

REPUBLIQUE DU CAMEROUN

Paix – Travail – Patrie

REGION DE SUD OUEST

DEPARTEMENT DE LA MEME

COMMUNE DE KONYE



**REPUBLIC OF
CAMEROON**

Peace – Work – Fatherland

SOUTHWEST REGION

MEME DIVISION

KONYE COUNCIL

SURVEY REPORT

MECHANISM OF CITIZEN CONTROL OF THE PUBLIC ACTION WITHIN KONYE COUNCIL



May 2018

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

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



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LIST OF ABBREVIATIONS

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

EXECUTIVE SUMMARY

Preface

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

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

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

LORD MAYOR



FOR THE MAYOR
BY DELEGATION

SECRETARY GENERAL
KONYE COUNCIL

09-17-2018

Marion Bakamaka Nganga

Cadre Contractuel D'commune

EXECUTIVE SUMMARY

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

The main objective of the Citizen Control of Public Action (CCPA) was to get the perception of the population about their level of satisfaction with respect to public service delivery in the targeted sectors with a view to setting up a citizen control mechanism of public achievement throughout the council area. It had specifically;

- To shed light on the indicators relation to the appraisals of Hydraulic services provision
- To shed light on the indicators relating to the appraisals of Health services provision,
- To shed light on the indicators relating to the appraisals of Education services provision,
- To shed light on the indicators relating to the appraisals of Council services provision.

The study revealed the level of appreciation of households within Konya, in regards to water supply, health services, education (nursery, primary, secondary and vocational training centers) and council services. The study revealed that 63.8% of sampled households were not satisfied with water supply, 52% were not satisfied with health services provided, 14%-50% of the respondents expressed their dissatisfaction with educational services (for all levels of education stated above) and 47% were not satisfied with the delivery of council services in Konya.

ii) Lists of recommendations based on the results

Water Sector;

In order to better the situation of access to quality hydraulic services, suggestions were made as follow:

- There is an in balance in the distribution of hydraulic services.
- Poor reaction taken by the authority in charge to solve the population's problem during a breakdown or damage of the public source of water.
- More studies should be done to valorize the potentialities of water supply.
- The level of communication between the authority in charge and the community as regard assistance to hydraulic problem is poor.

- Council should be more involved in developing water supply schemes.

Health Sector;

- The councils should make sure the available health units in the municipality should have the different medical personnel.
- A body should be put in place to follow up medical personnel to be available at all times at their job sites. Increase the number of hospitalization wards and beds
- Make available and affordable different kinds of drugs by subsidizing the prices of drugs
- Organize free medical outreach consultations and treatment in remote /inaccessible areas.
- Improve on disease surveillance system for early detection and control of epidemics.

Education Sector;

- Sensitization of parents on the importance of Parents Teachers Association (PTA) fees (primary school).
- The council should put aside a budget for building of classrooms at the different sectors of education.
- There should be a follow up on the transfer of teachers to secondary and vocational training centers.
- Sensitization of the population and elites on the building of classrooms.
- Authorities concerned should make sure that the government stipulated fee should be respected.
- School manuals should be sheared in schools.

Council Services;

The council should;

- Organize campaigns to sensitize and explain to populations the objectives of each mandate as well as the major project to realize.
- Sensitize the populations on the services offered by the council and the main conditions to be fulfilled to have access to it.
- Impose sanctions on any act of corruption.

GENERAL INTRODUCTION

The government of Cameroon, with the help of the multilateral and bilateral donor community, has set up a program called “National Community Driven Development Program” (PNDP), designed in three phases of four years each. This program is an important tool for implementing Cameroon’s strategy for growth and development, particularly the local development axis of the rural sector.

The first two phases of the program have already been implemented with the support, in addition to financing of internal origin (HIPC, BIP), those of the World Bank, AFD as part of the remission of the debt. Bilateral with France, a gift from KfW. These funding contributed to the implementation of these phase in six regions during the first phase, (Adamawa, Central, North, West, South and Far North), KfW resources being exclusive reserved for the extreme. Through a pedagogical approach aimed at learning the process in the communes that it supervises, the PNDP has so far accompanied 329 municipalities in the elaboration of their Communal Development Plans. This document which promotes the participation of all stakeholders at the local level, defines the long-term vision of the Council’s social, economic, environmental and cultural development.

The PNDP has carried out a pilot citizen control experiment in the 2nd phase through the “Scorecard” method in 10 communes. This experience allowed the municipalities concerned to have the perception of their populations on the services provided and to envisage improvements. This improvement has proven its self as an effective governance tool through which considerable changes can be capitalized in the municipality.

Structure of the document

The structure of the report constitutes the following sections:

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

CHAPTER ONE

LEGISLATIVE AND REGULATORY FRAMEWORK OF DECENTRALIZATION AND LOCAL DEVELOPMENT IN CAMEROON

1.1 Legislative and Regulatory Framework of Decentralization

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

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

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

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

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

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

Education.

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

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

Water sector.

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

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

Health sector.

Decree No. 2010/0246/PM OF 26 Feb. 2010 lay down the conditions for the exercise by councils, as from the 2010 financial year, some powers transferred by the State relating to health, particularly the building, equipping, maintenance and management of Integrated Health Centres.

Councils shall:

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

Council.

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

Here the Council shall be in charge of the;

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

1.2 Local Development Promotion

In line with the law, the Government of Cameroon with the assistance of its technical and financial partners put in place PNDP in a bid to improve on the living conditions of the population in the rural areas.

After the first phase (2005-2009) which has been adjudged satisfactory, the Government has set up a second phase in order to extend the execution of PNDP in all councils in the rural zones.

The financing sources of this 2nd phase by funders are as follows:

- Cameroon Government through the BIP, funds of bilateral and multilateral remitted debts
- The World Bank through the new Credit IDA Cr-4593 CM
- Beneficiaries who contribute in cash or in kind for the financing of their micro projects.
- Added to these financing are residual amounts for the financing of the first phase by the German Cooperation (KfW).

The three components of the PNDP within the framework of its second phase are:

- Financial support to local development through which funds put at the disposal of councils in a form of budgetary allocation previewed, amongst others to elaborate communal Development Plans, co-finance micro projects identified through participatory diagnosis, take care of and in a regressive manner the salaries of two Council agents.
- Support to councils within the framework of decentralisation with the objective to pursue the amelioration of the legislative and statutory framework of the decentralisation process and build technical and operational capacities of the councils in order to enable them anchor in an efficient manner the decentralisation process.
- Coordination, management, monitoring & evaluation and communication.

In the course of the first phase, PNDP deployed its actions in 155 councils of 6 regions (Adamawa, Centre, West, North, South and Far North) of the country. With the second phase, the Program henceforth covers all of Cameroon's 10 regions and envisages deploying its activities in 329 councils including those of the south west region

PNDP's objective for the second phase remains the same as in the first. Focus is laid on ameliorating access to specific basic social services (health, education, water and sanitation, and communal services) in the councils earmarked and extending support of the ongoing decentralization process in the new regions. This objective narrows itself down to specific goals underscored within the framework of results with one of its indicators showing interest particularly to «the number of councils possessing a citizen control mechanism for the management of subventions as well as an operational mass communication system ».

In a bid to guarantee the attainment of this indicator in particular, support to councils within the framework of setting up a public action citizen control mechanism in their respective territories has been envisaged. During the second phase of the programme, PNDP launched a pilot phase operation in ten (10) councils within the national territory in order to put in place the above

mentioned mechanism through the « Citizen Reporting Cards » (CRC), for which Idenau council was part. This first experience made it possible to draw lessons that were capitalized for the scaling up of the third phase, for which 160 councils were targeted for the survey and Konye council area was part.

1.3 The Ministry of Decentralization and Local Development (MINDDEVEL)

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

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

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

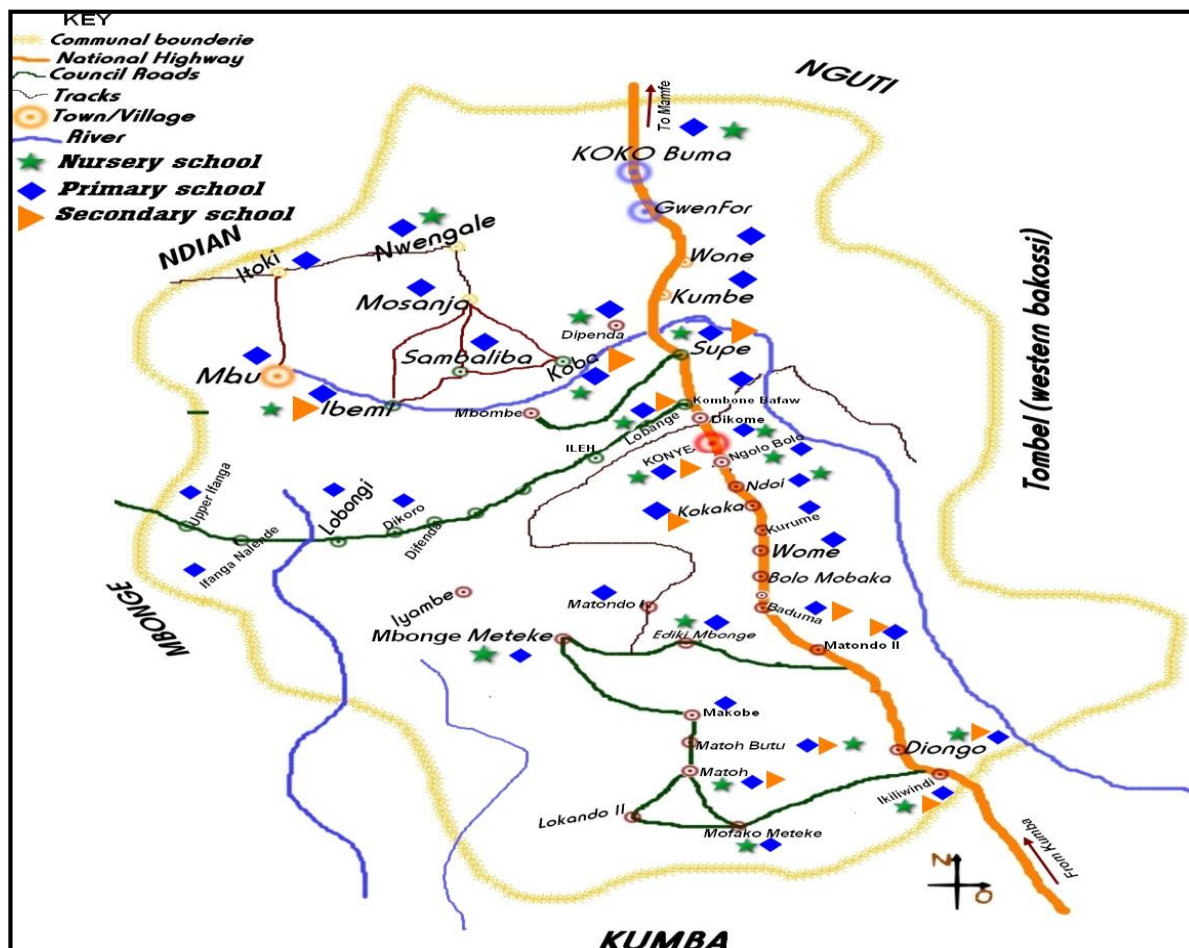
- the elaboration of legislation and regulations relating to the organization and operation of decentralized territorial communities,
- the evaluation and monitoring of the implementation of decentralization. ;
- the monitoring and control of decentralized territorial authorities (CTD);
- the application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

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

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

1.4 Brief Presentation of the Konye Council Area.

Figure 1: Map of Konye Municipality



Source: CDP Konye 2011

1.4.1 Historical and Administrative organization of the Council

The Konye council was created by presidential decree N⁰ 77/2 3 of 29 JUNE 1977. Konye is the head quarter of the Konye Sub-Division which is located around the Kumba-Mamfe road in Meme Division in the South West Region of Cameroon. It has a surface area of 1101km² and an estimated population of 80,000 inhabitants with population density of 57 inhabitants per km². The Konye municipality is made up of 11 contract workers, 29 council agents and 2

temporal staff. The municipality has different groups or major sociological components which are; Mbonge, Bakundu, Bafaw, Balong, North Westerners and Nigerians. It is made up of 36 villages and it has a location 09°29' to 09°98' longitude east and from 4°43' to 26°42' longitude north. It lies at the western side of the Mount Cameroon, bounded to the North by Nguti council (Kupe Manengouba Division), to the East by Tombel council (Kupe Manengouba Division), to the West by DikomeBalue council (Ndian Division) and to the South by Kumba council (Meme Division). The municipality has an undulating topography of hills on the Northern and Western side and level lands in the South and Eastern side. The climate falls within the equatorial climate (Cameroon type) with an annual rain fall of 3000mm-4000mm. it is characterized by the distinct wet and dry season. The dry season last from November to February, while the rainy season extends from March to October. The average annual temperature is 27°C.

1.4.2 Economic Aspect of the Council

The main form of economic activity in this community is agriculture, with the inhabitants mainly involved with the cultivation of cocoa. They are also involved in the cultivation of other crops such banana, cassava, beans, cocoyams, vegetables, yams, fruits, palms, plantains, and egusi. Some inhabitants are also involved in livestock rearing for both home consumption and income generation. They possess a market which serves as farm gate market where most retailers come to buy.

1.4.3 Brief description of the bio-physical environment

1.4.3.1 Topography

It has an undulating topography of hills on the northern and western side and level lands in the south and Eastern side.

1.4.3.2 Climate

The climate falls within the equatorial climate (Cameroon type) with an annual rainfall of 3000mm 4000mm. It is characterized by the wet and dry season, the dry season last from November to February, while the rainy season extends from March to October. The average annual temperature is 27 ° C.

1.4.3.3 Soil

It has characteristic soft black, red, stony, sandy soil which is heavily leached during heavy rains. The soil is fertile for the production of cocoa and food crops.

1.4.3.4 Hydrology

In addition, the district is watered, the Mungo, Mengeh, Moke, Nyale, are rivers that run through its frame and physical space. In addition, many other rivers, streams, springs waterfalls are visible at the village level.

1.4.3.5 Vegetation

The vegetation is mainly forest, characterized with cocoa, Timber, Rubber, Palms and fruit trees. It also consists of vast wetland areas consisting mainly of mangroves and a vast expanse of cocoa farms. The fauna appears to have suffered a lot of pressure. Indeed, despite the almost permanent presence of the forest, the animals are difficult to see. They are far from residential areas, given the reduction in their living space by logging and agriculture.

1.4.3.6 Fauna

The following animal species are significantly found in Konye: Mammals Bushpig (*Potamochoerus porcus*), Antelope (*Antilocapra americana*), Monkey (*Cercopithecidae*), Porcupine (*Erethizon dorsatum*), Deer (*Odocoileus hemionus*), catarrh beef, Ruminants Cutting grass (*Thryonomyidae*), rat mould (*Rattus rattus*), squirrel (*Rodentia Sciurus*), Reptiles (snakes), Livestock (goats, sheep, pigs, fowls, rabbits snails) The trend of rare species reduces as you move away from the enclave forest areas towards more settlement zones.

