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DEPARTEMENT DU FAKO

COMMUNE DE MUYUKA



REPUBLIC OF CAMEROON

Peace – Work – Fatherland

SOUTHWEST REGION

FAKO DIVISION

MUYUKA COUNCIL

SURVEY REPORT

MECHANISM OF CITIZEN CONTROL OF THE PUBLIC ACTION WITHIN THE MUYUKA COUNCIL



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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 Decentralisation
<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>MINSEEC</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>UCCC</i>	Union of Cities and Councils of Cameroon
<i>UN</i>	United Nations

Preface

This report presents the findings of a survey on Citizen Control of Public Action carried out in Muyuka Municipality 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 participate in the implementation of the action plan for the continuous development of our municipality.



EXECUTIVE SUMMARY

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

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

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

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

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

The study shows that 31.9% of households were not satisfied with Water supply services, 28.4% of households also expressed their dissatisfaction health service provision, 7%-26% of households expressed their dissatisfaction to education services and 47.4% of the households were not satisfied with the delivery of council services.

ii) Lists of recommendations based on the results

Water Supply;

- Increase of government involvement in water supply.
- More water supply points should be constructed within the municipality
- Organize workshop to train water management committee on how to manage their water supply system.
- More communication should be done between the water authorities and the citizens.
- Repair works should be carried out on damaged water points.
- Community water schemes should be put in place.
- Buffer zones should be respected in order to improve on the quality of water.

- Sensitization on the protection and the management of potable water to the populations.
- Notify the population on time in case of water cuts.

Health Sector;

- More drugs should be made available within the health care units, and a detailed list of all drug prices, including all other fees to be paid for any service from the unit.
- Lobby for more medical personnel
- More hospital equipment should be provided for the health care units.
- Build capacity of medical staff of the health units.
- Mayor should take up responsibilities in setting up dialogued structures within the different health structures.

Education Sector;

- More vocational training centres should be made available to promote skilled talents
- More school equipment should be provided for schools, so as to improve the quality of educational care services provided to the public.
- Improve on the capacity of teaching staff to better render educational care services to the population.
- School infrastructure should be provided in all areas of the municipality.

Council Services;

- More transparency of the council in its budgeting and expenditures
- Improvement on council staff behaviours.
- Timelines in providing services.
- More communication between the council and its population.
- The council should get involved in all the stages in the action plan (Health, Education, Water supply).

GENERAL INTRODUCTION

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

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

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

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

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

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

Structure of the document

The structure of the report constitutes the following sections:

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

CHAPTER ONE

LEGISLATIVE AND REGULATORY FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

1.1 Legislative and Regulatory Framework of Decentralisation

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

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

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

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

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

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

Education.

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

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

Water sector.

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

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

Health sector.

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

Councils shall:

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

Council.

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

Here the Council shall be in charge of the;

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

1.2 Local Development Promotion

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

- Organization of local trade fairs
- Provision of support to income and job generating micro projects
- Development of local agricultural, pastoral, handicraft and fish farming activities

- Development of local tourist attractions
- Building, equipment, management and maintenance of markets, bus stations and
- Slaughter houses
- Drinking water supply
- Protection of underground and surface water resources
- Contributing to the electrification of areas inhabited by the poor

