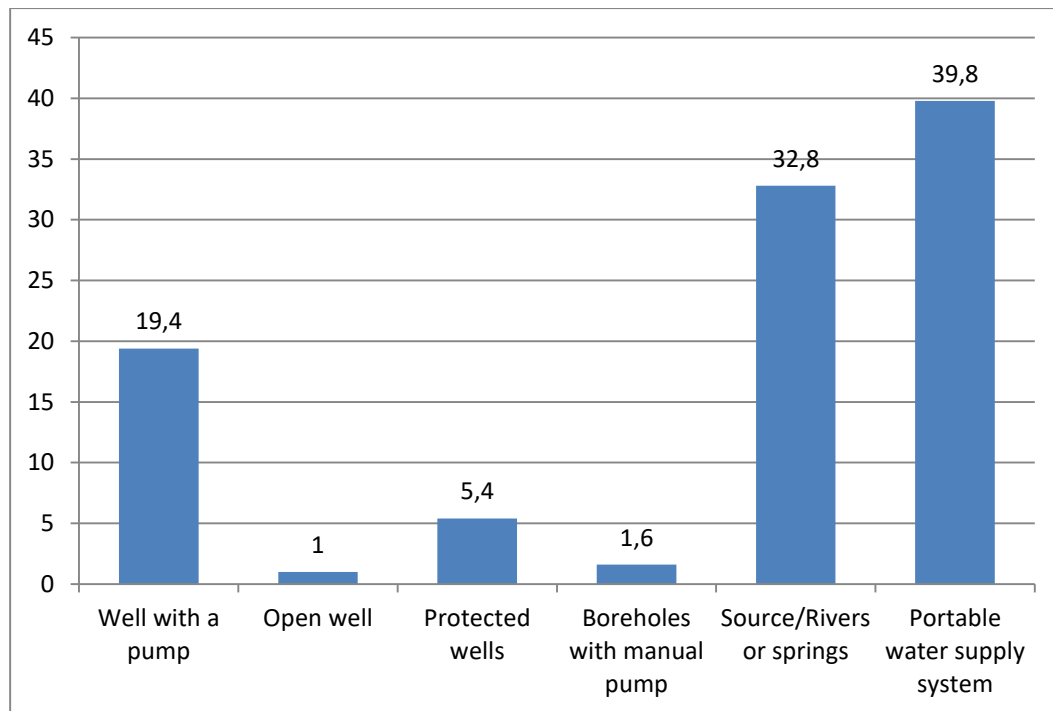


Figure 4: Source of water used by the household

3.2.2 Cost and quality of hydraulic services

4.4% of HH admitted that they pay for water from the principal source of public water supply. The average monthly rate was, however, unknown and information on if this cost is high, reasonable or insignificant was not available in sufficient quantity.

With respect to the water quality, 59.6% of the HH interviewed confirmed it is good while 38% said it is of bad quality. Another 2.4% was indifferent. Asked if the water had an odour, 74.4% of the sampled population said it has no odour, while 25.6% said it has. 75.7% said it has no taste while 24.3% said it has and while 67% said it has no colour, 33% confirmed it has. Generally, it

can be concluded that the quality of water is good despite the fact that the colour has to be improved upon.

3.2.3 Appreciation of hydraulic services

53.1% of the HH declared having water from the principal public supply source throughout the year while 95.4% of this population declared that they have access to this source all day long.

Of the HH sampled, 70.9% declared that it took them less than 15 minutes to travel and fetch water and return home while another 10.6% said the water supply source is even on the spot. Only 3.9% of the population confirmed taking more than 30 minutes to travel and fetch water and return home.

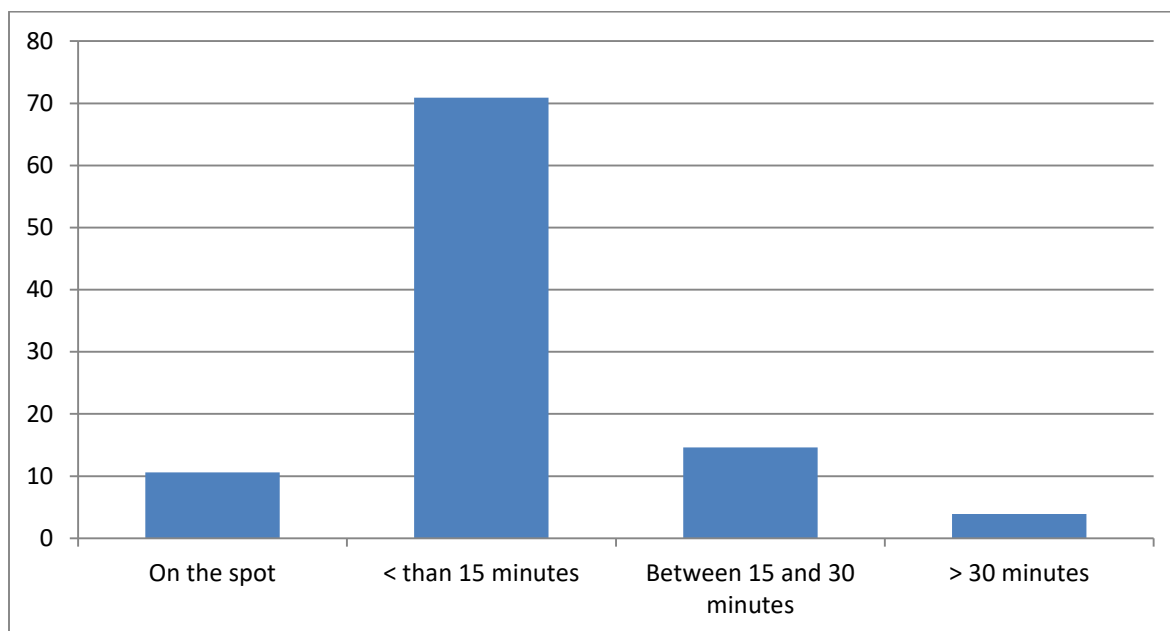


Figure 5: Percentage of households that declared the time taken to fetch water and return on foot.

3.2.4 Reasons of dissatisfaction of the populations

The main reason for the dissatisfaction of the HH is that it usually took between 1 week and 1 month before a break down in the water supply system was repaired and brought back to use (50.4% of sampled population). 18.8% of the sampled population said it took more than a month for the repairs to be done and the system brought back to use.

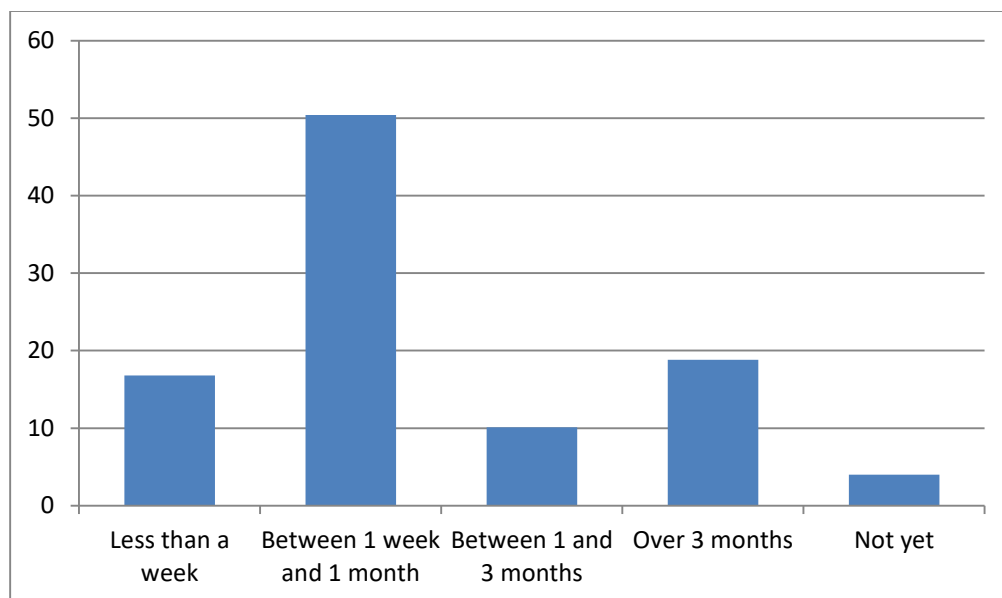


Figure 6: Percentage of households that declared a breakdown in the supply system and repairs done within the periods

Information was not available on whether it was the mayor, the water management committee, elites or even the national water corporation that carried out the repairs.

While 55.2% of the sampled HH expressed need for more potable water supply within the past 6 months, only 22.7% declared satisfaction with the needs. 50.7% (majority) of the population declared that the needs were directed towards the mayor and 28.4% towards the elites. No HH (0.0%) declared that the needs were directed towards the national water corporation (CAMWATER/SNEC). SNEC had been replaced by CAMWATER and CDE and currently, the services of CDE have been absorbed by CAMWATER.

Though expressed above that water quality was not much of a problem, the greatest proportion of the sampled population (74.9%) expressed that their need was in connection with the quality of the water. Another 55.7% said theirs is connected to insufficient water points.

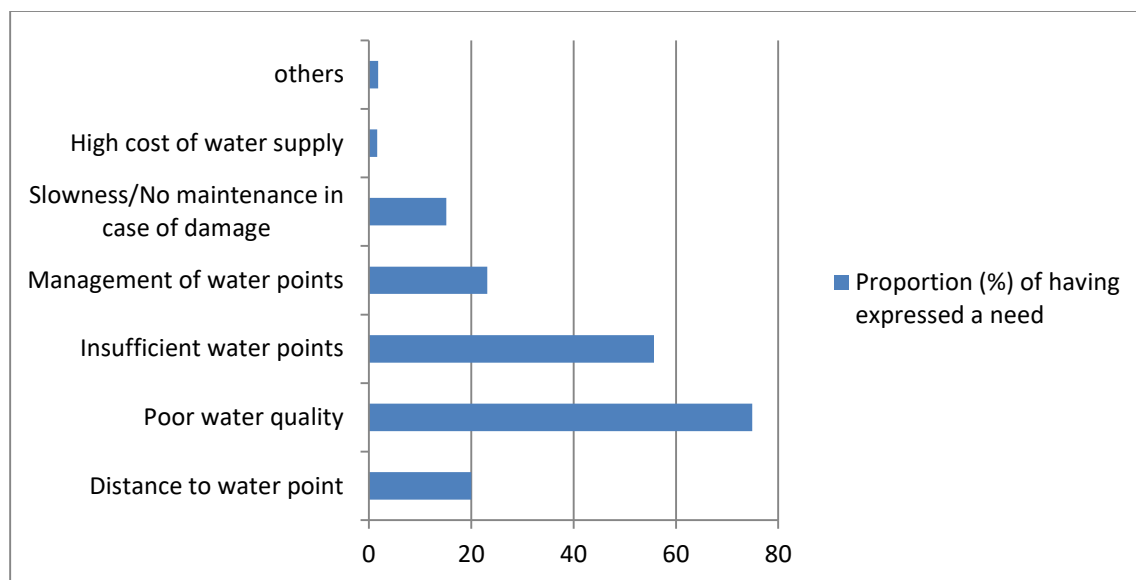


Figure 7: Reasons for non-satisfaction with potable water supply

3.2.5 Expected results from hydraulic services

The highest expected result of the public from the percentage of the sampled population (89.7%) is that there should be additional water supply points. This is closely followed by (38.9%) an improvement in the management of the existing water points.