1.4.4 Demography

1.4.4.1 Population size and structure.

Konye has a surface area of 1101 km² with 57 inhabitants per km². It has an estimated population of 62,892 inhabitants giving an increase of 40.663% as compared to the 2005 national census statistics which estimate its population at 44,771 inhabitants. From the total population, are men (31.3%), women (30.3%), Adolescent (25 %) children (13.5%). Konye being a cosmopolitan municipality harbors indigenes from different ethnic tribes. The population of Konye is constantly fluctuating, as there is constant movement of people in and out of the village, during and after the farming season.

Table1: Demography data per village.

N°	Village	Men	Women	The young (less than 16 years)	Children (less than 5 years)	TOTAL
1.	Mbonge Meteke	225	150	250	75	700
2.	Makobe	225	125	225	50	625
3.	Matoh Butu	377	360	924	364	2 025
4.	Mofako Meteke	300	250	170	86	806
5.	Matoh	2198	2100	654	293	5 245
6.	Ikiliwindi	3055	3255	945	245	7 500
7.	Diongo	1754	1554	561	131	4 000
8.	Matondo 1	165	126	235	75	601
9.	EdiKi Bekoli	656	525	450	175	1 806
10.	Itoki	155	165	75	63	458
11.	Mbu	479	505	574	536	2 094
12.	Ibemi	646	757	1267	347	3 017
13.	Koba	1126	1196	1165	618	4 105
14.	Dipenda	381	413	816	360	1 970
15.	Ileh	179	206	30	176	591
16.	Lobange	630	750	200	360	1 940
17.	Kombone	187	210	141	105	643
18.	Upper Ifanga	88	68	305	81	542
19.	Ifanga Nalende	144	133	165	88	530
20.	Lobongi	102	96	335	97	630
21.	Dikoro	123	117	82	68	390
22.	Matondo 2	519	490	352	189	1 550
23.	Baduma	251	234	183	125	793
24.	Bolo Moboka	246	239	220	198	903
25.	Weme Mbonge	338	322	355	123	1 138
26.	Kurume	245	195	330	280	1 050
27.	Mwangale	154	162	298	86	700
28.	Musanja	220	230	286	78	814
29.	Sambaliba	341	220	168	82	811
30.	Kokobuma	302	297	202	95	896
31.	Wone	945	812	562	812	3 131
32.	Kumbe	354	237	299	520	1 410
33.	Mbakwa supe	998	856	1089	500	3 443
34.	Dikome Bafaw	156	134	156	122	568
35.	Kokaka	319	398	218	165	1 100
36.	Konye	321	304	497	285	1 407
37.	Ngolo Bolo	388	481	485	256	1 610
38.	Ndoi	404	390	349	207	1 350
	TOTAL	19696	19062	15618	8516	62 892

(Konye CDP, 2011)

1.4.4.2 Ethnic Groups and inter-ethnic relations

Konye is made up of 36 villages with the main ethnic groups being Bakundu, Bafaw, Mbonge and Balong. But due to it fertile soil and hospitality it has invited many strangers from different ethnicity such as the Bayangi's, Bikom's, Meta's, and Nigerians. It is worth nothing that the Bafaw and the Balong are the minority with six and one villages respectively, while the Mbonge and Bakundu have 17 and 15 villages respectively.

1.4.5 Religion

It hosts different religious denominations which include Catholic, Baptist, Presbyterian, Full gospel and apostolic church. The Presbyterians missionaries where the first to settle in the municipality, thus they are widely spread in almost the villages. There is the fast growth of the Pentecostals churches. While the Muslim and Jehovah witness population is very minimal

1.4.6 Culture

The Bakundu, Bafaw, Balong, Mbonge are the main dialects spoken in Konye. Traditional dishes are Mekere na donga (plantains and peper), Mberibi (coco leaf with bush meat soup). Their traditional attire is Sanja and white shirt or Jumper and Kaba for women. The chief wears Sanja, white shirt and a red cap with the feather of a parrot, while the traditional heads wears sanja, white shirt, a black cap with the feather of a cock.

CHAPTER TWO

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

2.1 Study Context

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

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

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

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

2.2 Objective and Methodology of CCPA

The main aim was to support the council in realising citizen control mechanism of the activities of the council. The CCPA also had as objectives after the realisation of the Scorecard to promote governance, increase effectiveness of public actions, and enhance the capacities of

vulnerable population and the underprivileged, persons to make known their problems. More specifically, the CCPA aimed at;

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

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

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

2.3 Method of Sampling and Data Collection.

2.3.1 Sampling

2.3.1.1 Survey Area and Target Population

The study on CCPA covered the entire Konye municipality, with a target population of all households within the municipality. Based on a list of enumerated households provided by the Complementary Survey of the Fourth Cameroon Household Survey (EC-ECAM 4), the opinion

polls were gotten from a number of sampled households within each village/quarter within the municipality.

2.3.1.2 Sampling Method of the Survey

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

2.3.1.3 Sample Size of the Study

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

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

Where:

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

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

2.3.1.4 Data Collection

i) Data Collection Tools

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

ii) Data Collection

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

a. Training of Enumerators

Training of enumerators within the Konye municipality took place between the 16th and 18th of October 2017, at the Konye council hall. This training had as main objective to build the capacities of enumerators who were the principal collectors of data from the households, on the understanding of the concept of the CCPA and the objectives of the activity. To accomplish this task, a very participative approach was used, including simulations for each section of the questionnaire and a field demonstration. In all, fifteen (15) enumerators were trained and Ten (10) were retained based on an appraisal test while five (05) were on the waiting list in case of discontinuity of any of the preselected enumerators during the survey.

b. Data Collection Proper

Data collection within the Konye municipality occurred between the 19th and 26th of October 2017. Enumerators under the supervision of the Council supervisor for the Scorecard were handed cartographic maps, list of households and the names of the household heads to facilitate identification of these households. As mentioned above, the main data collection tool was the questionnaire which was only to be administered to the household head or his/her spouse, or any other adult household member capable of providing answers to the questionnaire in the absence of the household head. The enumerators were each assigned localities within council area depending on their location.

c. Treatment and Analysis of the Data Collected

Data collected from the field was verified and validated by council supervisor, which was later transferred to NADEV coordination for validation, and finally handed to PNDP. The data was keyed in into computers by PNDP, then treated and analyzed by NIS, thereof producing tables which will be used for the analysis in this report.

2.4 Method for Measuring Indicators of Perception

Perception indicators were measured quantitatively making use of mostly categorical variable. The questionnaire was designed with most of the questions having predefined set of responses which facilitates treatment and analysis of the responses. The most important question for all the sections dealing with respondent satisfaction of services within the said sector had three

(03) predefined answers; satisfied, unsatisfied, and indifferent, which are also known as categories for the said question.

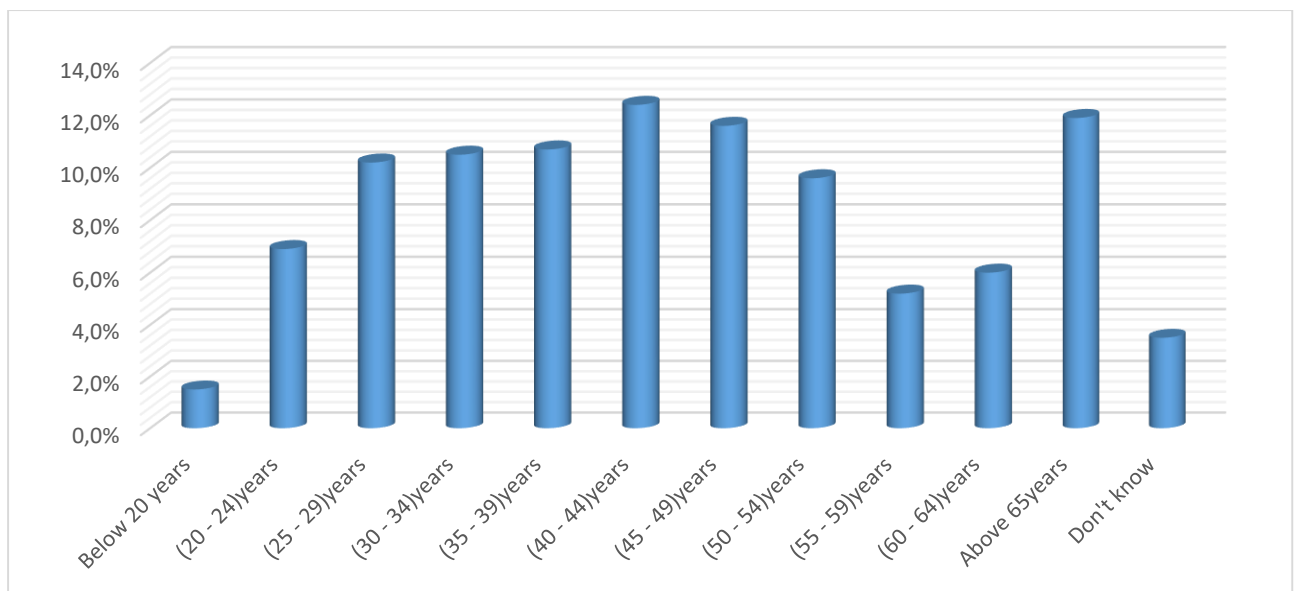
CHAPTER THREE

MAIN FINDINGS AND SUGGESTED RECOMMENDATIONS

3.1 Characteristics of the Sampled Population

A general characteristic of the sampled population is presented below.

Figure 2: Percentage Distribution of Respondents by Age.

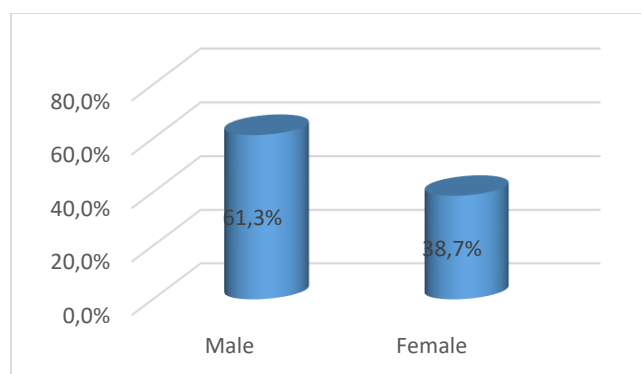


Source: survey report CCPA Konya 2017

Above is the age range of respondents; with 1.5% of respondents below 20 years old and those aged 20-24 years were 6.9%. Respondents with age groups within 25 -49 years were higher than 10%. Again those aged 65 years and above were above 10%.

There was gender imbalance in the target population and this can be seen on the figure below showing that more men were interviewed (61.3%) than women (38.7%).

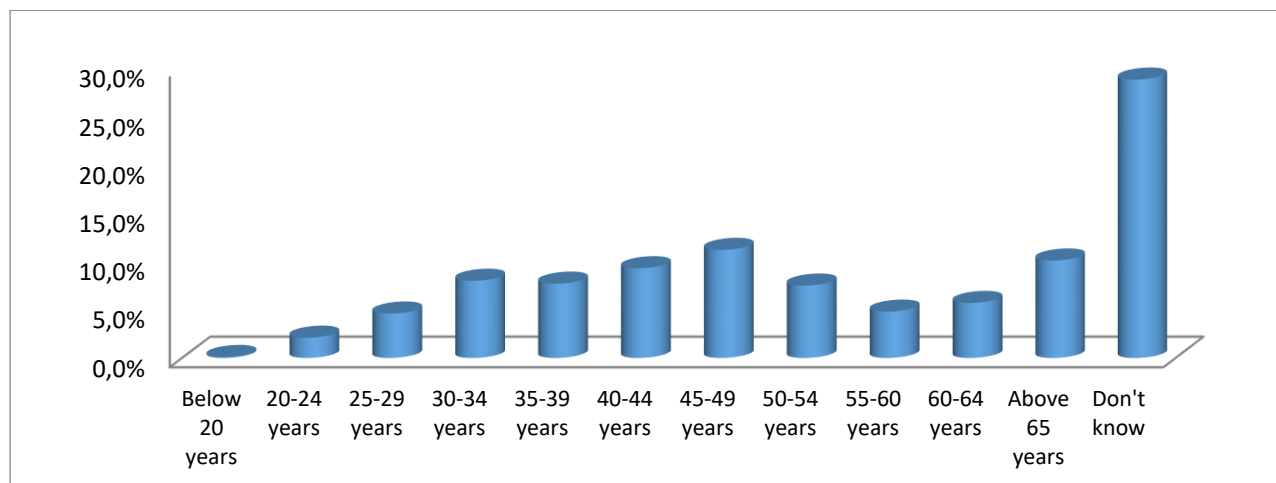
Figure 3: Percentage Distribution of Respondents by Gender



Source: survey report CCPA Konya, 2017

Below is the age distribution of household heads. Those aged less than 20 years old made up 0.1% of household heads, 20-24 years old were 2.1% of household heads, respondents aged 25-29 years old made up 4.6% of household heads, those aged 30-34 years old were 8% of household heads, 35-39 years old made up 7.7% of household heads and 40-44 years old made up 9.3% of household heads. Respondents aged 45-49 years old and 65 years and above were just over 10%. About 30% of the ages of household were not known or not given due to confidentiality.

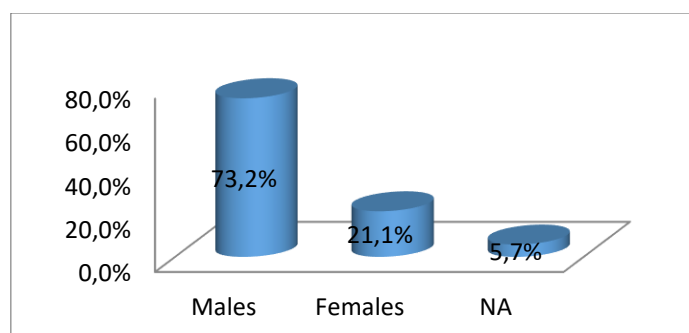
Figure 4: Age Distribution of Household Heads



Source: survey report CCPA Konya, 2017

From the research it can be seen that majority of the household heads are male with 73.2% and female with 21.1%.

Figure 5: Gender Distribution of Household Heads



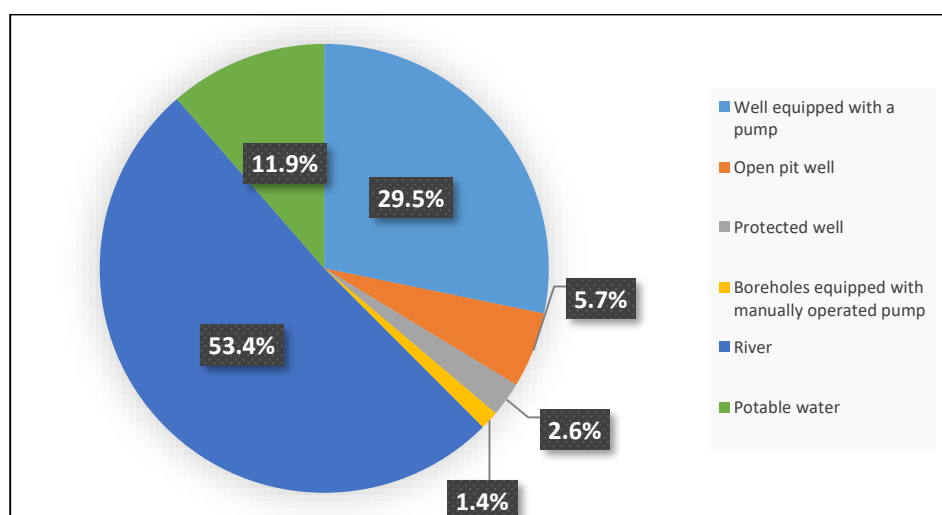
Source: survey report CCPA Konya, 2017

3.2 Water Sector

Konya has a series of rivers and streams, but no drinking water. They drink from springs which are at times being polluted by farmers' chemicals. They have wells which are used for domestic purposes, but the wells are not being treated. The few villages with taps supply impure water due to the fact that the water sources are not well maintained. Moreover, the taps are not evenly distributed in the municipality.