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

1.3 The Ministry of Decentralisation and Local Development (MINDDEVEL)

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

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

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

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

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

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

1.4 Brief Presentation of the Muyuka Council Area.

1.4.1 Historical and Administrative organization of the council

The Muyuka council was created in 1977 by decree number 77/203 of 29th June 1977 as a Divisional Council. At the time of its creation, it was headed by a council administrator appointed by the then Ministry of Territorial Administration. The council then moved from a divisional council to a sub-divisional council and then called as the 'Muyuka Rural Council' (MRC). The appellation of the council was later on changed to the 'Muyuka Council' (MC) following the signing into law of the 22nd July, 2004 (laws on decentralization), which transferred responsibilities and competences to councils and removed and transformed the rural/urban qualification to mere councils within the dispensation of decentralization. The monographic study of the council presented 18 villages made up of 98 quarters. It is a small town in Fako Division of the South West Region of Cameroon, located (4.72167°N and 9.64083°E) about 31km from Buea, the Region capital. It is host to one of the four councils (Muyuka council) that make up Fako Division. A total of some 18 villages make up the council area: Muyuka (Administrative Head Quarter of the Council), Masone, Munyenge, Lylale, Lykoko, Ikata, Bafia, Bavenga, Owe, Malende, Yoke, Ekona Mbenge, Ekona Lelu, Massuma, Leo La Buea, Mundame, Mpondu Balong and Mautu.

1.4.2 Economic Activities

A number of primary productive structure development and human welfare/livelihoods in the municipality was identified to include: agriculture, animal husbandry and fishing, hunting, forest exploitation, commerce and industries.

Opportunities presented by economic activities are employment, sources income, food self-sufficiency which are all avenues for economy growth. The constraints are insufficient capital for expansion and inadequate sustainability skills. Consult the consolidated report for details regarding economic activities.

1.4.3 Brief description of the bio-physical environment

1.4.3.1 Climate

Average monthly temperatures are like any other part of Fako division, with the hottest month recording a monthly temperature of 33°C (February and March) and the coldest months recording as low as 23°C (June–October)

Two major seasons exist in the area, the rainy and the dry seasons. In the past, the rainy season occurred from March and extends to October and the dry season from November to February each year. Present climatic change has caused variation in both seasons. The rainy season extends up to October and December.

1.4.3.2 Relief

The topography of this council area is characterized by steep/gentle slopes and lowlands. Settlements are located between 45m and 898m above sea level. The village with the highest altitude point above sea level is Ekona Lelu (898m) above sea level while Muyuka has the lowest location point of 45m above sea level.

1.4.3.3 Soil

Like any other part of the Mount Cameroon region, the Muyuka municipality is rich in andosols even though water remains one of the vital natural resources appealing to the local inhabitants of the eastern slope. Traces of clay soils can also be found in certain areas. Generally, the area is rich in sandy soil, black volcanic soil with high humus content. However, the Municipality is suffering from high soil erosion due to increasing human intervention.

1.4.3.4 Hydrology

The major water bodies in this municipality are the Yoke River found in Yoke, the Mungo River that flows across Mpondu village and “Lake Mboudong” in Masoni village and other small streams in various villages.

1.4.3.5 Flora and vegetation

Primary forest and secondary forest with savannah vegetation dominate flora species of the municipality. However, over 80% of the primary forest had long been exploited by timber companies.

1.4.3.6 Fauna

Wild life and domesticated animals are found within the Muyuka sub division. Cattle, goats, sheep, pigs, poultry (local and improved breeds), ducks, cane rats and rat moles constitute the domesticated animals whilst the antelope, hare, deer, monkeys, elephants, pangoline,

chimpanzee, gorilla, bush baby and squirrels constitute those found in the wild. Moreover, the wild birds include: Grey headed sparrow, Swallow, Hawk, Weaver bird, Sunbird Owls, bats, Kingfisher and parrots.

1.4.4 Demography

1.4.4.1 Population size and structure

The population size of the Muyuka Municipality is estimated at 118,470 inhabitants with detail presentation in the table below.

Table1: Demography data per village.