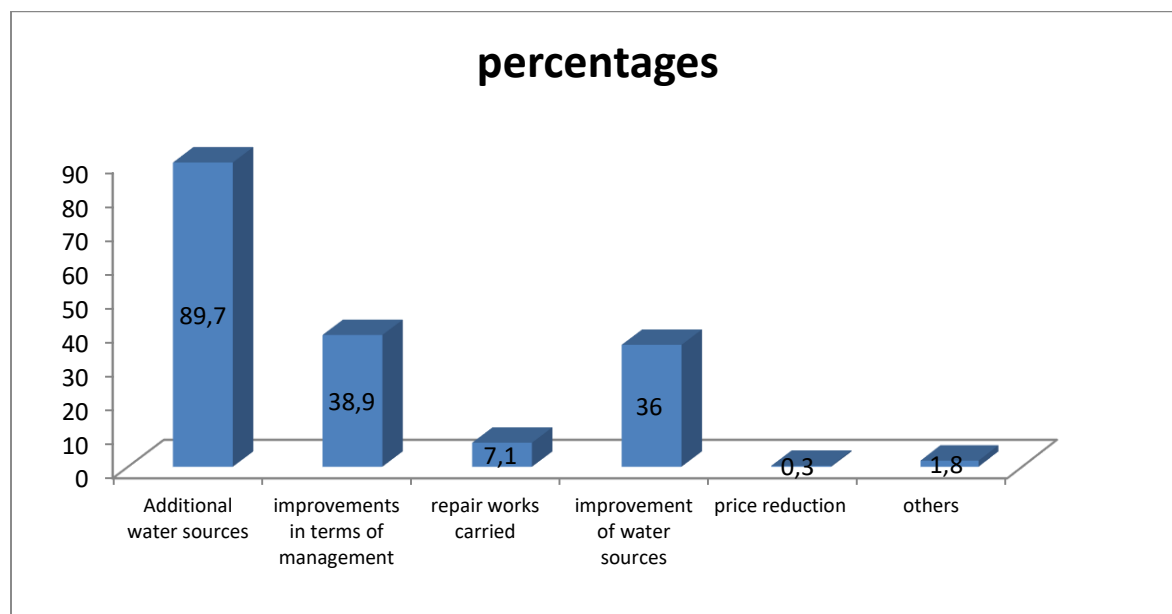


Figure 8: Percentage expectation of households with respect to the needs mentioned

3.2.6 Synthesis of the perception of hydraulic services and suggested improvements

The Alou population is having serious issues with potable water as majority of the population uses springs and rivers

Areas of concern

The following areas need improvement:

- The hydraulic infrastructures in the council area are inadequate;
- There is poor communication between the authority and population as far as maintenance is concern;
- Very poor involvement of the authorities that be (councils, delegation of water and energy, CAMWATER/SNEC) and a trifling concern of the elites in solving the population's problems;
- The authority's reaction towards solving the population's problems is slow;
- An alternative water supply source should be created.

Suggestions for improvement

In order to improve the access to quality hydraulic services, suggestions were made as follows:

- **The construction of adequate and sufficient water infrastructure in the council;**
- **The consideration of carrying out feasibility studies of the project should henceforth constitute a preliminary to the construction of a piece of work;**
- **The improvement of the type of relationship existing between the administrations and population;**
- **The quality of the water consumed should be checked;**
- **The boosting and training water management committees in villages in order to guarantee affective management;**
- **Greater involvement of the government and water corporation (CAMWATER) in the supply of potable water to the council area.**

3.3 HEALTH SECTOR

3.3.1 Availability and utilization of health facilities

From the information supplied by the sampled HH (48.6%), the CMA/hospital is closest to the households followed by the public Integrated Health Centres (IHC). There equally exist private health centres but these are further away from the population.

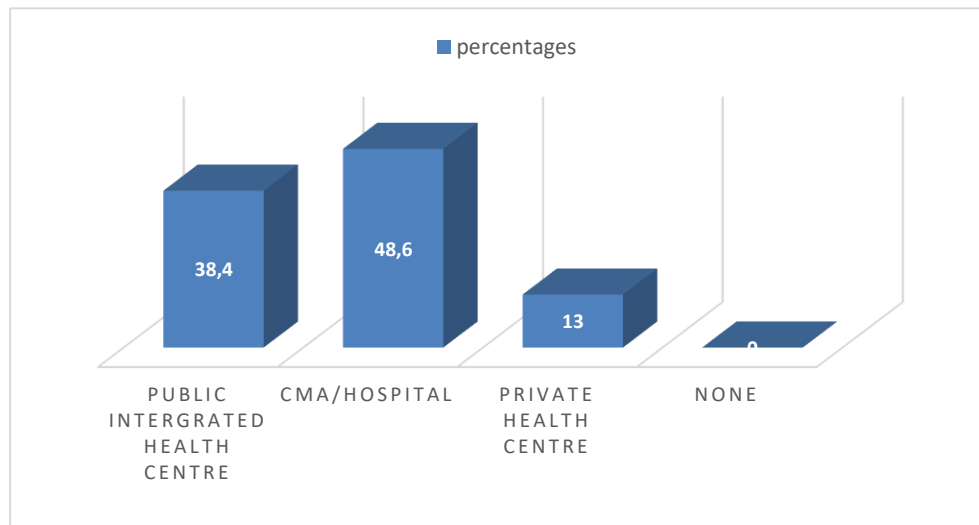


Figure 9: Percentage of households and closeness of various health facilities to them.

According to 45.9% of the sampled population, it takes more than 30 minutes to reach the closest health facility. Only 19.4% would take less than 15 minutes to reach the closest health facility. See fig 10 below.

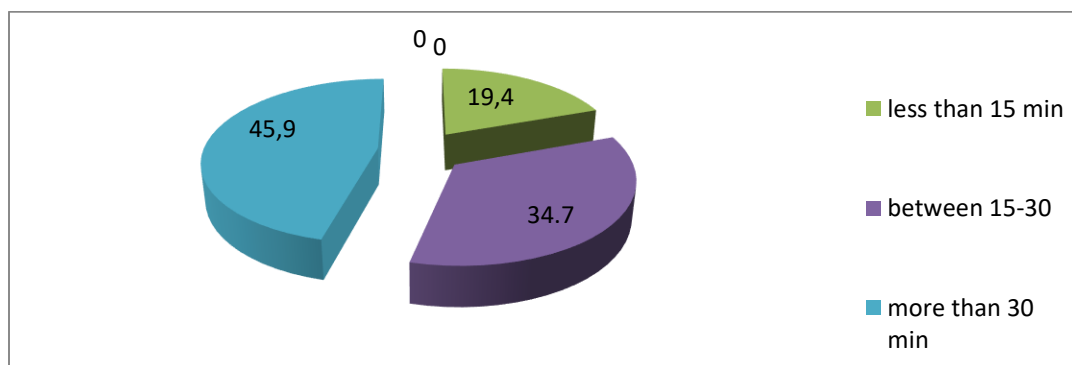


Figure 10: Shows % of households and distance covered by population to get to the closest health facility

The people of Alou municipality know that they are to visit the hospital when faced with a health issue. The survey indicates that 48.9% of the population prefers going to the CMA/hospital and 33.0 % prefers visiting the public integrated health centre while 17.4% visits private health centres. The sampled population said they neither go to tradi-practitioners nor visit a medical staff when ill. Only 0.2% accepted self-medication.

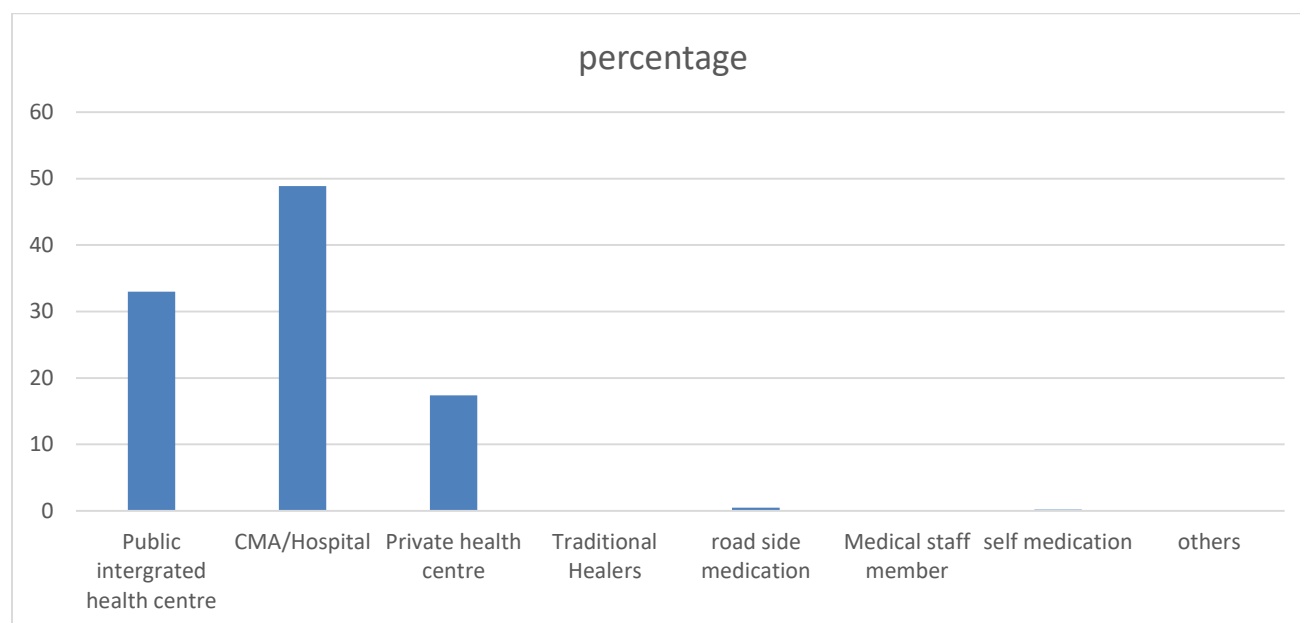


Figure 11: Percentage of household's members indicating where they preferably go to when confronted with health issues

Of the 65.9% of interviewed households using the closest medical facility, 60.7% prefer to go where a nurse is the medical staff in charge while 32.2% prefer where there is a doctor. See figure below.

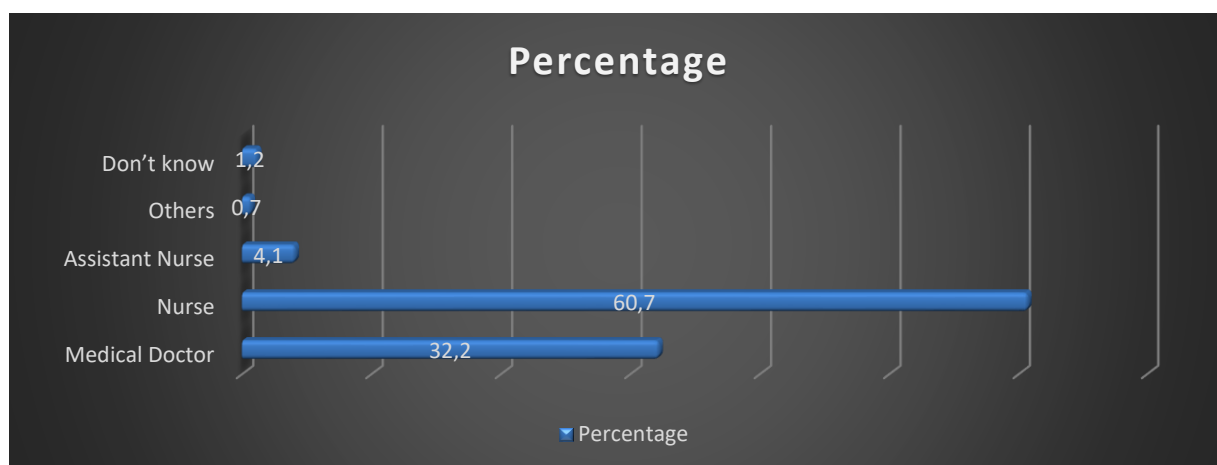


Figure 12: The percentage of at least one household's member indicating the medical practitioners who attended to them during their visits to the hospital

3.3.2 Cost and quality of health services

The proportion of HH having visited the nearest HF during the past 12 months and declaring that it has personnel is 86.6% while 77.1% said it has material. 99.5% said it has hospitalization rooms while 84.7% said each hospitalization room has less than 5 beds. 14.1% said each room has between 5 and 10 beds.