3.2.1 Availability and Utilization

Figure 6: Available Portable Water Sources within Konya Municipality

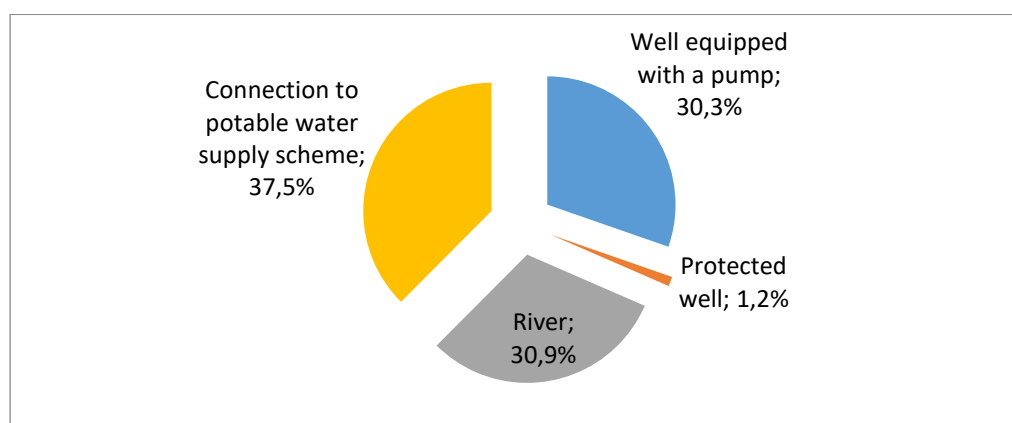


Source: survey report CCPA Konya, 2017

Six different sources of water supply were identified within the Konya municipality. Of these sources, the river appears to be most common as confirmed by 53.4% of households, followed by wells equipped with pumps (29.5%), the connection to a portable water supply scheme

(11.9%), open pit wells, protected wells, and boreholes with 5.7%, 2.6%, and 1.4% respectively.

Figure 7: Utilisation of Portable Water Sources within Konye Municipality



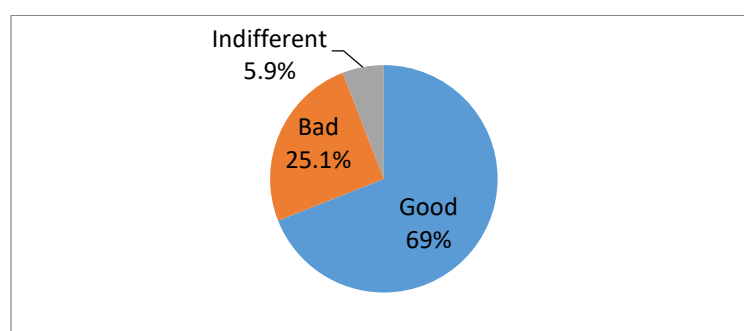
Source: survey report CCPA Konye, 2017

A high proportion of households within the municipality are connected to a portable water supply schemes as reported by 37.5% of the households, and serves as their principal source. But what was more visible within the communities, was the utilisation of rivers/springs (30.9%) and well equipped with pumps (30.3%), and protected wells (1.2%). But in all, 64.7% of households within the community utilize portable water.

3.2.2 Quality and Cost of Water Services

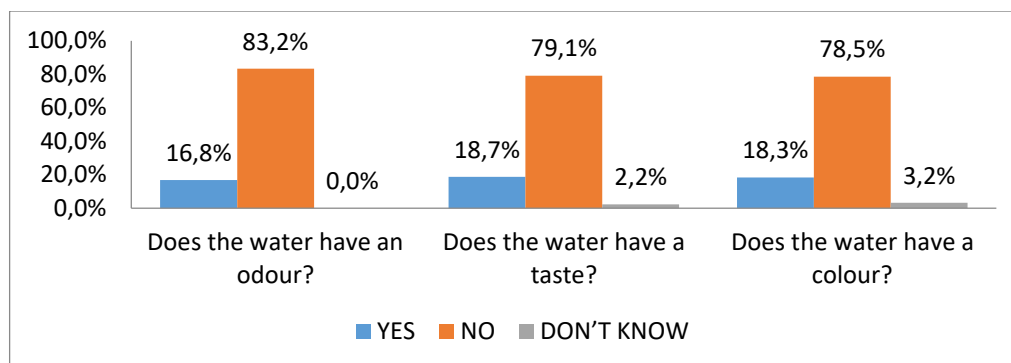
Water quality within the Konye municipality is generally good as affirmed by 69% of the households surveyed, while 25.1% said the water quality was bad, and 5.9% were indifferent about the quality. Though the general quality of water is good, slightly below 19% of the households said water had odor, color, or taste. This is shown on figure 7 and 8 below.

Figure 8: General Portable Water Quality within Konye Municipality



Source: survey report CCPA Konya, 2017

Figure 9: Detailed Portable Water Quality within Konya Municipality



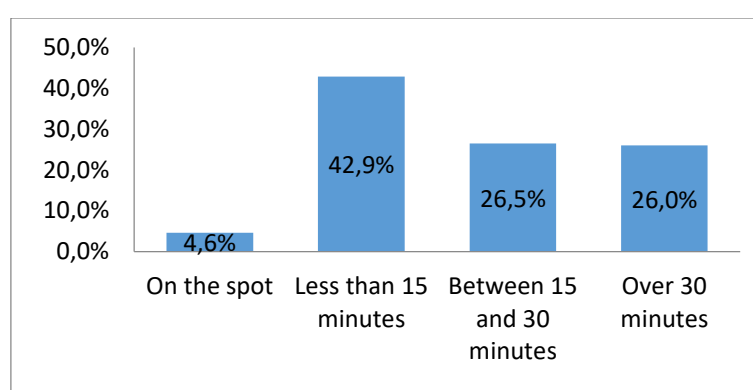
Source: survey report CCPA Konya, 2017

With regards to cost of portable within Konya, the research shows that only 3.4% of all households surveyed incur any form of cost for their main source of portable water.

3.2.3 Appreciation of Water Services

On the whole, just 46.5% of households surveyed have access to portable water all year round, while 75.9% have access to portable water all day. This access to portable water year round can be explained by the fact that majority of the communities develop their water supply systems from natural sources such as rivers and springs. Even though there is a high availability of water supply, a high proportion of households (42.9%) walk for 15 minutes or less to fetch water, 26.5% walk for 15 to 30 minutes and 26% walk for more than 30 minutes. Just 4.6% of households fetches water on the spot.

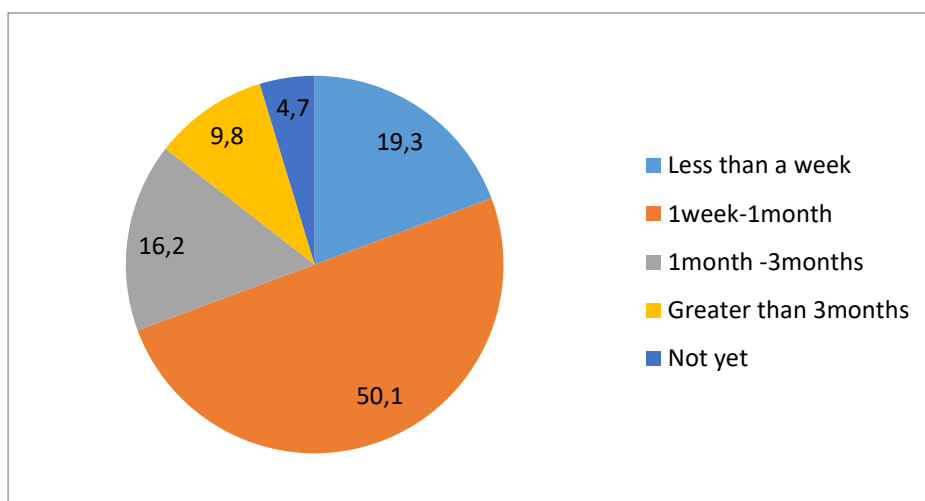
Figure 10: Time used on Foot to fetch water for the Household (%)



Source: survey report CCPA Konya, 2017

Household declaring a breakdown of the main source of public water used in the last 6 months is 29.6%, this shows that Konya municipality sometimes faces problems with their public source of water and it takes time for repairs to be completed. The figure below shows that 50.1% of respondent say it takes between one week and one month to do repairs when the water source has a problem, 19.3% talked of less than a week for repairs to be done when faced with a breakdown. 16.2% affirmed of between one excluded month and three months before repairs are done, 9.8% talked of over three months and 4.7% said no repairs have been carried since that the public source of water got bad.

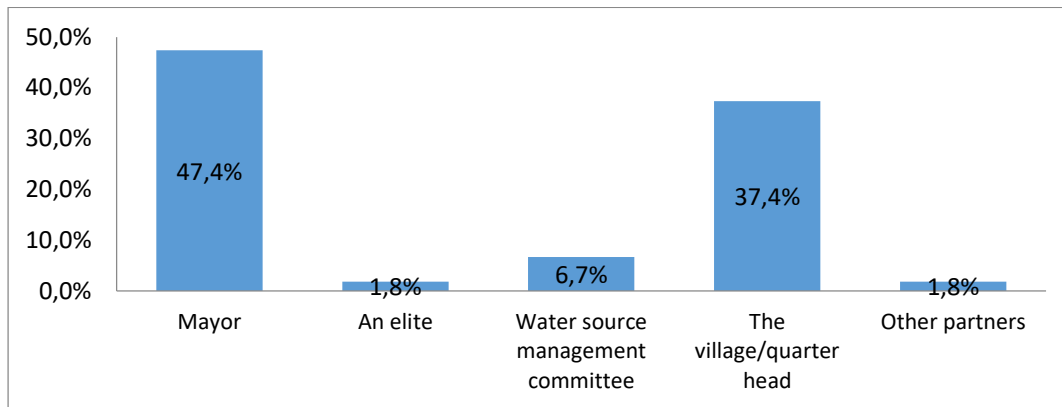
Figure 11: Period Used for the Maintenance of Damaged Water Points (%)



Source: survey report CCPA Konya, 2017

For those households who reported the repair of a damaged water point, it was necessary to find out which person or institution was responsible for the repairs. The survey showed that, 47.4% of the reported cases were solved by the council, 37.4% by the village/quarter heads, 6.7% handled by the water management committee, and 1.8% respectively for other partners/stakeholders (CSOs, NGOs, Foreign Agencies etc.) and elites.

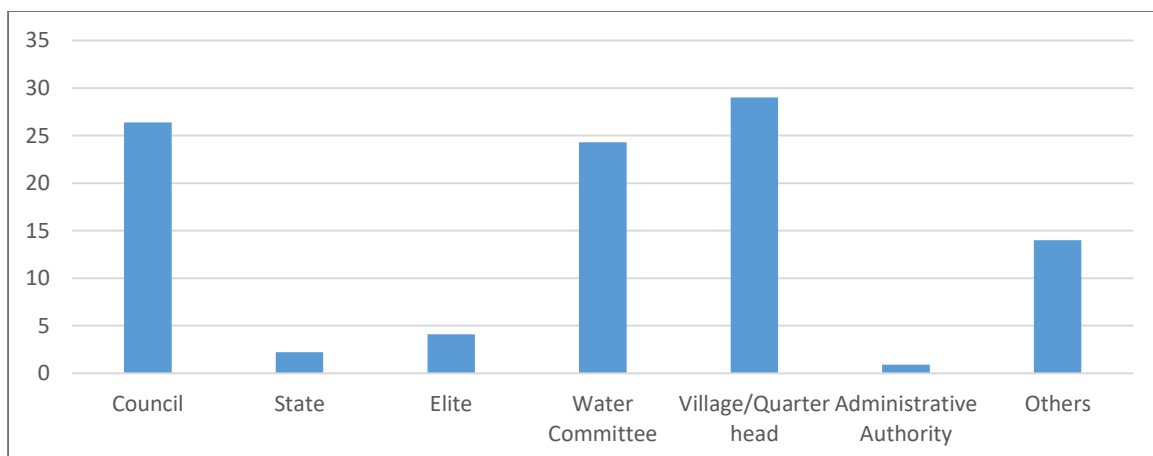
Figure 12: Main stakeholders in charge of meeting the needs expressed by households in terms of portable water supply (%)



Source: survey report CCPA Konye, 2017

The study went further to find out if households did express any needs in terms of portable water supply six months prior to the survey. Good enough, 47.1% of households within the municipality did express some needs in terms of portable water supply, of which 42.8% of the households confirmed their needs being satisfied. The survey showed that, 29% of households expressed their needs to the village/quarter head, 26.4% to the council, and 24.3% to the water management committee. 14% of households also express their needs to other partners and stakeholders of the community. The figure below shows all institutions approached for water concerns within the community

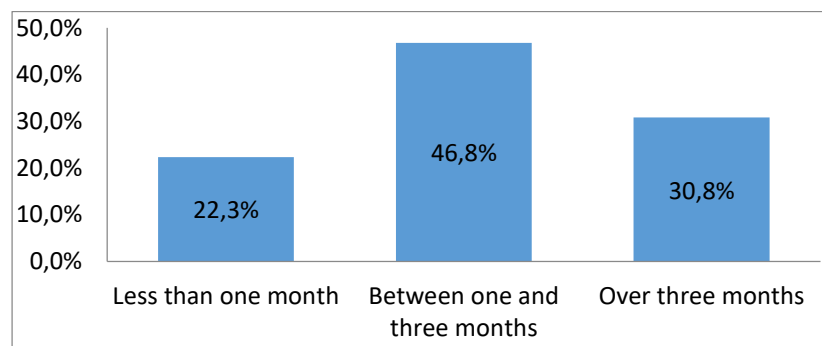
Figure 13: Institutions approached for Needs of Portable Water



Source: survey report CCPA Konye, 2017

For those needs which were satisfied, the time span used to satisfy the said services was analysed. It revealed that, 22.3% of households needs were satisfied less than month, 46.8% between a month and three months, and 30.8% over three months.