Villages	Males	Females	Children (less than 16 years)	infants (less than 5 years)	Total
Munyenge	3000	4000	2000	7000	16,000
Masone	2	0	18	1	21
Lylale	100	200	700	500	1,500
Lykoko	800	1200	3000	2000	7,000
Bafia	1200	1800	2000	3000	8,000
Bavenga	30	18	2	0	50
Ikata	800	1200	1100	2000	5,100
Owe	1000	1500	3500	2000	8,000
Muyuka	2000	3000	12000	8000	25,000
Ekona Mbenge	7000	11000	3000	1300	18,000
Malende	4500	6500	1300	600	11,000
Yoke	4100	5900	700	300	10,000
Leola Buea	26	13	5	6	39
Massuma	23	2	0	0	25
Mautu	2500	3200	987	350	5,700
Mundame	60	40	12	5	100
Mpondo					
Balong	250	450	900	800	2,400
Ekona Lelu	387	148	25	3	535
TOTAL	27778	31578	31,249	27,865	118,470

(Muyuka CDP , 2011).

1.4.4.2 **Population Mobility**

Population mobility includes movement within, out and into the municipality. Population mobility within the municipality is inter-communities. People migrate from other communities to settle in communities which are considered urban areas within the municipalities because of the present of basic amenities like schools, health care, water and electricity.

Other form of mobility is movement out of the Municipality (rural exodus). The reason for this flow of population is the search for better living conditions.

1.4.4.3 **Characteristics of Vulnerable Population**

The municipality has a significant number of vulnerable persons who are either stigmatized or neglected:

- ✓ persons living with disabilities (blind, deaf and dumb, aged persons, orphans),
- ✓ people living with HIV/AIDS, and
- ✓ aged persons

1.4.5 **Ethnicity**

Historically, two main ethnic groupings made up the municipality - the Bakweri and the Balong which could be described as the native inhabitants of the Council area. In recent times, the area has witnessed a surge in diverse ethnic representation drawn from within and without Cameroon comprising the Bangwa's, Bamileke, Bikom, Mankon, Bafut, Ibo's, Ibiobos.

1.4.6 **Settlement pattern**

Over the years, population and economic growth have transformed some a number linear settlement patterns to cluster. For example, communities like Munyenge, Bafia, Ikata, Owe, Muyuka, Ekona Mbenge, Malende and Yoke that are today classified as urban centres grew out from linear settlement patterns to cluster.

1.4.7 **Religion**

Christianity was introduced in the Municipality in the 1950s by the Basel mission. Since then, the acknowledgment and fear of the creator is embedded in the mines of residents in the Muyuka Municipality. For this reason, one could identify churches of different denomination in most villages in the Municipality. Some churches include: the Roman Catholic, Presbyterian Church of Cameroon, Baptist, Apostolic, Full Gospel church etc.

CHAPTER TWO

METHODOLOGY FOR THE EXECUTION OF CITIZENS CONTROL OF PUBLIC ACTION WITHIN THE MUYUKA 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 enable us to;

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

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

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

2.2 Objective and Methodology of CCPA

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

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

- Identifying the stakes and actors (administration and users)
- Collecting data and disseminating the results in 160 councils in collaboration with 19 Civil Society Organizations (CSO)
- Strengthening the capacity of 160 councils to take advantage of the knowledge acquired and adopt changes that will be suggested at the end of the activity.
- Putting in place an effective 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

2.3.3.1 Survey Area and Target Population

The study on CCPA covered the entire Muyuka 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.

2.3.3.2 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

2.3.3.3 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.

2.3.2 Data Collection

i) Data Collection Tools

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

ii) Data Collection

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

a. Training of Enumerators

Training of enumerators within the Muyuka municipality took place between the 11 and 13 of October 2017, at Our Lady of Grace Catholic Secondary School Muyuka. This training had as main objective to build the capacities of enumerators who were the principal collectors of data

from the households, on the understanding of the concept of the CCPA and the objectives of the activity. To accomplish this task, a very participative approach was used, including simulations for each sections of the questionnaire. In all thirteen (14) enumerators were trained and Ten (10) were retained based on an appraisal test while three (04) 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 Muyuka municipality occurred between the 19th and 24th 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 arranged in pairs of two (02) and deployed to the various quarters/villages within the Muyuka council area.

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 analysed 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.