98.5% of the sampled population said the HF has a pharmacy/pro-pharmacy while 87.8% said the pharmacy/ pro-pharmacy is equipped with drugs.

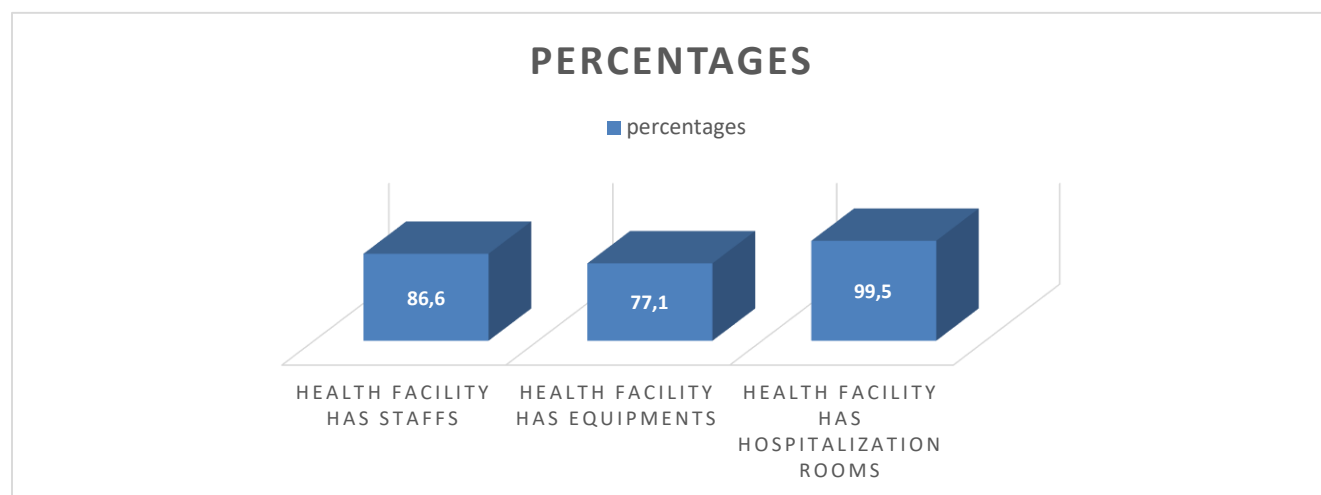


Figure 13: Represents the percentage households indicating the presence of staff, equipment and hospitalisation rooms in the health facility

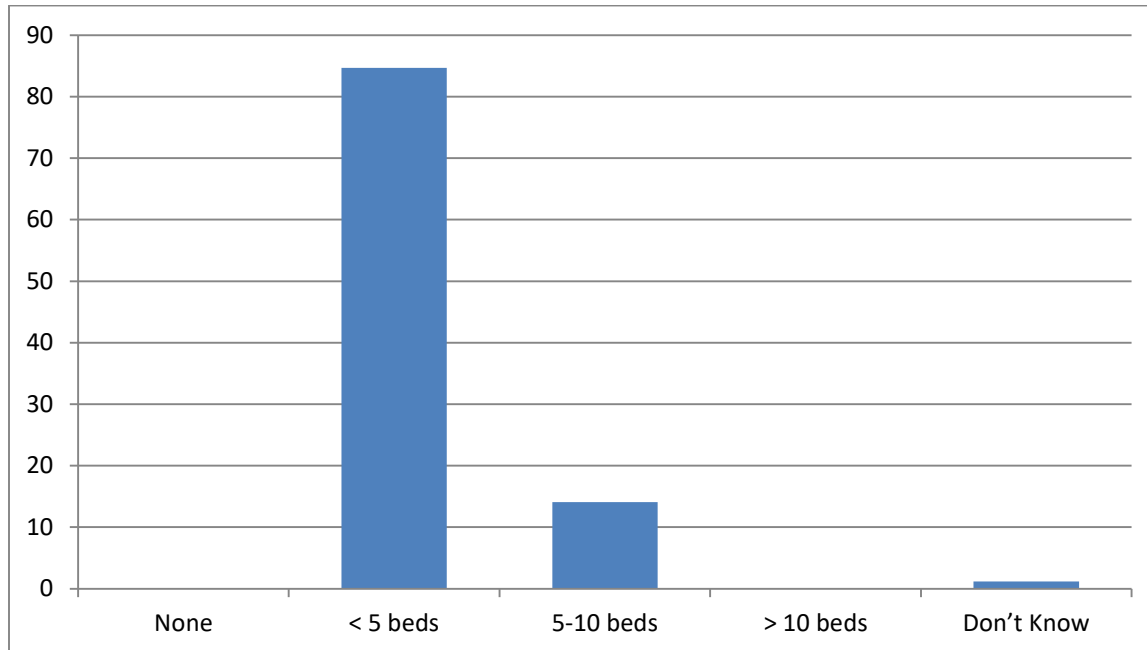


Figure 14: The percentage of households indicating the number of beds found in a single room

84.7% of the sampled population declared that hospitalization rooms had less than 5 beds and another 14.1% said the rooms have 5 to 10 beds. Here it is clear that hospitalization rooms have beds though we cannot be sure if the number of beds is sufficient for the patients.

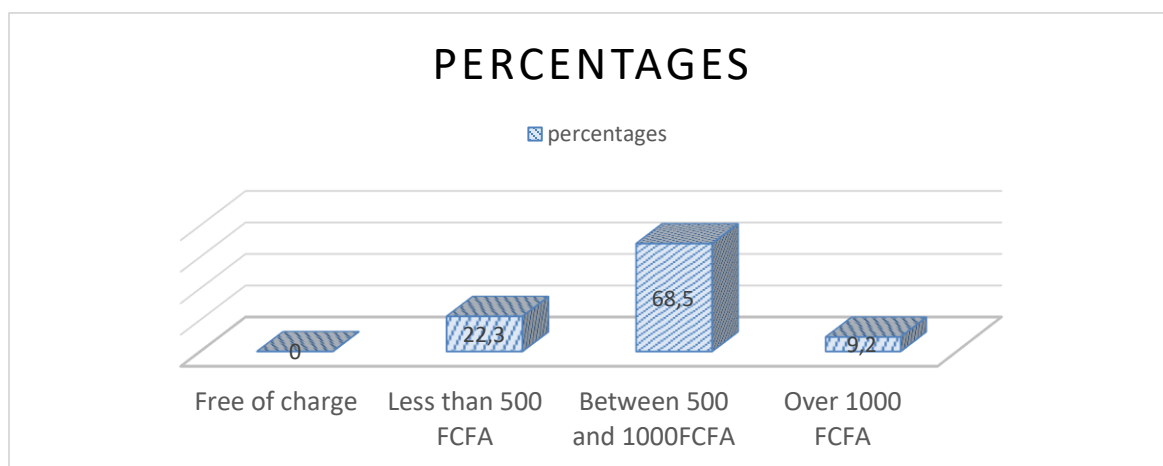


Figure 15: Percentage of households indicating the amounts paid for consultations

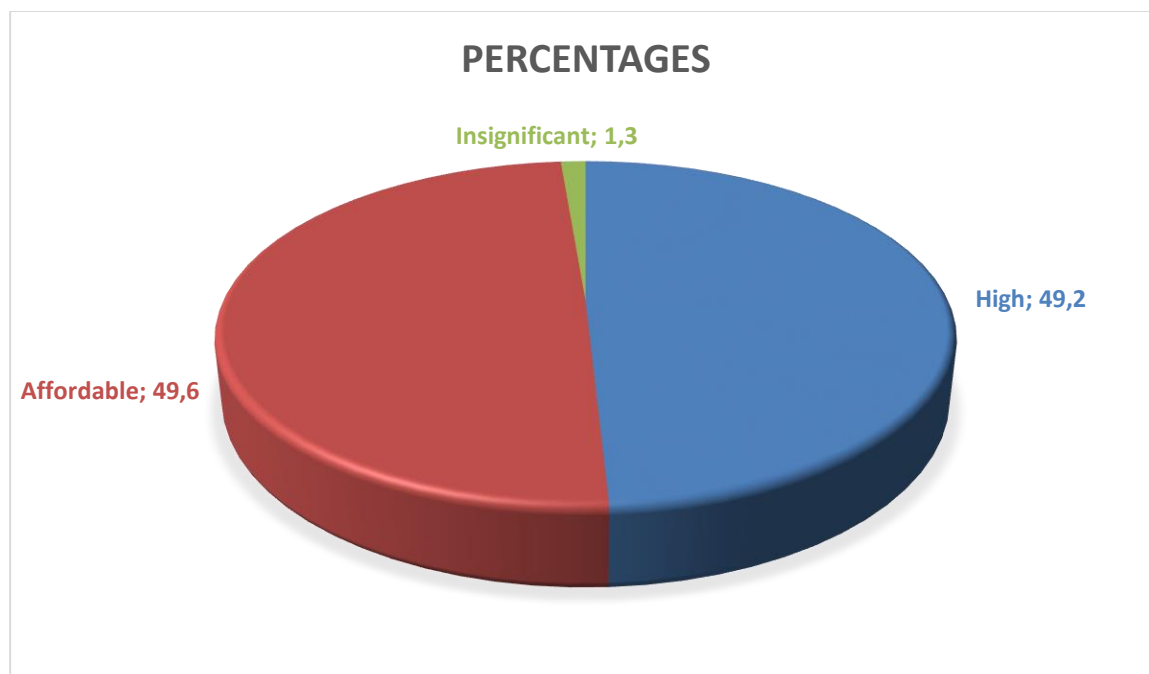


Figure 16: Percentage of households appreciating the amount paid for consultation

3.3.3 Appreciation of health services

A member of the sampled population of Alou (52.5%) attests that the reception is good. Another 28.9% says the reception is fair.

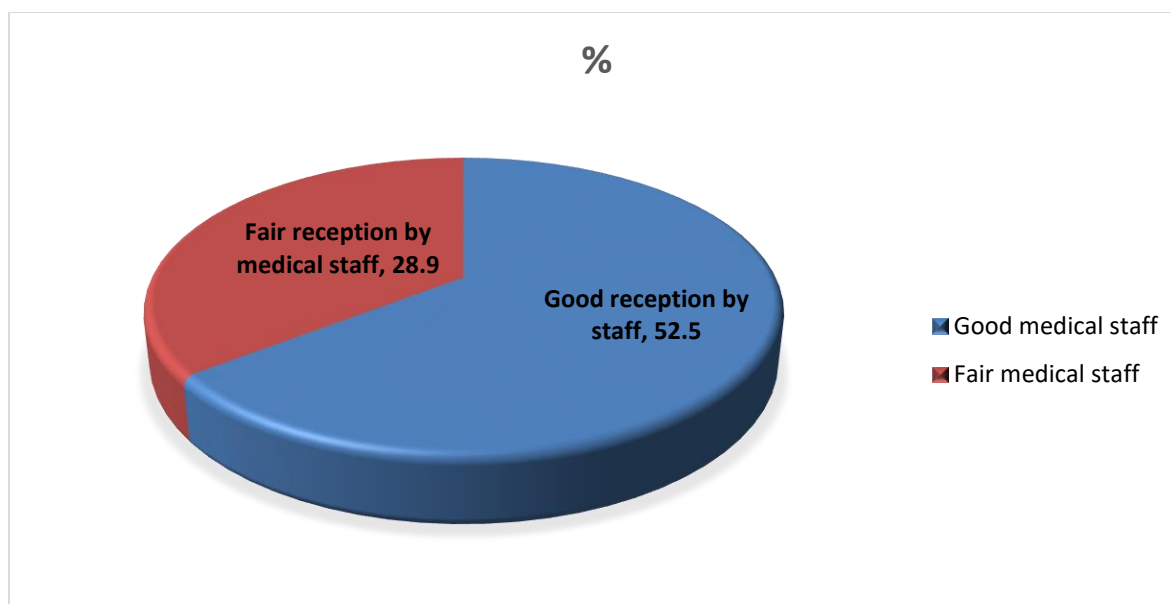


Figure 17: Overall Appreciation of Health Services

The proportion of HH of which one member declared that the greatest health problems in the village are resolved is 32%. 65.5% of a member of each HH declared not satisfied with health services.