Figure 14: Time Span for Satisfaction of Needs of Portable Water



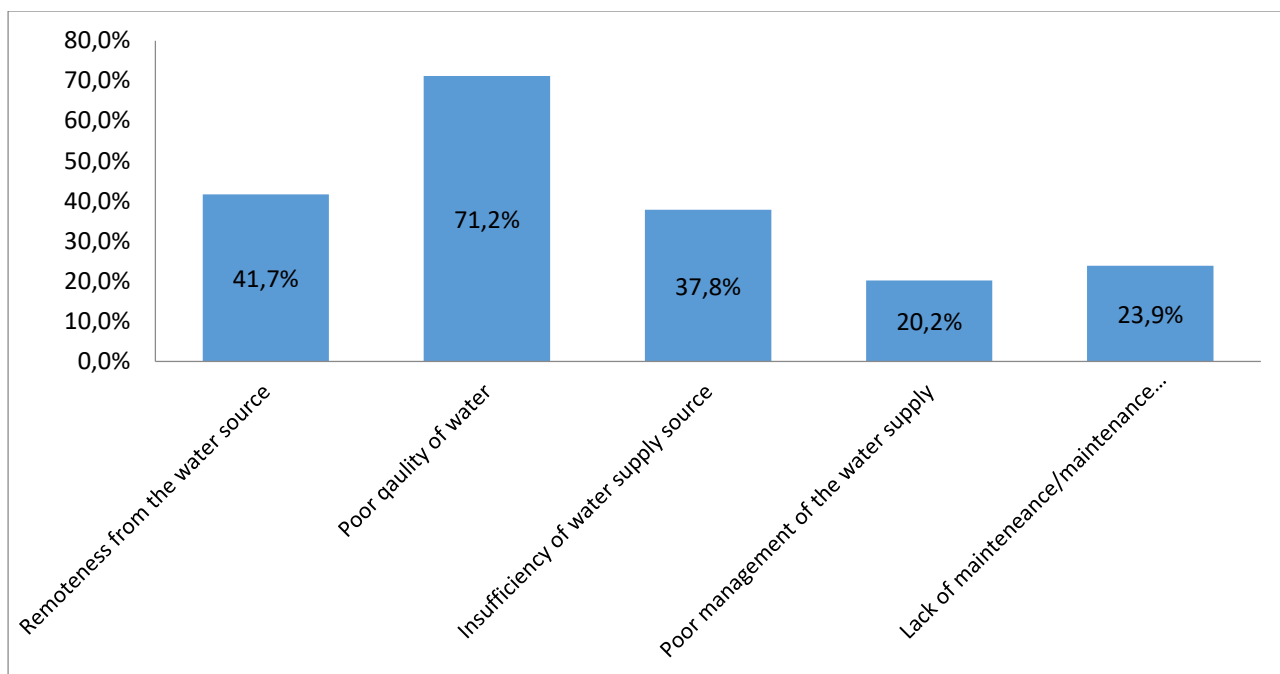
Source: survey report CCPA Konya, 2017

3.2.4 Dissatisfaction with the Provision of Portable Water Supply

In all 63.8% of households expressed their dissatisfaction in the provision of portable water supply. Their reasons for non-satisfaction are expressed on the figure below.

As shown on the figure, 14. 71.2% of the population were not satisfied with the quality of water, 41.7% of the population complained of the inaccessibility of the water source, 37.8% talked of insufficient water supply sources in Konya, 23.9% complained of lack of maintenance and also that maintenance at times is very slow when there are breakdowns, and 20.2% are not happy with the management.

Figure 15: Reasons for Households Dissatisfaction with the Provision of Portable Water Supply Services (%)

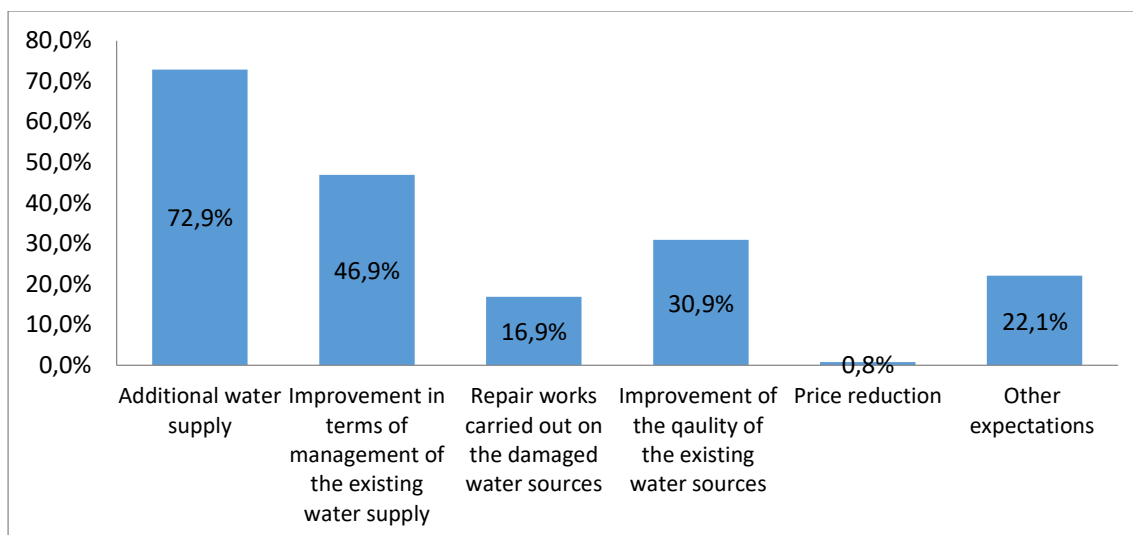


Source: survey report CCPA Konya, 2017

3.2.5 Main Expectations in the Supply of Portable Water

With respect to the supply of portable within the Konya municipality, the households sampled had a number of expectations from the services in charge. 72.9% expect additional water sources, 46.9% expect improvement in terms of management of the existing water supply, 30.9% expect the improvement of the quality of the existing water sources, 16.9% expect repairs to be carried out when the water source has been damage, 0.8% of the population expect a reduction in price when it comes to paying for water and 22.1% have other expectations.

Figure 16: Household Expectations with respect to Water Supply Services



Source: survey report CCPA Konya, 2017

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

Strong point

- The Konya municipality has access to portable water to an extent which has been surviving the population.
- There are persons and bodies involved in maintenance when there is a breakdown
- The time taken to the point of source and back is not that much because majority of the population use 30 minutes and less to get to the water supply point and back and this implies majority of the people have water at their disposal.
- Majority of public sources of water is of good quality.

Aspects to improve on.

Despite the availability of portable water and its management in the municipality, they still have some setbacks which have to be ameliorated. Points to be looked on:

- There is an imbalance in the distribution of hydraulic services.
- Poor reaction taken by the authority in charge to solve the population's problem during a breakdown or damage of the public source of water.
- More studies should be done to valorize the potentialities of water supply.
- The level of communication between the authority in charge and the community as regard assistance to hydraulic problem is poor.
- Council should be more involved in developing water supply schemes.
- Poor management in handling the issues of hydraulic services.

- Springs designed to supply portable water should be adequately arranged
- Training of management committees in villages in order to handle hydraulic services in case of breakdown
- The councils should make sure there is an equal distribution of portable water in the municipality. Increase the number of stand taps
- The council should put aside a budget for the maintenance of portable water sources.

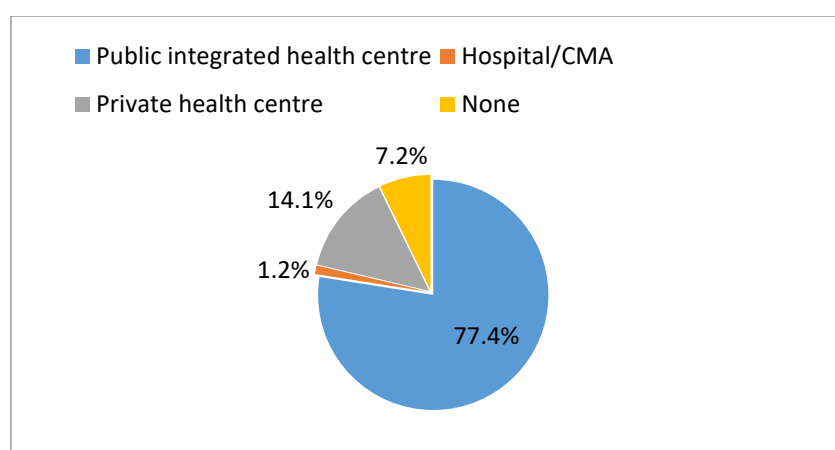
3.3 Health Sector

The Konye municipality has one district hospital in Konye, four health centers, seven integrated health center, and four private confessional health centers. These health centers in some villages like Match, Match Butu, Kurume, Konye, Ibemi etc. The health centers generally have limited personnel, inadequate infrastructures and equipment. Common diseases within the municipality include malaria, water-borne diseases and HIV/AIDS.

3.3.1 Availability and Utilization.

From the survey carried out 77.4% of inhabitant said they have public integrated health center at their disposal, 14.1% affirmed of private health center available to them, 1.2% of the respondents said the nearest health service available to them is a hospital and 7.2% said no health care unit exist around them, probably due to their distance from the closet health unit.

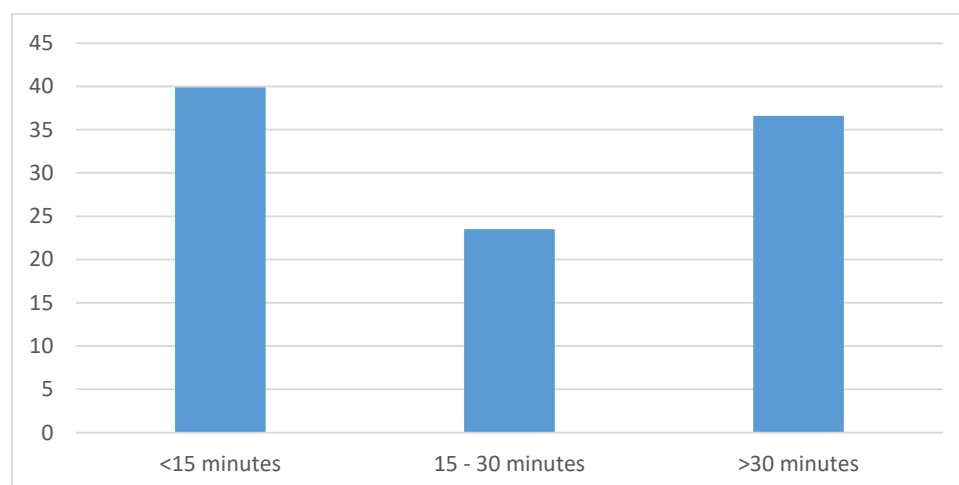
Figure 17: Health Care Units within Konye Municipality



Source: survey report CCPA Konye 2017

It was also necessary to find out the actual time required to get to these health units. The figure below shows that the larger portion of households (39.9%) can get to the closest health unit within 15 minutes, 23.5% between 15 and 30 minutes, and 36.6% above 30 minutes to the health.

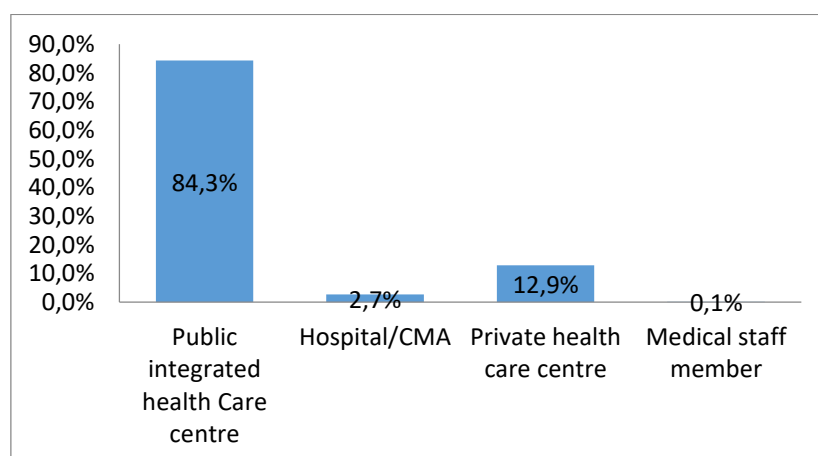
Figure 18: Time used to get to the nearest Health Center by Households in the Community



Source: survey report CCPA Konye, 2017

The research further revealed that, most households (84.3%) take preference to Public integrated health centers when health issues arise within the house. 12.9% prefer private health centers while 2.7% prefer going to the district hospitals.

Figure 19: Households preference of Health service in case of Illness



Source: survey report CCPA Konye, 2017

Of all households sampled, 52.7% are using the nearest health care unit to their households. With this proportion, they are quite aware of the persons in charge of the health unit. The survey revealed that 30.5% of the nearest health care units used by households are headed by medical doctors, 51.6% by nurses, and 15.6% by others. Unfortunately, 2.3% are not aware of the person responsible for the nearest health care unit which they use.

3.3.2 Quality and Cost of Health Services

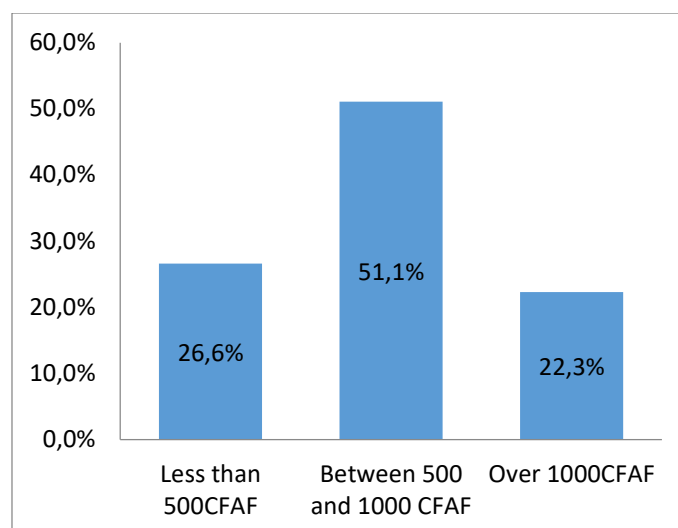
In terms of quality of health service, the survey was interested in finding out the situation of the health unit the last time a member of households visited the facility, in terms of personnel, availability of medications, and equipment.

The survey revealed that, almost all health units used by households had the medical personnel present, as seen by a 88.9% response from all households sampled. Also, minor equipment (syringes, alcohol, scissors, etc.) were available in the health facility as said by 97.3% of households. Also, 89.6% of households said hospitalization wards were available for admission of patients. In these hospitalization wards, 64.2% of households reported less than 5 beds found in the wards, 14.3% reported 5 to 10 beds, and 0.5% reported more than 10 beds, while 21.1% could not tell the number of beds found in the wards.

With regards to availability of medication within the health care unit, 86.8% of the households reported the availability of a pharmacy or pro-pharmacy, while 86% of households said the pharmacies actually had drugs during their visit to the nearest health care unit.

In terms of cost of health services, 93.6% of households reported paying an amount of money for consultation at the nearest health care unit visited.

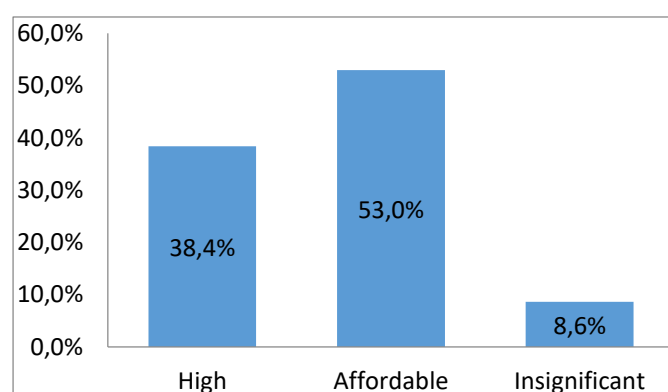
Figure 20: Cost of Consultation of Households



Source: survey report CCPA Konye, 2017

From the figure, 51.1% of households reported paying between 500 and 1000 FCFA for consultation, 22.3% above 1000 FCFA, and 26.6% below 500 FCFA. With these different costs of consultation, 53% of households found the amount to be reasonable or affordable, while 38.4% found the amount to be high for them, and 8.6% said the amount was insignificant to them and posed no inconveniences for them.