3.3.4 Reason for the population's dissatisfaction

Amongst the HH whose member was not satisfied, below are the percentages of HH and their reasons for non-satisfaction:

Remoteness of health care unit.....	8.0%
Poor quality in terms of services provided.....	60.7%
Insufficiency of existing health care units.....	40.6%
Defaults inherent in the health care unit staff.....	14.3%
Poor management of the health care unit.....	35.5%
Insufficiency of drugs.....	24.5%
Poor quality of/ insufficient equipment.....	25.5%
High cost with regards to health care access.....	25.4%
Others.....	2.4%

Poor quality of services provided and insufficient health facilities are the greatest reasons for dissatisfaction with the health services provided.

3.3.5 Expected results concerning health services

There are some expectations of the sampled population to better improve the health sector with 70.3 % of the population requesting additional health care units, 34% more supply of drugs, 41.6 % transfer of a staff, 34.2 % requesting for more equipped HF and 8.7 % needing others.

3.3.6 Synthesis of the perception of health services and suggested improvements

The perception of the provision of health services in the council area can be summarised as follows:

- **Regular presence of medical staff in the health facilities;**
- **Need additional healthcare facilities;**
- **Need additional supply of drugs;**
- **Basic materials and equipment available in health facilities;**
- **A good part of the population having paid consultation fee judge it reasonable in relation to their average revenue/income;**
- **The population have a good perception of the reception in the health facility;**
- **The population is generally satisfied with the health services offered in the community;**

Suggestion for improvement

- **The availability of medicines in health centre and the reduction of the restocking interval in case of shortage which seems long to the population;**
- **The availability of health personnel in certain health centres;**
- **The availability or quality of medical equipment's;**
- **The reduction of the average distance between the home and the nearest health centre.**

3.4 EDUCATION SECTOR

3.4.1 Availability and use of education services by cycle

The population in the villages has access to nursery, primary, secondary schools and though no information was given on professional education, there is a SAR/SM in Fonjumetaw.

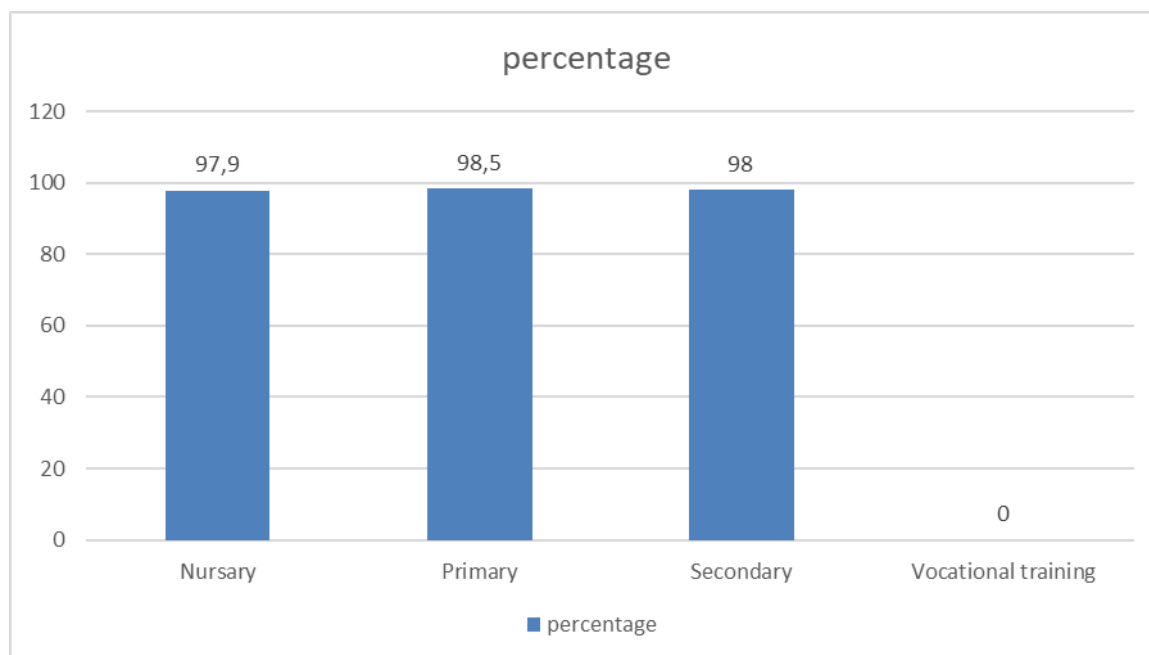


Figure 18: Appreciation of existing education services by sampled households.

The percentage number of children per HH in nursery school is 1.6 while that in primary is 2.3 and that in secondary 2.5. This means that the higher the level, the more the number of children per HH attending that level of education.

While 64.9% of HH declared that the distance from the HH to the nursery school is less than 1 Km, 53.4% said it is less than a Km for primary school and 27.2% said so for secondary school. More secondary school children have to trek between 1 and 5 km to reach school. While nursery school children take 22.9 minutes to reach school, secondary school children take 39.2 minutes.

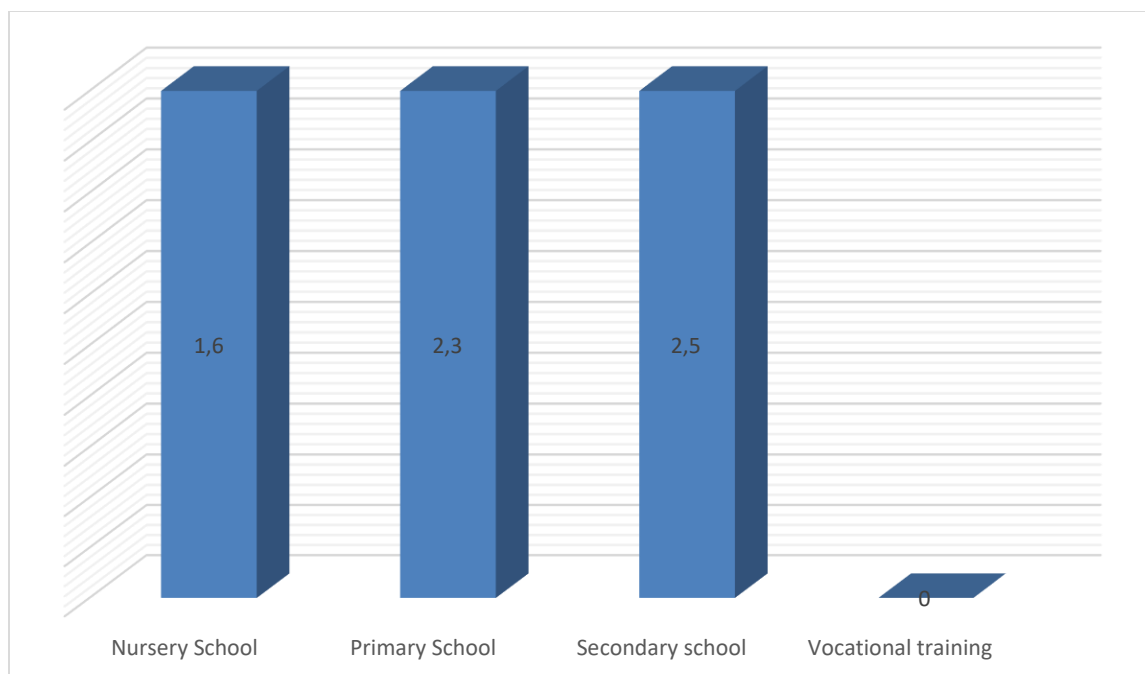


Figure 19: Appreciation of number of children per household attending the establishments

93.5% of households admitted that the primary school is complete, 94.9% and 82.6% that the secondary and higher schools are complete. While 47.0% said the nursery school has a classroom, 60.9% and 70.2% of households admitted that the primary and secondary schools respectively have a classroom.

58.9%, 60.9% and 57.1% of households declared that the nursery, primary and secondary school children respectively sit on chairs. While 40.1% of the sampled population accepted that text books are distributed to nursery school children, 49.0% and 0.0% admitted that they are distributed in the primary and secondary school.

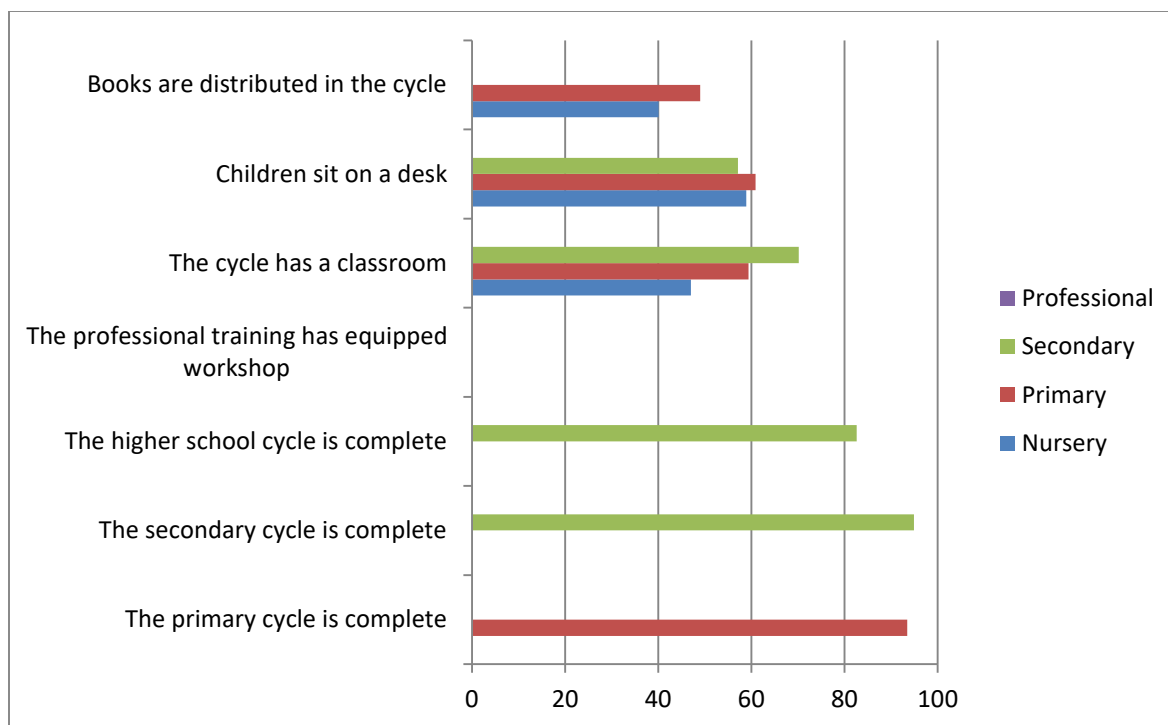


Figure 20: Proportion (%) of completeness of cycles, availability of classrooms and chairs

3.4.2 Cost and quality of education by level

A). Quality of Education:

From the survey it was observed that 65.4% of the sampled population said that each class in the nursery school has less than 30 pupils which is good enough. The highest population (35.8%) said that the primary school has between 30 and 60 pupils which is reasonable. On the other hand, the highest percentage of the households (36.2%) said that the secondary schools usually have more than 60 students per class which is alarming as a class should normally have not more than 50 students.