Figure 21: Appreciation of Health Consultation Cost

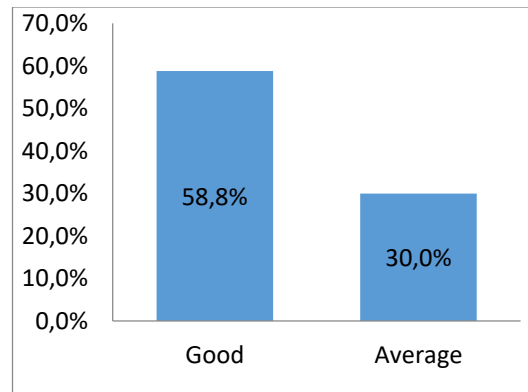


Source: survey report CCPA Konye, 2017

3.3.3 Appreciation of Health Services

In general, the majority of households sampled revealed that they found the attitude of the medical staffs at the nearest health care unit visited to be good, as seen by a 56.6% response rate, while 39% said their attitude was fair.

Figure 22: Appreciation of Medical Staff by Households



Source: survey report CCPA Konya, 2017

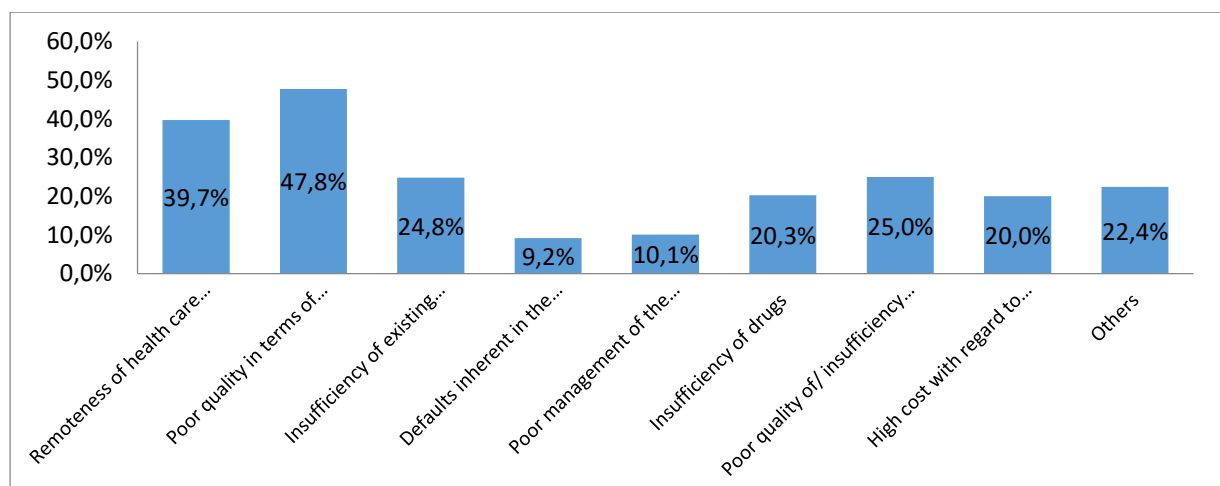
In general, the majority of households sampled revealed that they found the attitude of the medical staffs at the nearest health care unit visited to be good, by a 58.8% response rate, while 30% said their attitude was fair.

In all, 40.4% of households agreed that, the nearest health care unit was capable of providing appropriate solutions to a good number of health problems faced by the household.

3.3.4 Dissatisfaction of Households with Health Services

40.4% of the of respondents were satisfied with health services in the municipality, but on the contrary, 52% of the respondents were not satisfied and they gave the following reasons for their non-satisfaction which were; the remoteness of health care units 39.7%, poor quality in terms of services 47.8% , insufficient health care units 24.8%, poor working attitude of staff 9.2%, poor management of the health care units 10.1%, insufficient drugs 20.3%, poor quality/insufficient equipment 25%, high cost with regard to health care access 20% and 22.4% of the respondents gave other reasons for their dissatisfaction.

Figure 23: Reasons for Households Dissatisfaction with Health Services

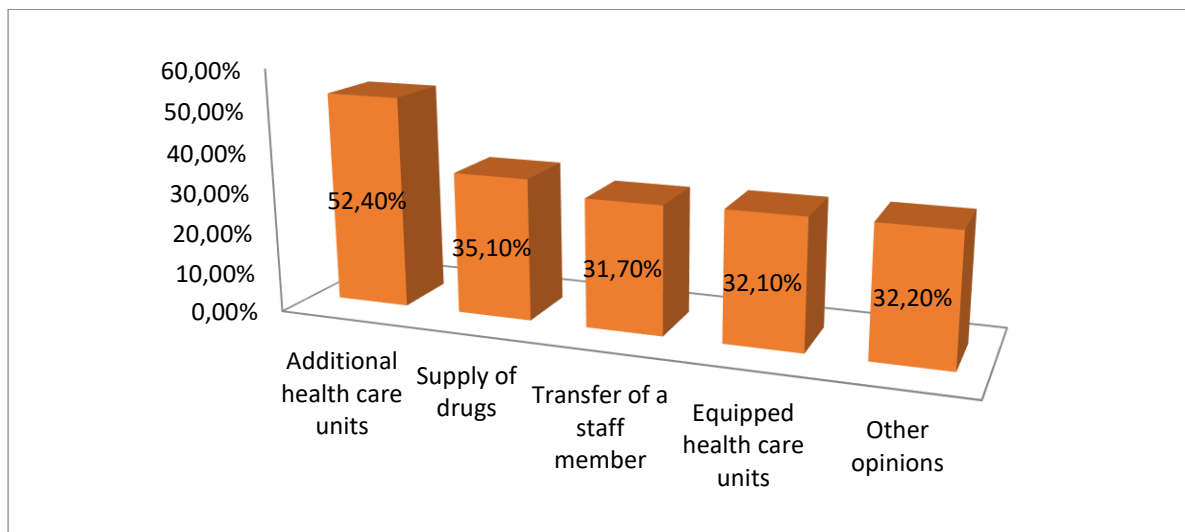


Source: survey report CCPA Konya, 2017

3.3.5 Expectations of Households with regards to Health Services

Due to the dissatisfaction of health services provided, the inhabitants of Konya expect some improvement to be done in the following aspects, 52.4% expect additional health care units, 35.1% expect more supply of drugs, 31.7% expect more medical personnel, 32.1% expect more equipment in the health care units and 32.2% have other expectations.

Figure 24: Households expectations of health service sector



Source: survey report CCPA Konya, 2017

3.3.6 Overview of Households perception on Health Services and Suggested Recommendations

Strong points

The fact that there exist health care units in the municipality is a pointer that the health status of the konya population is good. The health units are equipped with:

- Basic medical equipment

- Medical personnel
- Hospitalization rooms

Points to ameliorate

Despite the availability and equipment of the health care units, there are still some shortcomings which have to be ameliorated.

- Number of medical personnel
- Availability of different kind of medical equipment's
- Increase the number of hospitalization wards and beds
- Make drugs available and affordable.

Suggestions for improvement

To ameliorate the situation of health care units in the municipality of Konya the following has to be taken into consideration:

- The councils should make sure the available health units in the municipality should have the different medical personnel.
- A body should be put in place to follow up medical personnel to be available at all times at their job sites. Increase the number of hospitalization wards and beds
- Make available and affordable different kinds of drugs by subsidizing the prices of drugs
- Organize free medical outreach consultations and treatment in remote /inaccessible areas.
- Improve on disease surveillance system for early detection and control of epidemics.
- Need to improve on the availability of essential drugs and provide more medical equipment to health facilities to improve on the present quality and to put up standard pricelist of all drugs and services rendered in health facilities.
- Need to improve on the quantity and quality of the medical and paramedical personnel in health facilities.
- Create more health facilities (Health centres and hospitals)

- Training of personnel on quality medical care
- Improve on the supply chain of drugs and other medical supplies
- Subsidize the cost of drugs and services
- Capacity building of the management and dialogue structure actors
- Improve on supervision and monitoring of management systems of health facilities.
- Official price lists of drugs and services to be put up in all health facilities and harmonize prices.
- Municipal councils to assist with cleaning of health centre surroundings.

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

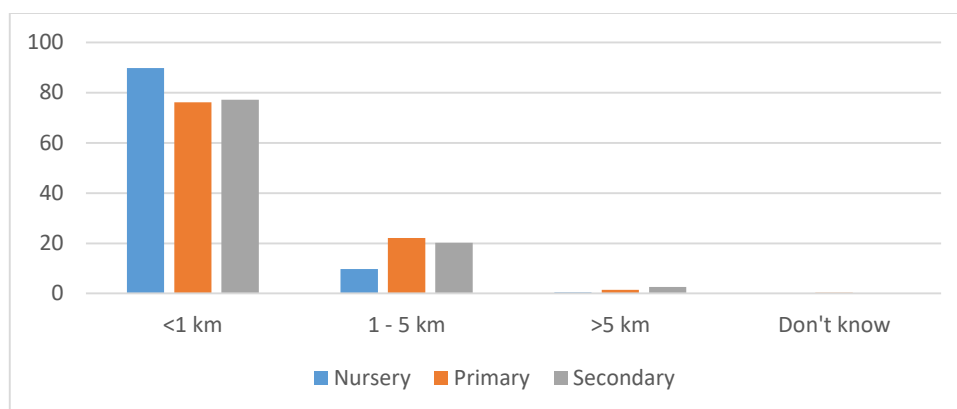
Various educational institutions present in this municipality are the public and lay private schools at both basic and secondary level. Though the government has put in place technical services (sub divisional inspectorate for basic education and Delegation of secondary education) to monitor the smooth functioning of various schools in this municipality, these institutions still face the problem of inadequate pedagogic materials, limited classrooms and desks, ill equipped technical services and limited staff. They have nursery, primary and secondary schools in some villages with an un-conducive learning environment. There are other villages which do not even have schools. Children have to walk distances of at least 2km to get to schools coupled with the bad nature of the roads.

3.4.1 Availability and Utilization of Educational Services

The survey revealed the existence of nursery, primary and secondary institutions within the municipality. All households confirmed the existence of primary and secondary schools within their quarter/village (100%), while 99.5% of all households declared the presence of a nursery school within their village/quarter. Within the community, the average number of children per households attending the nursery school within the village/quarter was reported to be approximately a child, 2 children for primary and 2 children also for secondary.

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

Figure 25: Distance Covered by Households Children to get to School.

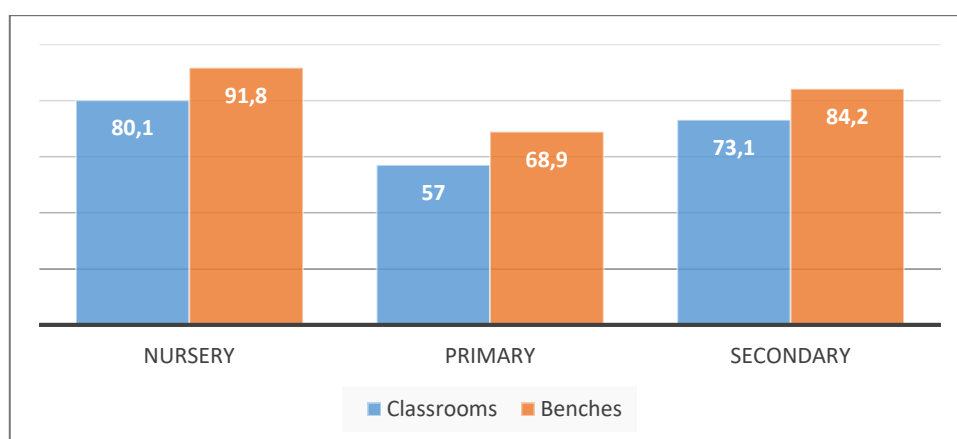


Source: survey report CCPA Konya, 2017

The survey revealed that, most nursery, primary, and secondary schools are less than a kilometer from the households as reported (89.8%, 76.1% and 77.2% respectively). 9.7%, 22.1% and 20.2% of the households said that their children walk between 1 to 5 KM before they arrive the nursery, primary and secondary schools respectively. 2.6 % of the households' secondary students walk for over 5KM before arriving school, while 0.5% and 1.4% of households with nursery and primary pupils walk for over 5 KM. 0.3% of households with children primary schools did not know the distance they cover to school.

It was also of interest to know if the various schooling institutions disposed of the complete cycles as required by standards. The survey revealed that, most of the primary and secondary schools have complete cycles as required. (95.8%) of households agree that the primary schools had a complete cycle, while (98.5%) and (52%) of households declared respectively that the secondary first and second cycle are both complete.

Figure 26: Availability of Class rooms and Benches within Educational Institutions



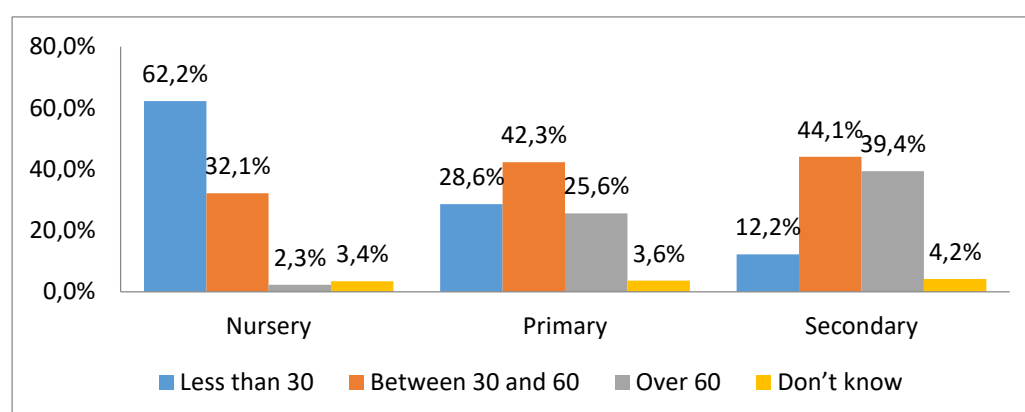
Source: survey report CCPA Konya, 2017

In addition, 80.1%, 57%, and 73.1% of all households said that nursery, primary, and secondary schools possessed class rooms respectively, while 91.8%, 68.9%, and 84.2% of households agreed that the nursery, primary, and secondary schools respectively had benches. 21.3% of the households said that text books were given to the pupil in nursery school and 7.3% of the households with children in primary schools said that the pupils were given text books in schools. No text books are given in secondary schools in the Konya municipality.