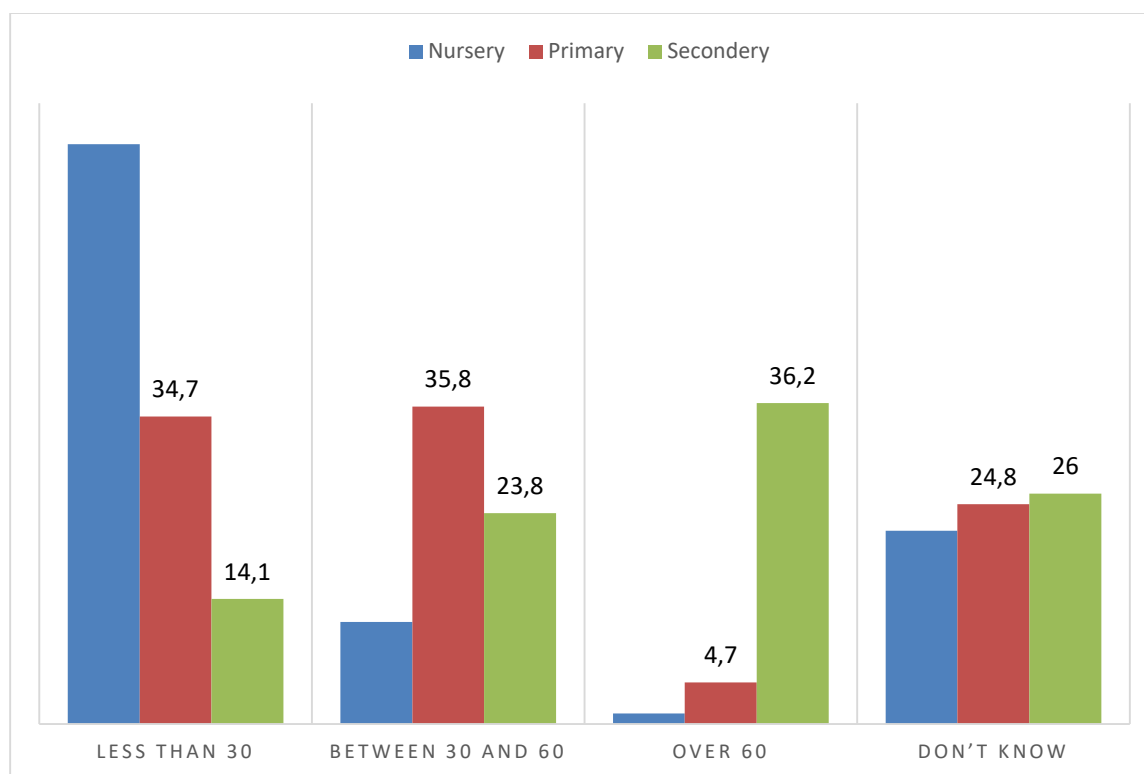


Figure 21: The number of pupil per class

With respect to the regularity or frequency of the presence of teachers in school, 73.2% of the sampled population said that the teachers are regular in the nursery school while only 56.2% and 52.7% said they are regular in the primary and secondary schools respectively. These last two figures are above average but a disappointment.

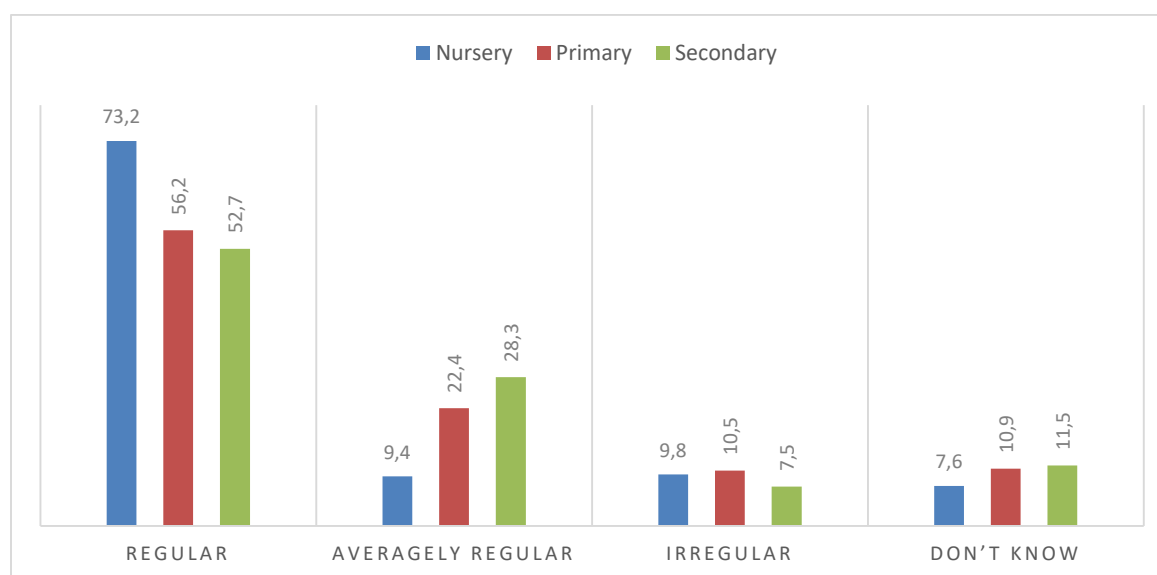


Figure 22: Frequency of teachers in the schools

B) Cost of education

A very high proportion of the households; 97.2% for the nursery, 97.3% for the primary and 100% for the secondary schools admitted having paid the requested fee for education.

While the average cost of fees for the nursery schools was about 2,282,625 Fcfa, that for the primary was about 715,130 Fcfa and that for the secondary schools 3,517,660 Fcfa.

83.9% of households admitted that this amount is high for the nursery school, while 58.3% and 86.5% of households admitted it is high for the primary and secondary schools respectively. No information was again available for the professional education sector.

98.2% and 94.1% of respondents admitted paying something other than the supposed fee requested. In the nursery, primary and secondary levels of education, 68.2%, 81.9% and 73.2% of households admitted that repairs of damaged classrooms are done by the Parents, Teachers Association (PTA). It was generally accepted that the council, elites and sectorial ministries played a minimal role

Table 2: Average expense and level of appreciation of amount paid by HH (%).

Educational level	Proportion of HH having paid required fee	Average expense	Level of appreciation of the amount paid				
			High	Reasonable	Insignificant	Not concerned	Total
Nursery	97.2	2,282,623.1	83.9	13.3	0.0	2.8	100,0
Primary	97.3	715,130.2	58.3	39.0	0.0	2.7	100,0
Secondary	100.0	3,517,662.8	86.5	13.5	0.0	0.0	100,0

3.4.3 Appreciation of Education Services by Level

As earlier mentioned above, 83.9%, 58.3% and 86.5% of respondents mentioned that the amount paid is high for the nursery, primary and secondary schools respectively. The graph below indicates that 92.2%, 85.9% and 87.9% of respondents declared that damaged classes are repaired by the Parents/Teacher's organisation. There is very weak participation of the council and the

government in the repairs of damaged classes at all levels but especially at the nursery and secondary school levels. In general, 33.7%, 49.5% and 32.8% of households are not satisfied with the education services provided.

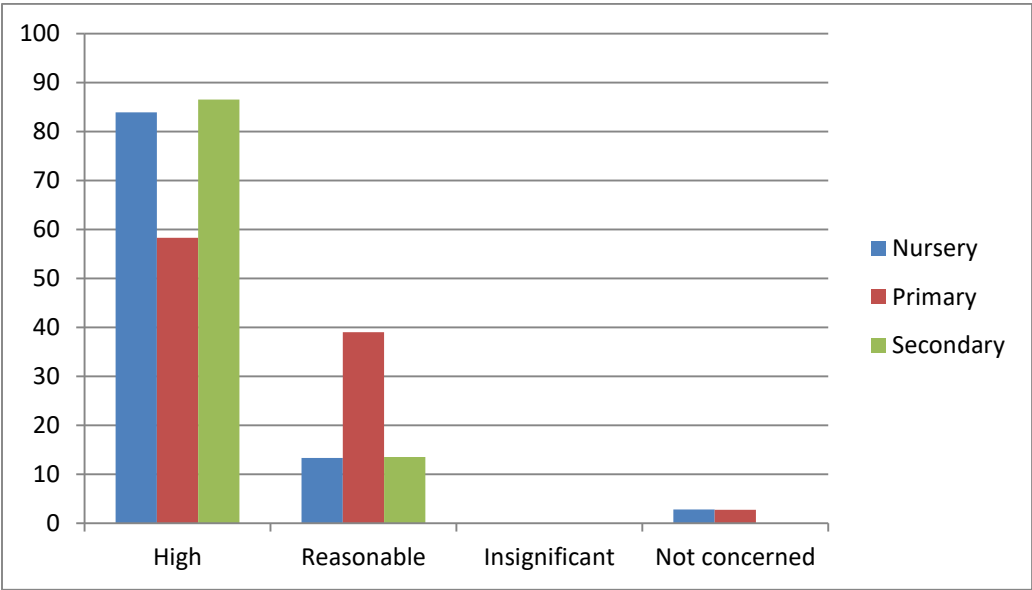


Figure 23: Appreciation of Education Services by Level

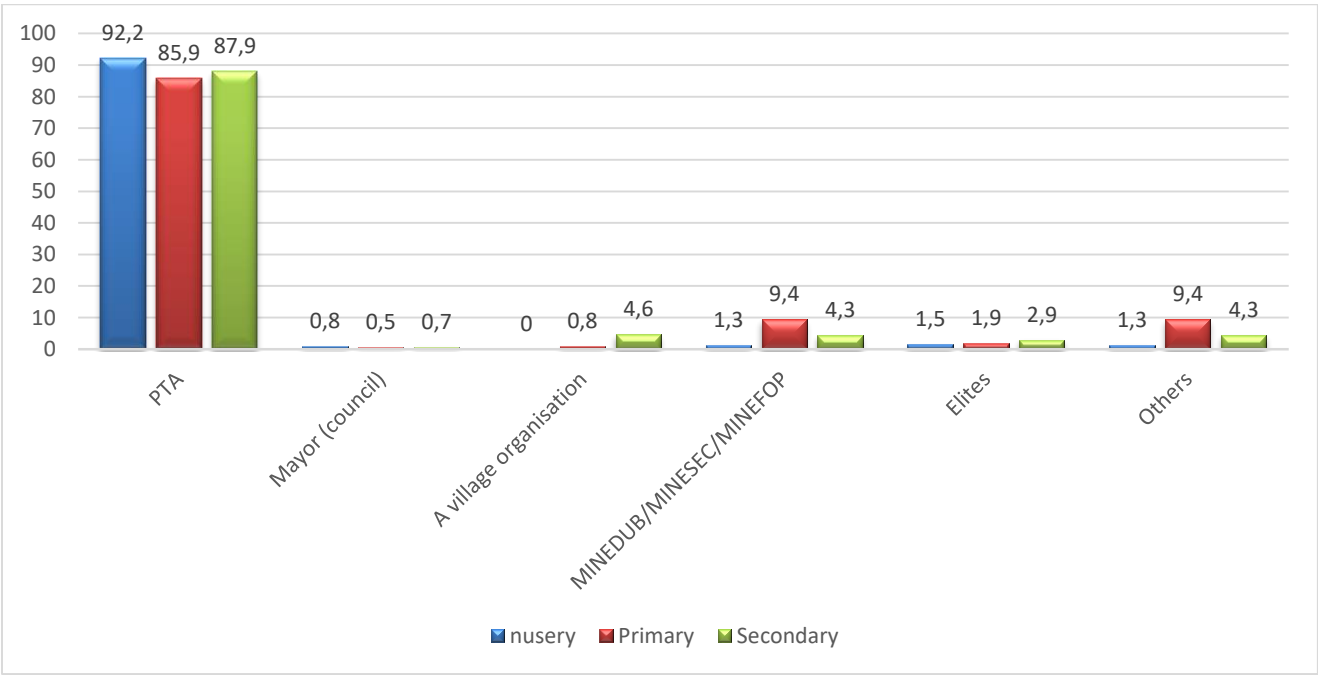


Figure 24: Appreciation of class room repairs in case of damage.

3.4.4 Reasons for people dissatisfaction of education services by cycle

The reason for the non-satisfaction at nursery and primary school levels was due mainly to high fee (71.8% of HH) for the nursery and (68.8%) for the primary and insufficient classrooms (64.3% for the nursery and 59.2% for the primary) The non-satisfaction at the secondary school level high fee (86.0%) and then insufficient equipment (65.8%).

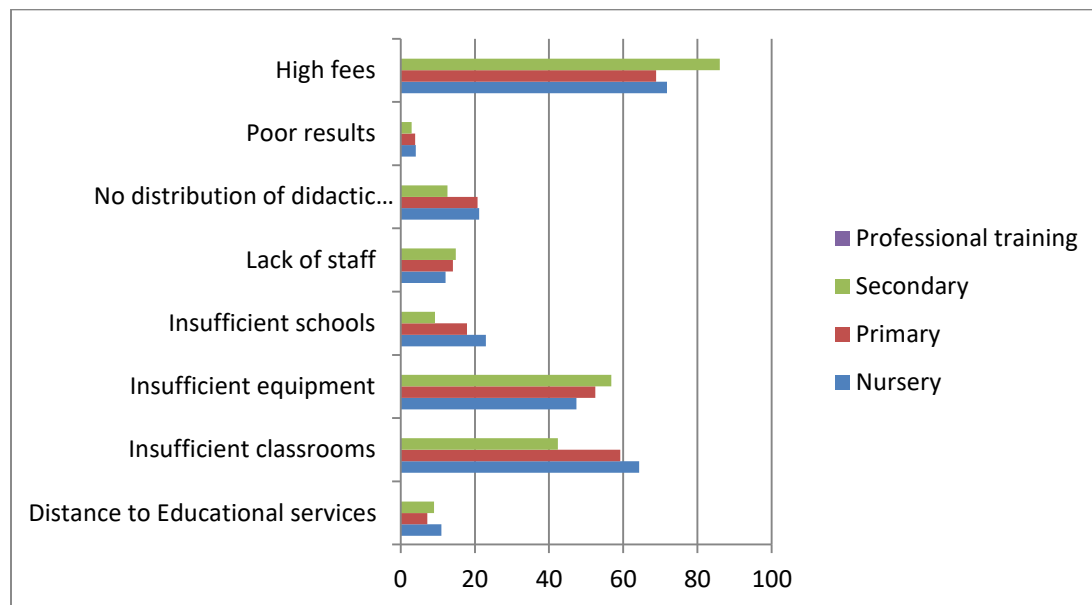


Figure 25: Reasons for people's dissatisfaction

3.4.5 Expected results in terms of education

While at the nursery school level, the majority of the respondents (26.8%) expect additional classrooms, the majority of respondents at the primary level (47.6%) and secondary (31.3%) expect an increase in the number of staff.

A high proportion of respondents also await a reduction in the cost of fees and an increase in equipment at all the levels of education. An insignificant number wants additional schools at all levels.

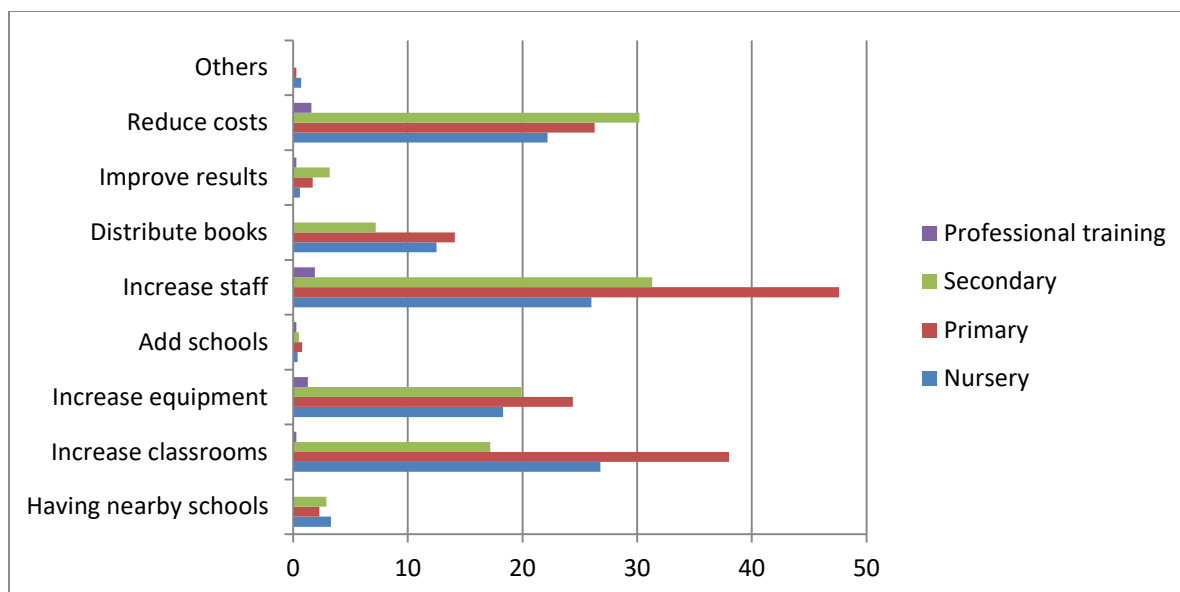


Figure 26: Expectations of households

3.4.6 Synthesis of the perception of education services and suggested improvements

From the different results presented, it can be seen that the sector of education has recorded a number of successes as can be seen below

- **The council area has nursery, primary and secondary schools, which permits all the children in the community to have access to basic and secondary education;**
- **The assiduity of teachers in schools;**
- **The perception of corruption in schools.**

Suggestion for Improvement

- **The sensitisation of parents on the goodness of paying a minimum for the functioning of schools;**
- **The engagement of the council investments in the building of classrooms;**
- **Sensitizing the local population and elite towards the building of classrooms;**
- **transfers of teachers to schools;**
- **The insufficiency of infrastructure and schooling equipment's**
- **The results in schools;**
- **The harmonization and the control of Parent Teachers' Association (P.T.A.) fee in schools;**

3.5 SERVICES OFFERED AT THE MUNICIPAL INSTITUTION

3.5.1 Availability and use of services at the municipal institution

The survey shows that 19.7 % of the sampled population in the Alou area goes to the council mostly to request for the establishment of birth certificates. Another 5.4% is for the establishment of marriage certificates, 1.9% for information and 1.8% for the certification of documents. 86.1% of the respondents that requested for the establishment of birth certificates said that the service is good. The highest population (37.9%) that requested for the establishment of birth certificates said it took them between 1 day and 1 week to obtain the service. This is closely followed up by 37.7% that said it took them between 1 week and 1 month.

Table 3: Availability and use of service

Service provided	Proportion of HH that asked for he service	Proportion of HH that demanded for the service and said it was good	Time taken to obtain the service requested						
			< 1 day	Between 1 day- 1 week	Between 1 week- 1 month	Between 1 month -3 months	> 3 Months	On-going	Total
Establishment of birth certificates	19,7	86,1	(11,6)	(37,9)	(37,7)	(12,8)	(0,0)	(0,0)	(100,0)
Certification of documents	1,8	*	*	*	*	*	*	*	*
Building permits	1,1	*	*	*	*	*	*	*	*
Death certificates	1,3	*	*	*	*	*	*	*	*
Marriage certificates	5,4	*	*	*	*	*	*	*	*
Certificates of residence	0,5	*	*	*	*	*	*	*	*
Validation of localisation plans	0,3	*	*	*	*	*	*	*	*
Information	1,9	*	*	*	*	*	*	*	*
others	0,0	*	*	*	*	*	*	*	*

* Means the number of observations was too small (< 25) and so no commentaries

3.5.2 Cost and quality of services

13.1% of respondents found the time taken to issue birth certificates long or very long. This is followed by the establishment of marriage certificates (1.1%) and then death certificates (0.5%). Of these respondents, 54% associated the delay to corruption while another 21.9% and 21.5% associated it to absence of working material and absence or unavailability of staff respectively. 10.2% of the sampled population declared having given bribe to establish a birth certificate.

Table 4: Appreciation of service delivery time and cause of delay

Service provided	Proportion (%) of HH that found the time to render the service long or very long	Proportion (%) of HH whose member asked for a service but found the service delivery time long – cause of the delay						
		Staff absent/unavailable	Absence of working material	Corruption	Others	Don't know	Total	Proportion (%) of HH having given bribe to obtain a service
Establishment of birth certificates	13,1	(21,5)	(21,9)	(54,0)	(0,0)	(2,6)	(100)	10,2
Certification of documents	0,0	*	*	*	*	*	*	*
Building permits	0,0	*	*	*	*	*	*	*
Death certificates	0,5	*	*	*	*	*	*	*
Marriage certificates	1,1	*	*	*	*	*	*	*
Certificates of residence	0,0	*	*	*	*	*	*	*
Validation of localisation plans	0,3	*	*	*	*	*	*	*
Information	0,0	*	*	*	*	*	*	*
others	0,0	*	*	*	*	*	*	*

* Means the number of observations was too small (< 25) and so no commentaries

3.5.3 Evaluation of municipal institutions services

Below is the proportion of households whose members declared:

- **Having participated in village meetings in view of elaborating the CDP----- 5.6%**
- **Having received information on the annual budget----- 2.8%**
- **Having received information on income and expenses-----3.3%**
- **Having accompanied the village or quarter in development actions-----4.1%**
- **That the village/quarter was implicated in Planification-----7.1%**
- **That the village/quarter was involved in programming/budgeting-----25.4%**

From the information provided above, it is clear that the participation of the villagers either in the elaboration of the CDP, or receiving information on the annual budget or income and expenses or the council accompanying the village or quarter in development actions is quite low.

A member of 86.1% of the households interviewed declared dissatisfaction with the services rendered by the council.

3.5.4 Reasons for people's dissatisfaction

Of those not satisfied with the services rendered by the council, 96.3% were dissatisfied because of lack of the implication of the population in council management while another 74.1% were dissatisfied because of the non-visibility of council actions. The unavailability or absence of the council executive (mayor and his assistants) was another major reason for dissatisfaction (14.0%).

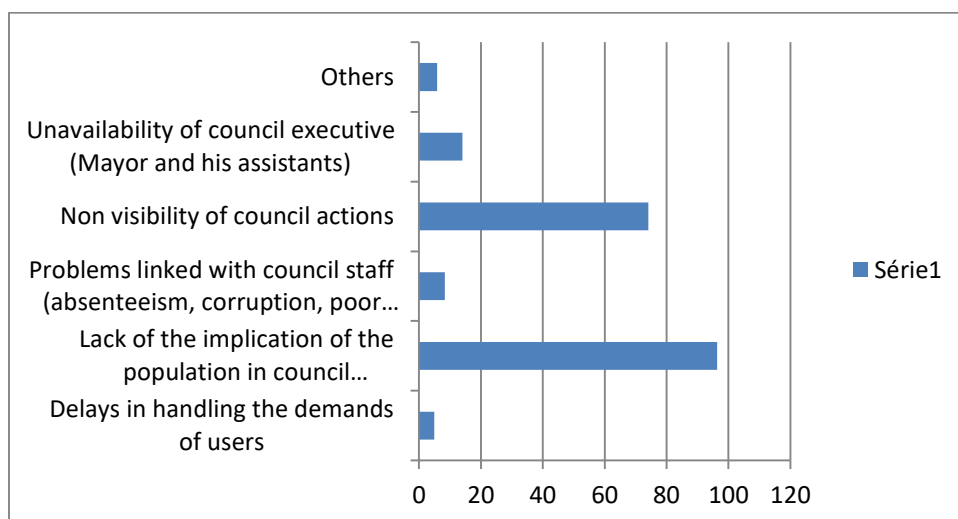


Figure 27: Reasons for dissatisfaction

3.5.5 Main expect results from municipal institutions service

The expectations of the sampled population with respect to the provision of council services to the population can be classified as follows:

- **Greater implication of the population in decision making at council level-----74.6%**
- **Greater proximity with those administered-----60.5 %**
- **Greater communication on council actions-----47.1%**
- **Greater transparency in management-----43.7%**
- **Others -----6%.**

It is very clear here that the population expects to be more involved in the decision making process of the council and believe that those administering in the council are not close enough to those being administered.