3.4.2 Quality and Cost in the Provision of Educational Services

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

Figure 27: Average Number of Pupil/Students per Classrooms

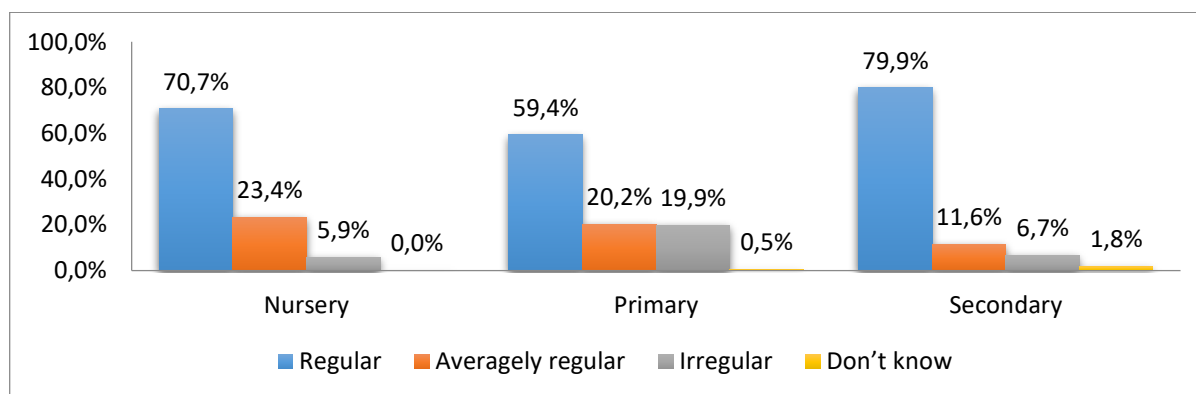


Source: survey report CCPA Konya, 2017

Majority of classes in the nursery sectors are made up of less than 30 pupils, followed by classes with pupils between 30 and 60, very few classes have over 60 pupils. Some respondents could not estimate the number of pupils in their children classes. In the primary sector, majority of classes had pupils between 30 and 60, followed by classes with less than 30 pupils then there were classes with over 60 pupils. Some respondents had no idea on the number of pupils in the

classrooms of the children. The secondary sector has dominant classes with between 30 and 60 students, followed by classes with over 60 students then classes with less than 30 students. A portion of respondents had no knowledge about the number of students in the various classes of their children.

Figure 28: Attendance frequency of Teachers

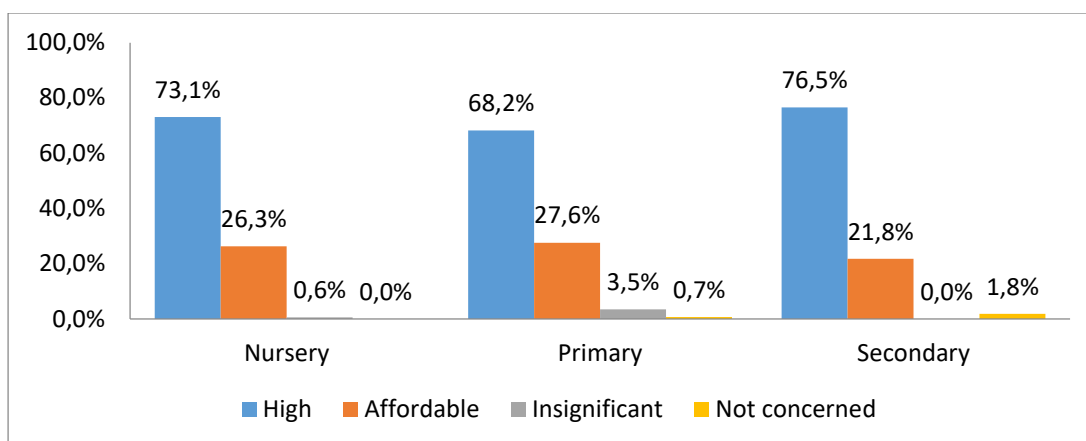


Source: survey report CCPA Konya, 2017

It was also necessary to know if the teachers were regular in school attendance. In line with this, over 70% of households said that the teachers were regular in the nursery and secondary schools, and 59.4% in primary schools. Teachers were also reported to be fairly regular in nursery schools (23.4%), primary schools (20.2%), and secondary schools (11.6%). Other households said teachers were irregular in schools, and included 5.9% for nursery, 19.9% for primary, and 6.7% for secondary.

With regards to cost, almost all of the household pay the fees required for education (98%-100%). However, the appreciation of the amount of money spent were divers with respect to the respondents as shown below.

Figure 29: Household Perception of Tuition Fee

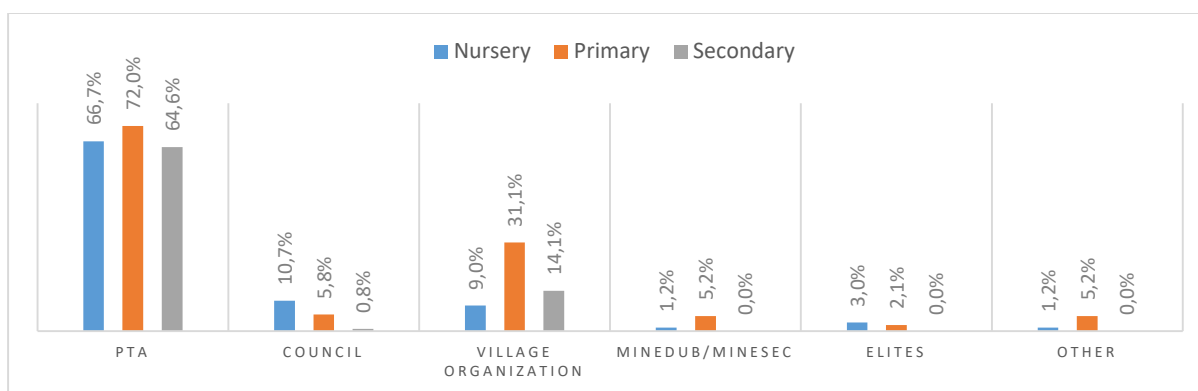


Source: survey report CCPA Konye, 2017

Most households viewed the tuition paid for schools as high, 73.1% for nursery, 68.2% for primary, and 76.5% for secondary. On the other hand, some households viewed the amount paid as reasonable or affordable, as seen by 26.3% of households for nursery, 27.6% for primary, and 21.8% for secondary. Other households viewed the amount to be insignificant, or were not concerned. It was also gathered from households that, about (89.5%) of them paid some extra amount of money in order for their children to be admitted in primary schools. But this figure can only serve as pointer for corruption practices within the institutions, as the sample of households who answered this question was less than 50.

When school equipment such as benches, tables, computers, windows, Laboratory needs etc. are damaged, certain bodies are responsible for repairing this equipment. A number of these bodies were identified. They include the Parents Teachers organization, the Council, Village organizations, the various ministries of education (MINEDUB, MINSEC, and MINEFOP), the Elites and other partners such as NGOs, churches and Donors. The percentage of household members who declared that school equipment was repaired by the various bodies mentioned above is illustrated in the table below. The values obtained for nursery schools can only serve as a clue.

Figure 30: Institutions in charge of maintenance activities within schools in case of damages



Source: survey report CCPA Konye, 2017

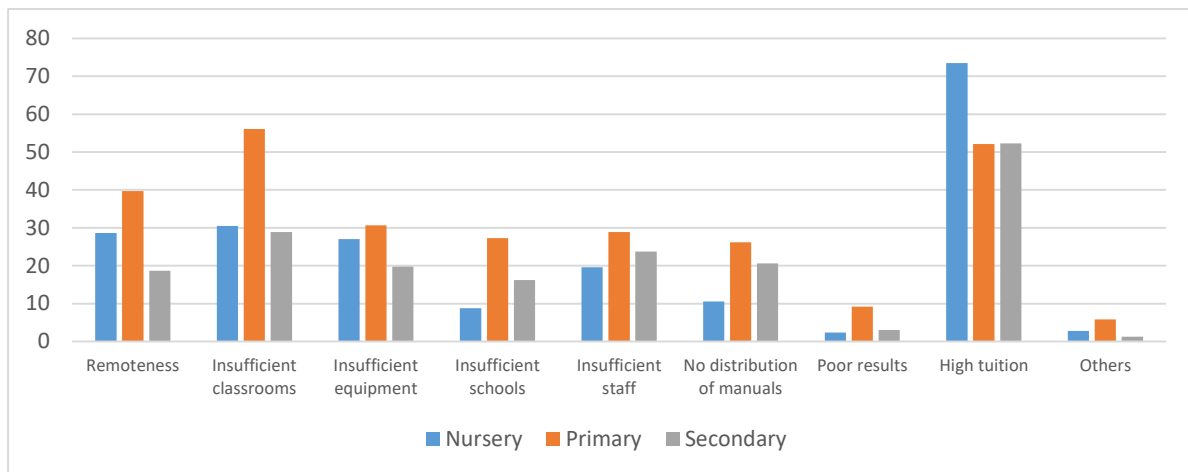
The PTA is highly involved in the repairs, with a proportion of 60% and above, as declared by the household for nursery, primary, and secondary schools. The village organisations also play an important role in the repair of schools' equipment as seen on the figure above. The council, ministries of education, elites and other organisations/ partners all contribute less than 11% respectively in repairs as stated by household.

3.4.3 Appreciation of Educational Services

A proportion of household members who have children attending the various cycles of education were dissatisfied with the services provided by the schools. 14.7% were dissatisfied with the nursery services, 50.1% dissatisfied with primary education and 26.5% not satisfied with the secondary education services. They expressed their dissatisfaction based on criteria such as distance of school from house, lack of class rooms, lack of equipment, lack of schools, lack of qualified teachers, and absence of distribution of school manuals, poor results, high cost and others. The data obtained for nursery schools however can only serve as an eye opener to their dissatisfaction and may not be statistically significant for any conclusions due to the small sample of households that answered the question. This is illustrated below.

3.4.4 Dissatisfaction of Households with Educational Services

Figure 31: Level of Satisfaction of Households with Educational Services



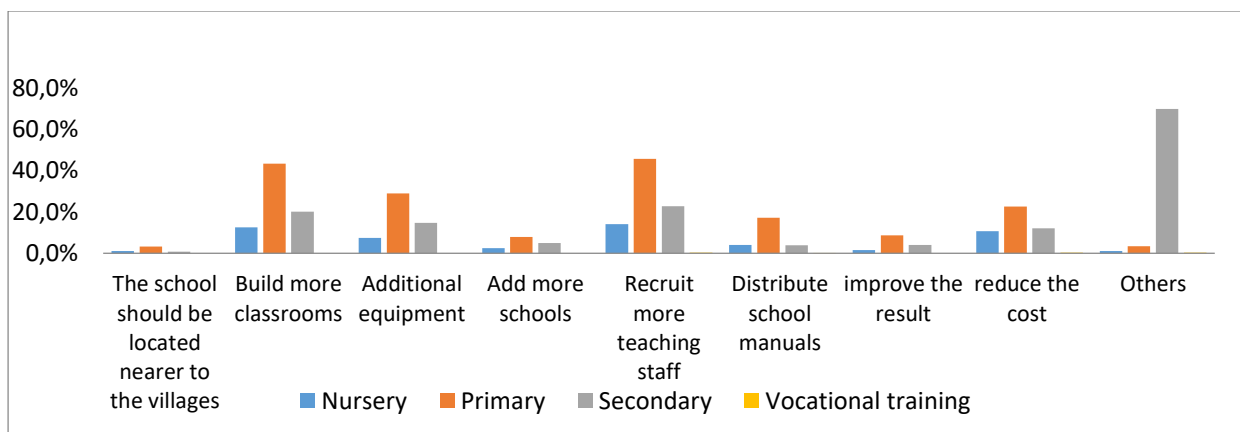
Source: survey report CCPA Konya, 2017

High tuition is regarded to be the main cause of dissatisfaction among households with respect to all cycles of education as seen by the response rates of 73.5%, 52.1, and 52.3% respectively for nursery, primary, and secondary. This was followed by insufficient classrooms, remoteness of schools, insufficient equipment, schools, staff, no provision of school's manuals, poor results of children, and others.

3.4.5 Expectations of Households with regards to Educational Services

To ensure that the educations of the children of the households are conducive, households have a number of expectations. Many of them expect that class rooms to be added to create more space for students, also employing qualified teachers is expected by the households. Other expectations were raised by the participants as shown below.

Figure 32: Expectation of Households with respect to Educational Services



Source: survey report CCPA Konya, 2017

The presence of the different educational system in the Konya municipality means a lot to the community and it has improved the level of literacy in the area. On the contrary, the systems still have some setbacks which have to be looked on. The respondents gave some points for improvement at the three sectors of education. The school should be located nearer to the village; at the 3 sectors of education in the municipality that is nursery, primary and secondary, respondents pointed on this. Nursery 1.1%, primary 3.3% and secondary 0.8%. Build more classrooms; respondents talked of more classrooms should be built in order to boost the educational systems. Nursery 12.6%, primary 43.4% and secondary 20.2%. Didactic equipment's; respondents demanded for additional equipment's like benches, text books etc. maternal 7.4%, primary 29% and secondary 14.7%. Add more schools; respondents demanded more schools at all sectors of the education. Nursery 2.5%, primary 7.9% and secondary 5%. Recruit more teaching staffs; the number of teachers available at all sectors of the education are not enough to handle all the tasks, so more teachers are demanded in all the sectors. Nursery 14.2%, primary 45.8%, secondary 22.8% and vocational training 0.3%. Distribute school manuals; the population wants school manuals should be distributed at all sectors of education. Nursery 4%, primary 17.2%, secondary 3.9% and vocational training 0.2%. Improve the result; respondents want an improvement of results at all sectors of education in the municipality. Nursery 1.5%, primary 8.7% and secondary 4.1%. Reduce the cost; cost has also been a problem to the inhabitants, they have demanded a reduction of cost of the school fees at all sectors of education. Nursery 10.7%, primary 22.6%, secondary 12.1% and vocational training 0.3%. Other information; other information were given in order to improve on the educational systems. Nursery 1.1%, primary 3.4%, secondary 70% and vocational training 0.3%.

3.4.6 Overview of Household perception of Educational Services and Suggested Recommendations

Strong point

Generally speaking, the various sectors of education in Konya municipality are successful.

- The availability of all the sectors of education, that is, nursery, primary, secondary and vocational training center.
- The availability of teachers in the various sectors of education.

Points to ameliorate

There are many points to ameliorate in order to better the educational system in the area:

- The number of teachers at all sectors of education.
- The inadequacy of infrastructure and schooling equipment (nursery schools).
- The control of Parents Teachers Association school fees.

Suggestions for improvement

In order to better the educational system of the Konya municipality, certain measures has to be adopted:

- Sensitization of parents on the importance of Parents Teachers Association (PTA) fees (primary school).
- The council should put aside a budget for building of classrooms at the different sectors of education.
- There should be a follow up on the transfer of teachers to secondary and vocational training centers.
- Sensitization of the population and elites on the building of classrooms.
- Authorities concerned should make sure that the government stipulated fee should be respected.
- School manuals should be sheared in schools.

3.5 Communal Services

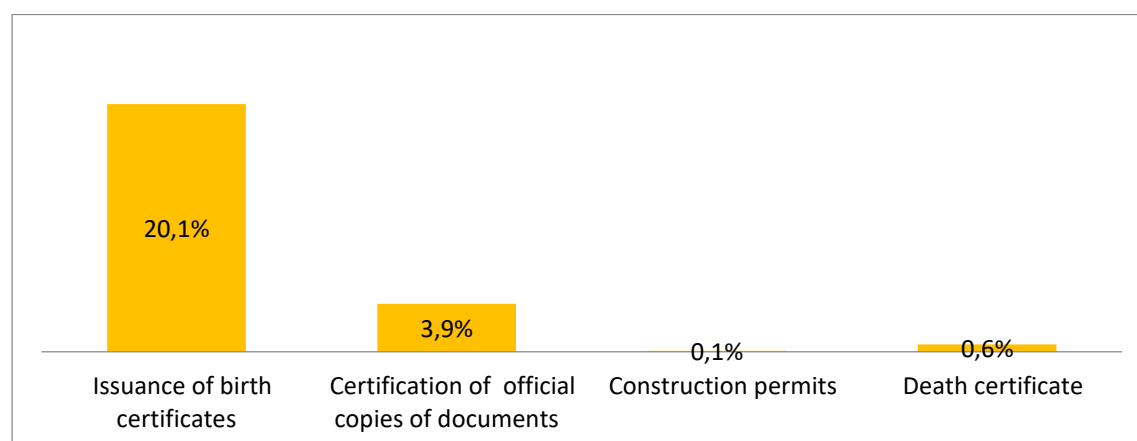
The council represents the decentralized local authority at the level of the community, headed by the mayor. As such, the council has the authority to provide certain services to the population

which it serves. Hence, this study was also in a bit to find out the various services offered by the council to its community, the quality of these services and the perception of households with regards to these services.

3.5.1 Availability and Utilization of Council Services

According to the study, the following communal services were evaluated and the time spent by the households before the service was rendered. The study will focus more on the proportion of households who went to the council to apply for one of its services as illustrated bellow.

Figure 33: Councils Services as demanded by Households

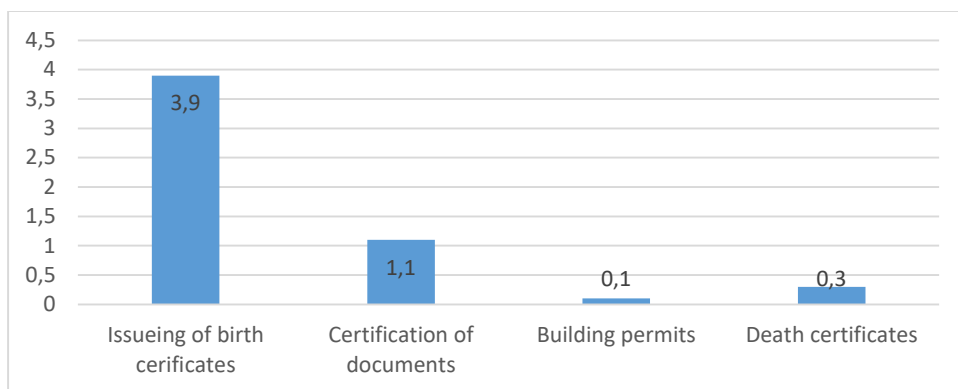


Source: survey report CCPA Konye, 2017

20.1% of the respondents demanded for birth certificates, 3.9% demanded for certification of official copies of documents, 0.1% demanded for construction permits and 0.6% demanded for death certificate. In all, 89.5% of households who requested birth certificates form the council were satisfied with the service.

3.5.2 Quality and Cost in the Provision of Council Services

Figure 34: Percentage of households who regards the council service time as long or very long



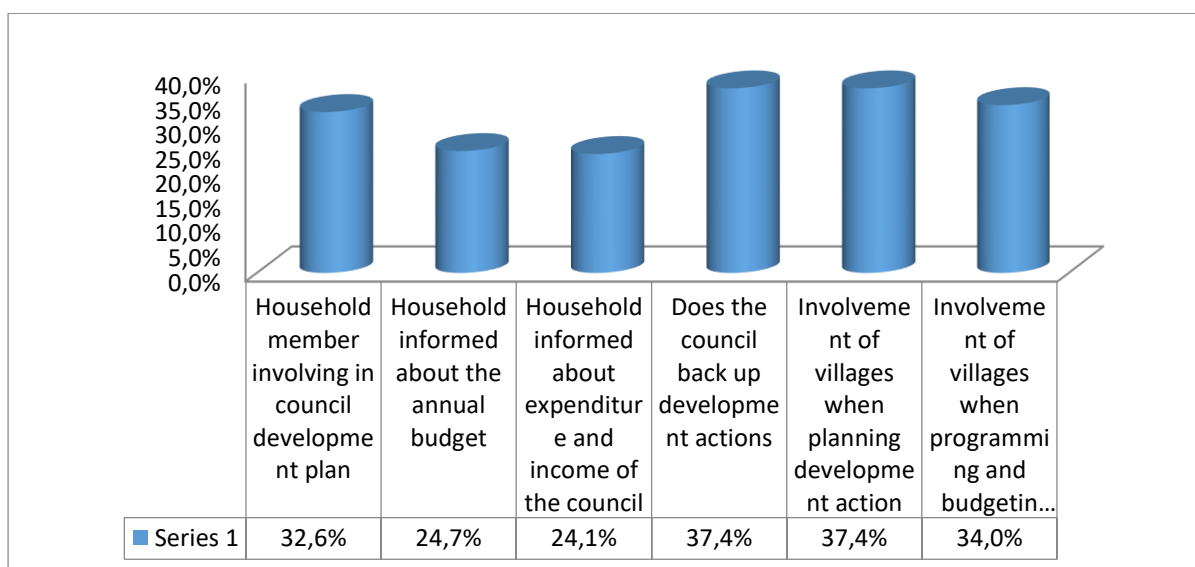
Source: survey report CCPA Konya, 2017

3.9% of the households felt that the delivery of birth certificates by the Konya council took long or very long, with 2% paying extra for the certificate. Less than 0.5% said that to obtain a building permit and death certificates took long or very long. In other to get their documents certified 1.1% of households said it took long or very long and 1.2% of them had to pay extra cash. It should be noted that the council certifies only birth certificates, death certificates, and all other documents issued by the council.

3.5.3 Appreciation of Council Services

The involvement of quarters and villages in council activities was also evaluated in this study. The proportion of council involving various communities and villages are shown below.

Figure 35: Household Participation in Council Development Activities



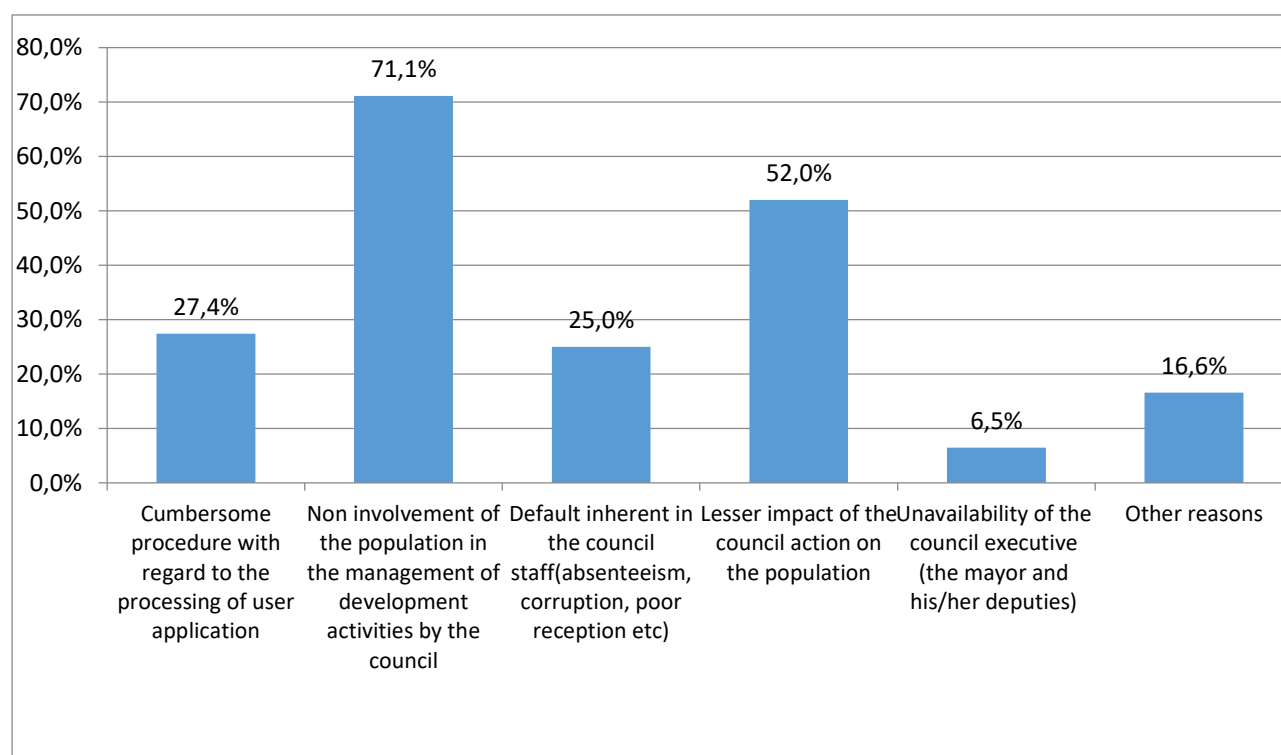
Source: survey report CCPA Konya, 2017

As shown on figure above, 32.6% were involved in the council development plan, 24.7% were informed about the annual budget, 24.1% were informed about the expenditure and income of the council, 37.4% affirmed that the council use to backup development actions like community activities, monitoring of consultation committee etc. 37.4% of villages were involved in the planning of development action and 34% of village/quarter were involved in the programming and budgeting of development actions.

3.5.4 Dissatisfaction of Households with Council Services

Even though the council does a good work in providing services and involving its communities in its development actions, a proportion of 47.4% of the households expressed their dissatisfaction with regards to provision of these services.

Figure 36: Reasons for Non Satisfaction of Council Services of Households



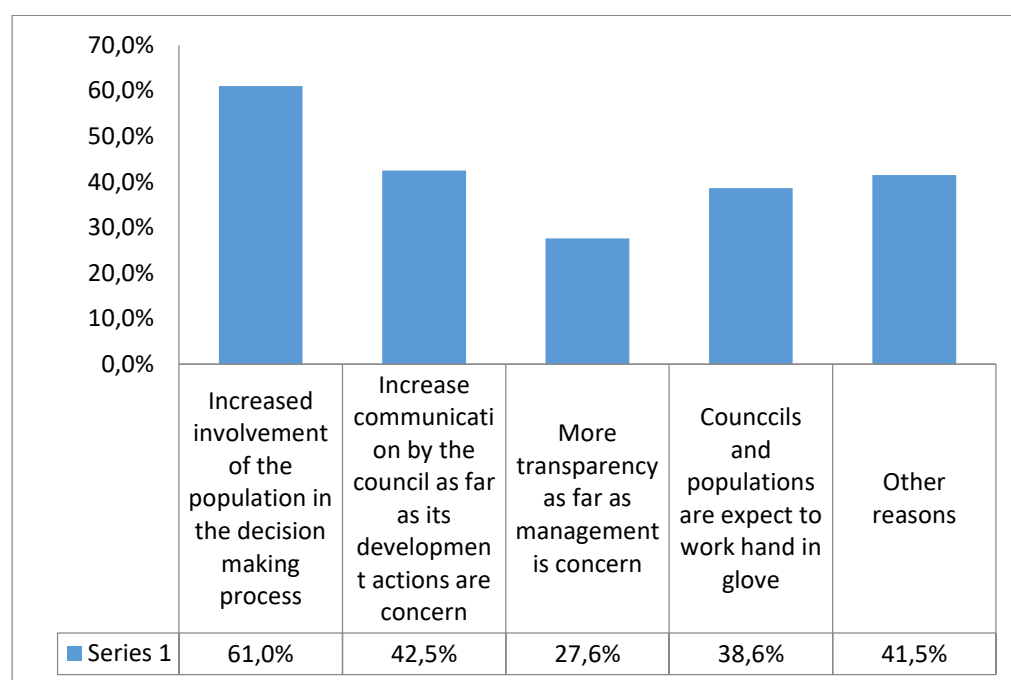
Source: survey report CCPA Koney, 2017

52.4% of the population was not satisfied with some services of the council. 71.1% complained of noninvolvement of the population in the management of development activities by the council, 6.5% complained of the unavailability of the council executives (mayor and his/her deputies), 27.4% express dissatisfaction with the cumbersome procedure with regard to the processing of users' application, 25% are dissatisfied with default inherent in the council staff (absenteeism, corruption, poor reception etc.), 52% express dissatisfaction with the lesser impact of the council action on the population and 16.6% gave other reasons for their non-satisfaction.

3.5.5 Expectations of Households with regards to Council Services

The households involved in the study also expressed their expectations from the council in carrying out its activities. The proportion of expectation can be seen in the figure below;

Figure 37: Households expectations from council services



Source: survey report CCPA Konya, 2017

61% expects the council to increase the involvement of the population in the decision making process, 42.5% expects an increase in communication by the council as far as development actions are concern, 27.6% expect more transparency as far as management is concern, 38.6% expects the council to work in close collaboration with the citizens, and 41.5% have other expectations.

3.5.6 Overview of Household perception of Council Services and Suggested Recommendations

Strong points

- Availability of the council services;
- Development projects are carried out.

Points to improve

- Delays in treating documents or files
- Very poor involvement of populations in the budgeting sessions of the council;
- Poor participation of population in decision making
- Populations have no information about the administrative account of the council.

Suggestion for improvement

The council should;

- Organize campaigns to sensitize and explain to populations the objectives of each mandate as well as the major project to realize.
- Sensitize the populations on the services offered by the council and the main conditions to be fulfilled to have access to it.
- Impose sanctions on any act of corruption.
- Improve upon the communication channel between council and household to be informing them on budget and other important issues.
- Improve upon the involvement of household and villages in important council activities.
- Put in place a mechanism in which the opinions of the population will be considered before taking any major decision.
- Create a slot in the radio for the development action of the council. Where the waves cannot reach, we will use letters which we will advise them to put on the village notice board.

3.6 Conclusion and Principal Recommendations

The Konye municipality to an extent is satisfied with the level of their public source of drinking water, health services and the educational system. When it comes to council services their satisfaction is limited because the population is not so much involved with council actions and also less informed. In order to better the situation some recommendations are made.

Water Sector;

In order to better the situation of access to quality hydraulic services, suggestions were made as follow:

- There is an in balance in the distribution of hydraulic services.
- Poor reaction taken by the authority in charge to solve the population's problem during a breakdown or damage of the public source of water.
- More studies should be done to valorize the potentialities of water supply.
- The level of communication between the authority in charge and the community as regard assistance to hydraulic problem is poor.
- Council should be more involved in developing water supply schemes.
- Poor management in handling the issues of hydraulic services.
- Springs designed to supply portable water should be adequately arranged
- Training of management committees in villages in order to handle hydraulic services in case of breakdown
- The councils should make sure there is an equal distribution of portable water in the municipality. Increase the number of stand taps
- The council should put aside a budget for the maintenance of portable water sources.