3.5.6 Synthesis of the perception of municipal institutions services and suggested improvements

Synthesis of the perception

From the study, it is observed that the council carries out a lot of activities including the establishment of birth, marriage and death certificates, the issuing of building permits, the certification of official documents, the issuing of certificates of residence, the validation of localization plan and information but very few of these services are being used by the population and at a very low rate. The service most accessed by the population is the establishment of birth certificates. A low proportion of the sampled population found the time to deliver the service either long or too long but the problem here is that this delay is associated more with the corrupt practices of those rendering the services. The peak of corruption here concerns the issuing of birth certificates which is a disappointment. Other calls for concern with the services rendered by the council include

- **Low involvement of the population in the council decision making process;**
- **Low accountability and communication;**
- **Very poor involvement of populations in the budgeting sessions of the council;**
- **Making council actions more visible;**

- **Populations have no information about the administrative account of the council.**

Suggestions for improvement

- **In addition to improving on all listed above, the council should:**
- **Organize campaigns to sensitize and explain to the population their major projects and budget to realize.**
- **Sensitize the populations on the services offered by the council and the main conditions to fulfil to have access to it.**
- **Sanction/punish all acts of corruption.**

CONCLUSION AND MAIN RECOMMENDATIONS

Conclusion

The services rendered by the 4 sectors have several problems that need to be improved upon. Each sector has its own challenges and the magnitude depends on the sector. The actions and services rendered by especially the council are very invisible and there is need for great improvement. The exercise is very useful and there is need to regularly carry it out as this would go a long way to improve on the services rendered to the public.

Recommendations

Hydraulic sector

- Construction of supplementary sources or water collection points;
- Repairs of water supply systems when damaged;
- Greater implication of the state, CAMWATER, council and the elites in water supply and management of the systems;
- An improvement in the quality of water supplied;
- Improved management of water collection points;
- The population should promptly report cases of damage to the relevant quarters.

Health sector

- **Reduction in the cost of consultation fee;**
- **Provision of additional health facilities;**
- **Improvement of the quality and quantity of health equipment;**
- **Provision of more staff.**
- **Provision of more drugs in the health facilities;**

Education sector

- Provision of more qualified staff;
- Provision of more classrooms, tables and desks;
- Ensure the regularity of teachers in class;
- Reduction in the cost of fees paid;

- More involvement of the government, elites and council in the provision of equipment and material to the schools and maintenance of school property;
- Improvement in end of year and external course exams;

Council sector

- Greater implication of the population in decision making;
- Greater transparency in the management of council projects and budgets;
- Increase visibility of council actions;
- Check staff absenteeism, corruption and bad reception of the population;
- Greater availability of the mayor and his assistants;
- Improve communication and sensitization of the population on council action.

CHAPTER 4: PLAN OF ACTION FOR THE ESTABLISHMENT OF THE CITIZEN CONTROL OF PUBLIC ACTIONS IN THE COUNCIL OFALOU

4.1 PROGRAM OF DISSEMINATION OF RESULTS

S/N	Activity	Expected results	Responsible	Partners	Period	
					Start	End
01	Submission of draft report	Draft report available	CSO	PNDP	28/4/2018	30/4/2018
02	Reading workshop	-Inputs from the different sectors received and integrated in report. -Restitution of the results	CSO PNDP	Representatives of all the sectors involved	29/5/2018	01/5/2018
		Submission of final report	CSO	PNDP	02/5/2018	02/5/2018
03	Hold restitution workshop with councils/Prese ntation of action plan	Recommendation s negotiated. Lessons learned and negotiated changes adopted.	CSO	PNDP Some council staff and councillors. Sector representatives	5/6/2018	12/6/2018
04	Dissemination of results	General public is aware of results	PNDP	CSO Council Sector representatives	13/6/2018	12/7/2018

4.2 SYNTHESIS OF PROBLEMS ENCOUNTERED.

Sector	Problems identified	Suggested Solutions	Level of implementation	
			<u>Local</u> ¹	<u>Central</u>
Hydraulic	Poor water quality	Improve filtration and treatment of water	Water Management Committee (WMC)	MINEE

¹ It is those solutions that will allow to make the plan of action.

	Insufficient water collection points	Construction of more water collection points	Council, WMC	MINEE
	Delays in the repairs of damaged water supply systems	Communities should promptly report damages and repairs done immediately	WMC, Council	MINEE
	Very low involvement of the council and government in water supply	More involvement of the government and council	WMC, Council	MINEE, CAMWATER
Health	Insufficient personnel and pitiable management of health centres	Organise refresher courses and deploy staff to health units	DMO,	MINSANTE
	High cost of consultation fee	Lobby for consultation subsidy	Council	MINSANTE
	Insufficient drugs and equipment	Regular supply of drugs and equipment.	Health Management board, Council	MINSANTE
	Insufficient hospitalization beds and wards	Acquire more wards and beds	-	MINSANTE
Education	Teachers, insufficient and irregular in class	Deployment of additional staff	Inspectors and delegates	MINEDUB, MINESEC
	High school fee	Provision of subsidy	-	MINEDUB, MINESEC
	Insufficient classrooms, tables and desks	Provision of additional classrooms, tables and desks	Council, PTA	MINEDUB, MINESEC

	Poor end of year and external exam results	Ensure teachers take up their full responsibilities and provide refresher courses	Head teachers, Principals	MINEDUB, MINESEC
Council	Low involvement of the population in council decision making	Control councilors to ensure they are in close contact with their communities and collect their views that are presented during sessions	Mayor, Secretary general	–
	Improper accountability and transparency in the management of council budgets and projects	Use community radios, bill boards, newsletters, public hearings etc for dissemination and train councilors on how to follow up.	Mayor	–
	Absenteeism, corruption and poor reception of the population by council staff	Check corruption and regularity of staff using registers etc and sanction defaulters. Provide regular capacity building for staff.	Mayor, Secretary general, Treasurer	–

4.3 MODEL OF ACTION PLAN (BASED ON THE ACTIONS TO BE IMPLEMENTED AT THE LOCAL LEVEL)

Sector	General Objectives	Specific objectives	Actions	Results indicators	Reference value	Target value	Frequency of measurement	Source of verification	RESPONSIBLES	PARTNERS	Estimated cost
Hydraulic	1.Improve the quality of water supplied	Specific Objective s 1.1.1 Improve on the processes of filtration and treatment of water	Action 1.1.1.1 Clean filters regularly	At least 90% of water has no colour, taste or odour by Dec 2018	59.6%	90%	Every 6 months	WMC record books, Testimonies	Water Management Committee (WMC)	Council, MINEE	500,000
			Action 1.1.1.2 Purchase chemicals and treat water	At least 95% of population admits water is good quality by Dec 2018	59.6%	95%	52 times a year	Records of Lab technician and chair of WMC	WWC Laboratory technician	Council, MINEE	2,000,000
		Specific Objective s 1.1.2 Create new water management committees where they don't exist and reorganise and build	Action 1.1.2.1 Create and train water management committees where they do not exist	At least 10 new WMC created and one training held by Nov 2018	0 New WMC 0 training	10 new WMC 1 training	10 1	WMC record books, List of participants, Training report.	Council	MINEE	700,000
			Action 1.1.2.2 Reorganise and build	At least 10 reorganisations	0 meeting	10 meetings	10 meetings	Meeting reports	Council	MINEE	400,000

		capacities of existing ones	capacities of existing water management committees.	ation meetings carried out and capacities of at least 25 persons built by Dec, 2018.	0 capacity building workshop	1 capacity building workshop	1 capacity building workshop	Workshop report. List of participants			
	1.2 Increase access to potable water supply	Specific Objectives 1.2.1 Promptly repair and rehabilitate damaged water systems	Action 1.2.1.1 Purchase of materials	90% of materials ready by October 2018	40% materials	90%	Monthly	Receipt, records of WMC	Council, WMC	MINEE	2,000,000
			Action 1.2.1.2 Repairs of damaged systems	90% of repairs done by Dec 2018.	70%	90%	Monthly	Reports, Site view and pictures	WMC	MINEE	800,000
		Specific Objectives 1.2.2 Increase the number of water collection points	Action 1.2.2.1 Purchase of materials	90% of materials ready by October 2018	40% materials	90%	Monthly	Receipt, records of WMC	Council, WMC	MINEE	1,400,000
			Action 1.2.2.2 Construct new water collection points	At least 10 new water collection points constructed by Dec 2018	0	10	Monthly	Reports, Site view and pictures	WMC	MINEE	800,000
		Sub Total 1									

Health	2.1 Improve access to quality healthcare for all.	Specific objective 2.1.1 Improve the services rendered to the public	Action 2.1.1.1 lobby for reduction in consultation fee	Consultation fee reduced by at least 50% by Dec. 2018	1000	500	Once	Strategy document, Report of mission.	Council	MINSANTE	200,000
			Action 2.1.1.2 Lobby for the recruitment, deployment and recycling of health personnel	Quality of health services provided improves by at least 20% by Dec 2018.	60%	90%	Yearly	Training report, Attendance sheets	Council	MINSANTE, DMO	200,000
		Specific objective 2.1.2 Improve drug supply and medical infrastructure	Action 2.1.2.1 Lobby for the rehabilitation of health infrastructure	At least 60% of health facilities rehabilitated by Dec 2018.	0	60%	Once	Site view, Rehabilitation reports.	Council	MINSANTE Contractors	300,000
			Action 2.1.2.2 Provide more equipment and drugs	80% of equipment and essential drugs are available by Dec. 2018	50%	80%	Once yearly	Pharmacy records, Health facility inventory report.	Council	MINSANTE	700,000
		Sub Total 2									1,400,000
Education	3.1 Provide competiti	3.1.1 Increase school infrastructure	3.1.1.1 Construction of 2 new classrooms	At least 6 new classrooms	0	6	2 per month	Site visit, Reports, Inventory records	Council, PTA	MINEDUB, MINESEC	10,000,000

	ve quality education	ure, equipment and material	each at the nursery, primary and secondary levels	construct ed by October 2018							
			3.1.1.2 Purchase and supply of pupil’s desks	At least 200 desks supplied by Dec 2018	0	200	once	Site visit, Inventory	Council, PTA	MINEDUB, MINESEC	1,200,000
		3.1.2 Improve services provided.	3.1.2.1 Recruit more teachers and ensure their regularity in class	At least 20 new teachers recruited by Sept 2018. Results improve by at least 20%	0	20	once	Contracts, Reports	PTA	MINEDUB, MINESEC	10,000,000
			3.1.2.2 Reduction in the fees paid	Fees drops by at least 20% by Sept 2018	0	20%	Once	Fees receipts	PTA	MINEDUB, MINESEC	200,000
		Sub Total 3									
Council	4.1 Improve on the managem ent of Alou council	4.1.1 Reinforce the functional capacity of Alou Council.	4.1.1.1 Build capacity of staff on fund raising	At least 5 council staff gain knowledg e and skills on fund raising by Dec 2018	0	5	Once	Attestation s received, Training report	Council	PAID-WA	500,000

			4.1.1.2 Organise workshop for councilors on the monitoring of council investment budgets and projects	At least 25 councilors gain knowledge and skills by Dec 2018	0	25	Every 5 years	Attendance lists Training report	Council	AJESH	800,000
		4.2.1 Put in place measures that will enable the council function Better	4.2.1.1 Organise public hearings	At least 1 hearing organised by Dec 2018	0	1	Twice annually	Attendance lists, Reports	Council	AJESH	300,000
			4.2.1.2 Improve communication using newsletters, bill boards, community radio programmes etc.	1 newsletter published monthly; Monthly radio programmes broadcasted.	0	12	monthly	Copies of newsletters, Burnt CDs	Council	PNDP, Community radio	300,000
Sub Total 4											1,900,000
Grand Total = Sub Total 1+Sub Total 2 + Sub Total 3 +Sub Total 4											33,300,000