Health Sector;

- The councils should make sure the available health units in the municipality should have the different medical personnel.
- A body should be put in place to follow up medical personnel to be available at all times at their job sites. Increase the number of hospitalization wards and beds
- Make available and affordable different kinds of drugs by subsidizing the prices of drugs

- Organize free medical outreach consultations and treatment in remote /inaccessible areas.
- Improve on disease surveillance system for early detection and control of epidemics.
- Need to improve on the availability of essential drugs and provide more medical equipment to health facilities to improve on the present quality and to put up standard pricelist of all drugs and services rendered in health facilities.
- Need to improve on the quantity and quality of the medical and paramedical personnel in health facilities.
- Create more health facilities (Health centres and hospitals)
- Train personnel on quality medical care
- Improve on the supply chain of drugs and other medical supplies
- Subsidize the cost of drugs and services
- Active involvement of the mayor in the functioning and management of dialogue structure.
- Improve on supervision and monitoring of management systems of health facilities.
- Official price lists of drugs and services to be put up in all health facilities and harmonize prices.
- Municipal councils to assist with cleaning of health centre surroundings.
- Provide renewable energy to supply electricity to health facilities (solar panels).
- Ensure effective presence of health personnel in health facilities.
- Organize free consultations in remote areas.

Education Sector;

- Sensitization of parents on the importance of Parents Teachers Association (PTA) fees (primary school).
- Government should see that the school fee rate is maintained and respected.
- The council should put aside a budget for building of classrooms at the different sectors of education.
- There should be a follow up on the transfer of teachers to secondary and vocational training centers.
- Sensitization of the population and elites on the building of classrooms.
- Authorities concerned should make sure that the government stipulated fee should be respected.
- School manuals should be sheared in schools.

Council Services;

The council should;

- Organize campaigns to sensitize and explain to populations the objectives of each mandate as well as the major project to realize.
- Sensitize the populations on the services offered by the council and the main conditions to be fulfilled to have access to it.
- Impose sanctions on any act of corruption.
- Improve upon the communication channel between council and household to be informing them on budget and other important issues.
- Improve upon the involvement of the community in important council activities.
- Put in place a mechanism in which the opinions of the population will be considered before taking any major decision.
- Create and animate a slot in the Konye council community radio on the development plans action of the council. Where the waves cannot reach, we will use letters which we will advise them to put on the village notice board.
- Files should be treated within 24 hours after reception.

CHAPTER FOUR

ACTION PLAN FOR THE IMPLEMENTATION OF CITIZEN CONTROL OF PUBLIC ACTION

4.1 Program for the Dissemination of Results and Presentation of Action Plan

Table 2: Program for the Dissemination of Results and Presentation of Action Plan.

Phase	Activities	Expected Results	Responsible	Partners	Start date	End date
Production of Reports	Submission of draft report	Final scorecard report is available	CSO	PNDP	28/04/2018	30/04/2018
	Reading of the report			Review panelists	01/05/2018	10/05/2018
	Reading workshop			PNDP Review panelists Representatives of all sectors involved	14/05/2018	26/05/2018
	Submission of final report			PNDP	28/05/2018	03/06/2018
Negotiation of Recommendations	Restitution workshop for councils	1. Lessons learned and expected changes 2. List of negotiated changes	PNDP	CSO Review panelists Representatives of all sectors involved	05/06/2018	12/06/2018

Dissemination of results	Broadcasting of results	Results are fully broadcasted to the general public	CSO	PNDP Media houses	17/06/2018	06/07/2018
Implementation	Implementation of accepted changes to different sectors	Accepted changes are implemented	Respective sectors	PNDP CSO	17/06/2018	14/08/2018

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

Table 3: Problems Identified, Suggested Solution and Level of implementation.

Sector	Problems identified	Suggested Solutions	Level of implementation	
			<u>Local¹</u>	<u>Central</u>
water	<ul style="list-style-type: none"> • Remoteness of household from water source • Poor water quality • Insufficient water supply sources • Poor water supply management • Delay in repairs of water points 	<ul style="list-style-type: none"> • There is an in balance in the distribution of hydraulic services. • Poor reaction taken by the authority in charge to solve the population's problem during a breakdown or damage of the public source of water. • More studies should be done to valorize the potentialities of water supply. 	Communit ies	CAMWATE R, Council

	<ul style="list-style-type: none"> High cost of water supply 	<ul style="list-style-type: none"> The level of communication between the authority in charge and the community as regard assistance to hydraulic problem is poor. Council should be more involved in developing water supply schemes. Poor management in handling the issues of hydraulic services. Springs designed to supply portable water should be adequately arranged Training of management committees in villages in order to handle hydraulic services in case of breakdown The councils should make sure there is an equal distribution of portable water in the municipality. Increase the number of stand taps The council should put aside a budget for the maintenance of portable water sources. 		
Sector	Problems identified	Suggested Solutions	Level of implementation	
			<u>Local²</u>	<u>Central</u>
Health	<ul style="list-style-type: none"> Remoteness of health care units, high cost of health care, Insufficient drugs, Insufficient and poor equipment of the health unit 	<ul style="list-style-type: none"> The councils should make sure the available health units in the municipality should have the different medical personnel. A body should be put in place to follow up medical personnel to be available at all times at their job sites. Increase the number of hospitalization wards and beds 	Hospitals, Clinics, Health centers and	District Medical Officer, Council

		<ul style="list-style-type: none"> • Make available and affordable different kinds of drugs by subsidizing the prices of drugs • Organize free medical outreach consultations and treatment in remote /inaccessible areas. • Improve on disease surveillance system for early detection and control of epidemics. • Need to improve on the availability of essential drugs and provide more medical equipment to health facilities to improve on the present quality and to put up standard pricelist of all drugs and services rendered in health facilities. • Need to improve on the quantity and quality of the medical and paramedical personnel in health facilities. • Create more health facilities (Health centres and hospitals) • Train personnel on quality medical care • Improve on the supply chain of drugs and other medical supplies • Subsidize the cost of drugs and services • Active involvement of the mayor in the functioning and management of dialogue structure. 	Communit ies	
Sector	Problems identified	Suggested Solutions	Level of implementation	
			<u>Local</u> ³	<u>Central</u>

Education	<ul style="list-style-type: none"> Distance of school from household. Lack of class room Lack of equipments lack of schools Lack of qualified teachers No school manuals distributed Poor results High cost 	<ul style="list-style-type: none"> Sensitization of parents on the importance of Parents Teachers Association (PTA) fees (primary school). Government should see that the school fee rate is maintained and respected. The council should put aside a budget for building of classrooms at the different sectors of education. There should be a follow up on the transfer of teachers to secondary and vocational training centers. Sensitization of the population and elites on the building of classrooms. Authorities concerned should make sure that the government stipulated fee should be respected. School manuals should be sheared in schools. 	Schools, Divisional Delegation PTA	MINEDUB MINSEC Council.
Sector	Problems identified	Suggested Solutions	Level of implementation	
			<u>Local</u> ⁴	<u>Central</u>
Council Services	<ul style="list-style-type: none"> Lack of transparence Non Involvement of population in council activities Poor reception by council staff. 	<ul style="list-style-type: none"> Organize campaigns to sensitize and explain to populations the objectives of each mandate as well as the major project to realize. Sensitize the populations on the services offered by the council and the main conditions to be fulfilled to have access to it. 	Council	Ministry of Territorial Administration

		<ul style="list-style-type: none"> • Impose sanctions on any act of corruption. • Improve upon the communication channel between council and household to be informing them on budget and other important issues. • Improve upon the involvement of the community in important council activities. • Put in place a mechanism in which the opinions of the population will be considered before taking any major decision. • Create and animate a slot in the Konye council community radio on the development plans action of the council. Where the waves cannot reach, we will use letters which we will advise them to put on the village notice board. • Files should be treated within 24 hours after reception. 		
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Table 4: Action plan.

Sector	General Objectives	Specific objectives	Actions	Results indicators	Reference value	Target value	Frequency of measurement	Source of verification	RESPONSIBLES	PARTNERS	Estimated cost
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Water	Improve on the quality and quantity of water supply in the Konye Council	Workshop on handling drinking sources of water.	Training and Sensitization	At least 75% of the populations within the communities have knowledge on handling of drinking water sources.		75%	Once every three months	Communities/ Villages Attendance sheets	MINEEC	PNDP CSOs	300,000
		Construction of water sources.	Construction of new water points and Rehabilitation of damaged water points.	4 portables water sources have been set up in quarters lacking portable water supply and 35% of damaged water points are repaired.		4 and 35%.	Each community must have at list two functional water points	Contracts, records, pictures	MINEEC / Council	PNDP CSOs	20,000,000
Health	Improve on the quality of health services.	Sensitization of communities	Announcements Publicities	At least 63% of the community members have		63%	Every month	Pictures, Reports,	District Medica	Elites PNDP CSOs	30,000,000

		about the official cost of consultation fee and Organisation of consultation campaigns.		knowledge on consultation fees.				Attendance sheet,	1 Officer	Private Clinics.	
		Reinforcement in the capacity of health personnel.	Workshops and Training Sessions	At least 70% of health personnel within the locality have been properly trained		70%	Twice in three months	Pictures, Reports, Attendance sheet.	District Medical Officer	Elites PNDP CSOs Private Clinics.	300,000

Sector	General Objectives	Special Objectives	Actions	Results indicators	Reference Value	Target Value	Frequency of measurement	Source of verification	Responsibles	Partners	Estimated Costs
Education	Improve on the quality of Education at	Build Class Rooms.	Construct class rooms and	Two vocational training center, and two		2	Number of schools constructed	Pictures Contracts Report .	MINED UB MINSEC	Elites. NGOs PNDP	20,000,000

	all levels concerned		supply of equipments	Secondary schools have been built and equipped within the locality			within Konye			Churches .	
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Council Services	Improve on the quality of services provided by the council	Organization of sensitization campaigns on council activities and services.	Workshops and Training activities	About 40% of the community participate in council sessions		40%	Once every three months	Attendance sheets, Minutes of the sessions, Pictures.	Council	PNDP CSOs	300,000
		Publication of council investment budget.	Training and workshops	At least 55% of the municipality are aware of the council's plan of action and budget		55%	Every month	Banners, Posters, Reports Radio Broadcast	PNDP Council	MINATD Village/Quarter Heads, CSO, Elites	300,000

ANNEXES

ANNEX 1: QUESTIONNAIRE FOR THE STUDY

Citizen Report Card

Assessment of public services within the Council of

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	
A08a	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	

CODES Q13

1 = Household Head

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

2 = Spouse of the Household Head

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

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

7= Maid

Section II. POTABLE WATER

H01	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	1=Yes 2=No A. Well equipped with a pump B. Open pit well C. Protected well D. Boreholes equipped with a manually operated pump E. Spring/river F. Access to potable water (pipe borne water)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H01a	Is your main water supply source run by a public or a private entity? 1=Public 2=Private If 2 —————>H14		<input type="checkbox"/>
H02	What is your main public water supply source? (Just a single answer) 1= Well equipped with a pump 4= Boreholes equipped with a manually operated pump 2= Open pit well 5= Spring/river 3=Protected well 6 =Access to tap potable water		<input type="checkbox"/>
H03	What is the quality of the said water? 1=Good 2=Poor 3=Indifferent		<input type="checkbox"/>
H04	Does this water have an odour? 1=Yes 2=No 8=NSP		<input type="checkbox"/>
H05	Does this water have a taste? 1=Yes 2=No 8=NSP		<input type="checkbox"/>
H06	Does this water have a colour? 1=Yes 2=No 8=NSP		<input type="checkbox"/>
H07	Do you pay something to get this water? 1=Yes 2=No If no —————> H08		<input type="checkbox"/>
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="checkbox"/>
H08	Is this water available throughout the year? 1=Yes 2=No		<input type="checkbox"/>
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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
H10b	Who repair it?	1=Yes 2=No A=Mayor (Council)	<input type="checkbox"/>

Section II. POTABLE WATER

	Who else?	B=State C=An elite D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE G=Other partners/stakeholders : _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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	To whom did you submit your request/needs? (several answers are possible) Other?	1=Yes 2=No A. Mayor (Council) B. State C. An elite D. The Water Management Committee E. The village/quarter head F. the Administrative authorities G. CAMWATER/SNEC/CDE X. Other stakeholders : _____	<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 2=Between one and three months		<input type="checkbox"/>
H18	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied If 1 or 2 →H20.		<input type="checkbox"/>
H19	State the reasons of your non--satisfaction with regard to water supply in your village (several answers are possible). Any other reason?	1=Yes 2=No A. Far distance to access to the water point B. Poor quality of water C. Insufficiency of water supply points D. Poor management of the water supply E. Failure/delay to repair in case of breakdown F. High cost of water supply X. Any other reasons to be specified : _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section II. POTABLE WATER

		1=Yes 2=No	
H20	What are your expectations in terms of supply of potable water? (Several answers are possible). Any other expectation?	A. Additional water points ;	_
		B. Improvement in terms of management of the existing water points;	_
		C. Repair works should be carried out on the damaged water points ;	_
		D. Improvement of the quality of the existing water points ;	_
		E. Reduction of price ;	_
		X. Other expectations to be specified : _____ _____	_

Section III. HEALTH

S01	Which is the nearest health care unit to your household? 1= Public integrated health Centre 2= Hospital/CMA 3= Private health Centre	_
S02	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4 = Over 1 hour	_
S03	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 5=Medicine store 2=Hospital /CMA 6=Go to a medical staff member 3=Private health center 7= Treat at home Self-medication 4=Traditional healers 8=Others (to be specified)	_
S04	Has any member of your household gone, at least once, to the nearest health care unit in the course of the last 12 months, specifically since ? 1=Yes 2=No If no —————→ S17	_
S05	Who is in charge of managing such health care units? 1=Medical doctor 2=Nurse 3= Nurse aider 4=Other (to be specified) _____ 8= Does not know	_
The last time a member of your household was taken care of in such a health care unit,		
S06	Were the medical staffs present? 1=Yes 2=No	_
S07	Were minor medical equipment (such as scissors, syringes, alcohol, cotton, betadine, thermometer, tensiometer, medical scale, etc.) always available? 1=Yes 2=No 8=Do not know	_
S08	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no —————→ S10.	_
S09	How many beds are available in the hospitalization rooms? 0= None, 1=Less than 5 beds 2=Between 5 and 10 beds 3=Over 10 beds 8=Does not know.	_
S10	How much did he/she paid for one consultation? (Session fees) 1=Free of charge 3=Between 500 and 1000 CFAF 2=Less than 500 CFAF 4=Over 1000 CFAF If S10=1 —————→ S14	_
S11	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	_

<u>Section III. HEALTH</u>			
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=Yes2=No If no $\xrightarrow{\text{S14}}$		<input type="checkbox"/>
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="checkbox"/>
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair3=Poor		<input type="checkbox"/>
S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no $\xrightarrow{\text{S17}}$		<input type="checkbox"/>
S16	Are drugs always available?1=Yes 2=No 8=Do not know		<input type="checkbox"/>
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="checkbox"/>
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 $\xrightarrow{\text{S20}}$		<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"/> <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 $\xrightarrow{\hspace{1cm}}$	<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"/>

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"/>
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"/>
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"/>
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="text"/>	1st cycle <input type="text"/>	2 nd cycle <input type="text"/>
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="text"/>
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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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="text"/>	<input type="text"/>		
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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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, Which does the repairs? 1=Yes 2 =No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organization D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) _____ Any other?	<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? (Several answers are possible) Any other reason? 1=Yes 2=No A. Far distance to access the education service B. Insufficiency of class-rooms C. Insufficiency of equipments D. Insufficiency of schools E. Insufficiency of teaching Staff F. No distribution of text books G. Poor results H. High tuition fees	<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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

ANNEX 2: PHOTO GALLERY



Konye Council Building



Launching at Konye council



NADEV Presentation during Launching



Training of Enumerators



Collection of Data on the field