ANNEXES

Annex 1 SURVEY QUESTIONNAIRE

Citizen Report Card
Assessment of public services within the Council of Alou

Section I. BACKGROUND INFORMATION

A01	Region _____	_
A02	Division _____	_
A03	Council _____	_ _
A04	Batch number	_
A05	Counting Zone Sequential number	_
A06	Residence stratum : 1=Urban 2=Semi-urban 3=Rural	_
A07	Name of the locality _____	
A08	Structure number	_ _
A08 a	Household number in the sample	_
A09	Name of the household head _____	
A10	Age of the household head (in years)	_
A11	Sex of the household head : 1=Male 2=Female	_
A12	Name of the respondent _____	
A13	Relationships between the respondent and the household's head (see codes)	_
A14	Sex of the respondent: 1=Male 2=Female	_
A15	Age of the respondent (on a bygone-year basis)	_
A16	Phone number of the respondent	_ _ _ _ _ _ _ _ _
A17	Date of beginning of the survey	- _ _ / _ _ / _ _ _ _ _

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

1 = Household Head

3 = Son/Daughter of the Household head or of his/her spouse

5 = Other parent of the Household Head or of his/her spouse

2 = Spouse of the Household Head

4 = Father /mother of the Household Head or of his/her spouse

6 = No relationships with household head or with his/her spouse

<u>Section II. POTABLE WATER</u>			
H01	<p>Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s))</p> <p>Is there any other system?</p>	<p>1=Yes 2=No</p> <p>A. Well equipped with a pump</p> <p>B. Open pit well</p> <p>C. Protected well</p> <p>D. Boreholes equipped with a manually operated pump</p> <p>E. Spring/ river</p> <p>F. Access to potable water (pipe borne water)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
H01a	<p>Is your main water supply source run by a public or a private entity?</p> <p>1=Public 2=Private If 2 —————>H14</p>		<p><input type="checkbox"/></p>
H02	<p>What is your main public water supply source? (Just a single answer)</p> <p>1= Well equipped with a pump 4= Boreholes equipped with a manually operated pump</p> <p>2= Open pit well 5= Spring/ river</p> <p>3=Protected well 6 =Access to tap potable water</p>		<p><input type="checkbox"/></p>
H03	<p>What is the quality of the said water?</p> <p>1=Good 2=Poor 3=Indifferent</p>		<p><input type="checkbox"/></p>
H04	<p>Does this water have an odour? 1=Yes 2=No 8=NSP</p>		<p><input type="checkbox"/></p>
H05	<p>Does this water have a taste? 1=Yes 2=No 8=NSP</p>		<p><input type="checkbox"/></p>

<u>Section II. POTABLE WATER</u>			
H06	Does this water have a colour? 1=Yes 2=No 8=NSP		<input type="text"/>
H07	Do you pay something to get this water? 1=Yes 2=No If no → H08		<input type="text"/>
H07a	If yes, how much do you spend on average per month? (give an amount in FCFA)		<input type="text"/>
H07b	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant		<input type="text"/>
H08	Is this water available throughout the year? 1=Yes 2=No		<input type="text"/>
H09	How many times do you need, on average, to go on foot and fetch water and come back? 1=On the spot 2=Less than 15 minutes 3=Between 15 and 30 minutes 4=more than 30 minutes		<input type="text"/>
H10	Has this water point had a breakdown at a given time during the last six months, notably since? 1=Yes 2=No If no → H11.		<input type="text"/>
H10a	If your water point had a breakdown at a given point in time during the last six months, notably since, how long did it take for it to be repaired? 1=Less than one week 2=Between one week and one month 3=Between one month and three months 4=Over three months 5=Not yet, if 5, → H11		<input type="text"/>
H10b	Who repair it? Who else?	1=Yes 2=No A=Mayor (Council) B=State C=An elite D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<u>Section II. POTABLE WATER</u>			
		G=Other partners/stakeholders : _____	<input type="checkbox"/>
H11	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes —————→H13		<input type="checkbox"/>
H12	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice		<input type="checkbox"/>
H13	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		<input type="checkbox"/>
H14	Did you express any need in terms of potable water supply in the course of the last 6 months, more specifically since? 1=Yes 2=No If no —————→H18		<input type="checkbox"/>
H15	<p>To whom did you submit your request/needs?</p> <p>(several answers are possible)</p> <p>Other?</p>	<p>1=Yes 2=No</p> <p>A. Mayor (Council)</p> <p>B. State</p> <p>C. An elite</p> <p>D. The Water Management Committee</p> <p>E. The village/quarter head</p> <p>F. the Administrative authorities</p> <p>G. CAMWATER/SNEC/CDE</p> <p>X. Other stakeholders : _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H16	Has your need been met? 1=Yes 2=No If no —————→H18		<input type="checkbox"/>
H17	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 3=Over three months		<input type="checkbox"/>

<u>Section II. POTABLE WATER</u>			
	2=Between one and three months		
H18	<p>Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied</p> <p>If 1 or 2 —————→H20.</p>		<input type="checkbox"/>
H19	<p>State the reasons of your non--satisfaction with regard to water supply in your village (several answers are possible).</p> <p>Any other reason?</p>	<p>1=Yes 2=No</p> <p>A. Far distance to access to the water point</p> <p>B. Poor quality of water</p> <p>C. Insufficiency of water supply points</p> <p>D. Poor management of the water supply</p> <p>E. Failure/delay to repair in case of breakdown</p> <p>F. High cost of water supply</p> <p>X. Any other reasons to be specified : _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H20	<p>What are your expectations in terms of supply of potable water? (Several answers are possible).</p> <p>Any other expectation?</p>	<p>1=Yes 2=No</p> <p>A. Additional water points ;</p> <p>B. Improvement in terms of management of the existing water points;</p> <p>C. Repair works should be carried out on the damaged water points ;</p> <p>D. Improvement of the quality of the existing water points ;</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<u>Section II. POTABLE WATER</u>			
		E. Reduction of price ;	<input type="checkbox"/>
		X. Other expectations to be specified : _____ _____	<input type="checkbox"/>

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

<u>Section III. HEALTH</u>		
S06	Were the medical staffs present? 1=Yes 2=No	<input type="text"/>
S07	Were minor medical equipment (such as scissors, syringes, alcohol, cotton, betadine, thermometer, tensiometer, medical scale, etc.) always available? 1=Yes 2=No 8=Do not know	<input type="text"/>
S08	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no —————> S10.	<input type="text"/>
S09	How many beds are available in the hospitalization rooms? 0= None, 1=Less than 5 beds 2=Between 5 and 10 beds 3=Over 10 beds 8=Does not know.	<input type="text"/>
S10	How much did he/she paid for one consultation? (Session fees) 1=Free of charge 3=Between 500 and 1000 CFAF 2=Less than 500 CFAF 4=Over 1000 CFAF If S10=1 —————> S14	<input type="text"/>
S11	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	<input type="text"/>
S12	In addition to the consultation fees, did the household member who received treatment give a tip to the medical staff for him/her to be better taken care of ? 1=Yes 2=No If no —————> S14	<input type="text"/>
S13	If yes, did the person do it willingly or was he/she obliged by the medical staff to do so? 1=Personal initiative 2=Obliged by the medical staff to do so	<input type="text"/>
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor	<input type="text"/>
S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no —————> S17	<input type="text"/>
S16	Are drugs always available? 1=Yes 2=No 8=Do not know	<input type="text"/>
S17	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No	<input type="text"/>

<u>Section III. HEALTH</u>			
S18	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 → S20		<input type="checkbox"/>
S19	State the reasons of your non-satisfaction with regard to health services provided within the health care unit you attend? (several answers are possible) Any other reason?	1=Yes 2=No A. Far distance to access the health care units B. Poor quality of services provided C. Insufficiency of existing health care units D. Defaults related to the health care unit staff E. Poor management of the health care unit F. Insufficiency of drugs G. Poor quality of/Insufficiency of equipments H. High cost with regard to health care access X. 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"/>
S20	What are your expectations with respect to health care services? Any other expectations?	1=Yes 2=No A. Additional health care units B. Supply of drugs C. Transfer of a staff member D. Equipped health care units X. Other to be specified _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>


<u>Section IV. EDUCATION</u>						
	Education cycle →	<i>Nursery</i>	<i>Primary</i>	<i>Secondary</i>		<i>Vocational training</i>
E01	Is your village/quarter provided with an education cycle « Name of the said cycle »? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	How many children from your household attend the nearest school? (name of the cycle) (write down the number in front of each cycle)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E03	How many Kilometers do children from your household cover, on average, to go to school? (name of the cycle)? 1=Less than 1 Km 2=Between 1 and 5 Kms 3=Over 5 Kms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E04	What is, on average, the time spent covered by children from your household to reach the nearest school on foot? (name of the cycle) (estimated in minutes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E05	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes 2=No		<input type="checkbox"/>	1st cycle <input type="checkbox"/>	2nd cycle <input type="checkbox"/>	
E06	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes 2=No 3=Does not know					<input type="checkbox"/>

E07	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E08	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E09	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>		
E10	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30 3=Over 60 2=Between 30 and 60 4=Does not know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E11	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in which the children from your household are enrolled? 1=Regular 2=Averagely regular 3=Irregular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E12	How much do you pay per child from your household on average (registration, tuition fees, Parent-teacher associations' fees (PTA) (name of the cycle) throughout a school year? (write down the average amount)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in n FCFA)

E13	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No If no → E16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E16	When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2 =No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organisation D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) _____ Any other?	<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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E17	In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 → E19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E18	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village?				

	<p>(Several answers are possible)</p> <p>Any other reason? 1=Yes 2=No</p> <p>A. Far distance to access the education service</p> <p>B. Insufficiency of class-rooms</p> <p>C. Insufficiency of equipments</p> <p>D. Insufficiency of schools</p> <p>E. Insufficiency of teaching Staff</p> <p>F. No distribution of text books</p> <p>G. Poor results</p> <p>H. High tuition fees</p> <p>X. Any other reason to be specified</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E19	<p>Do you have any expectations in terms of provision of education services in the (name of the cycle)?</p> <p>(Several answers are possible)</p> <p>Any other expectation? 1=yes 2=No</p> <p>A. Have a school located nearer to the village/quarter</p> <p>B. Build more class-rooms</p> <p>C. Add additional Equipments</p> <p>D. Create more school/vocational training center</p> <p>E. Recruit more teaching staff</p> <p>F. Distribute text books</p> <p>G. Improve the results</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Reduce the costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. Others (specified) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Building permit	<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"/>
Marriage certificate	<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"/>
Approval of localisation plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
C07	Has any member of your household taken part in the village assemblies aimed at drawing up the Council Development Plan? 1=Yes 2=No						<input type="checkbox"/>
C08	Is any member of your household informed about the amount of the annual budget of your council? 1=Yes 2=No						<input type="checkbox"/>
C09	Is any member of your household informed about the expenditures and incomes of your council during the previous fiscal year? 1=Yes 2=No						<input type="checkbox"/>
C10	Does the council support the development actions of your village/quarter (such as community activities, follow-up of village development committees, follow-up of management committees, setting up of village development and monitoring committees, carrying out of micro projects in your village/quarter, etc.)? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
C11	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
C12	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
C13	Broadly speaking, what is your level of satisfaction as concerns services provided by the council? (choose only a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If 1 or 2 → C15						<input type="checkbox"/>
C14	State the reasons of your non-satisfaction with regard to services	1=Yes 2=No A. Cumbersome procedures with regard to the processing of users' requests					<input type="checkbox"/>

	<p>provided by the council (Several answers are possible).</p> <p>Any other reason ?</p>	<p>B. Non-involvement of the populations in the management of development activities by the council</p> <p>C. Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...)</p> <p>D. Poor visibility of the council action on the populations</p> <p>E. Unavailability of the council executive (the Mayors and his/her deputies)</p> <p>X. Any other reasons (to be specified) _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
C15	<p>What do you expect from the council team? (Several answers are possible).</p> <p>Any other expectation?</p>	<p>1=Yes 2=No</p> <p>A. Increased involvement of the populations in the decision-making process</p> <p>B. Increased communication by the council as far as its development actions are concerned</p> <p>C. More transparency as far as management is concerned</p> <p>D. Closeness of the Council to the populations</p> <p>X. Any other expectation (to be specified) : _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>