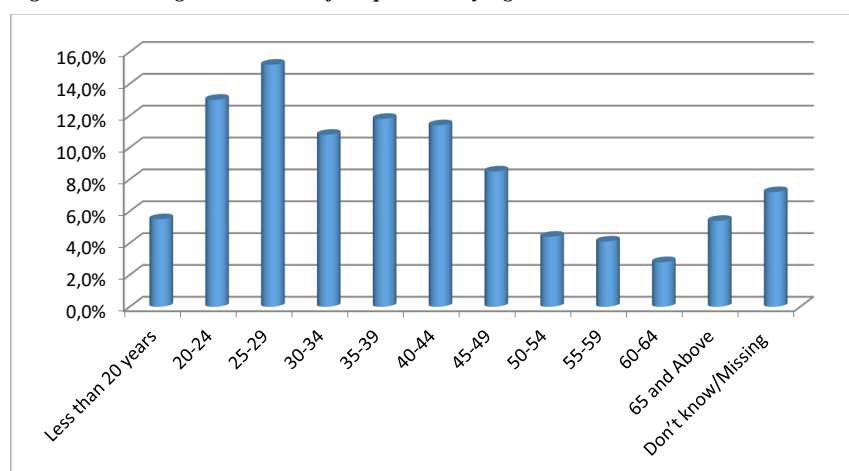
CHAPTER THREE

MAIN FINDINGS AND SUGGESTED RECOMMENDATIONS

3.1 Characteristics of the Sampled Population

A general characteristic of the sampled population is presented below.

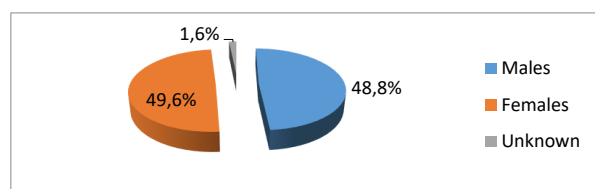
Figure 1 Percentage Distribution of Respondents by Age.



Source: survey report CCPA Muyuka 2017

Majority of respondents were between the age of 20 to 44, accounting for a cumulative frequency of 62.2%. Respondents aged 20 to 29 contributed a high percentage to the majority of the respondents. Those aged 20 years and 45 to 65 and above contributed less than 10% for each respective age group. Also, slightly more female respondent (49.6%) than males (48.8%) contributed to the study in Muyuka. This shown on figure 2 below.

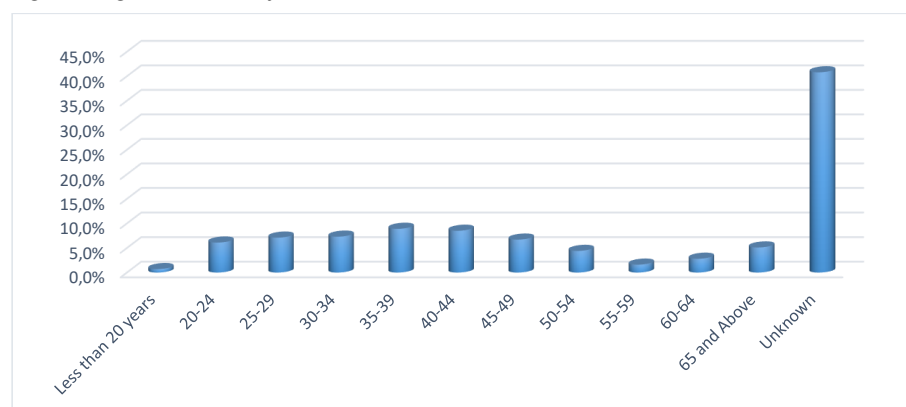
Figure 2: Percentage Distribution of Respondents by Gender



Source: survey report CCPA Muyuka, 2017

Within the context of CCPA study, priority was given to the Household head or his/her spouse to give responses to the questions asked. Except in their absence, could another member of the household be interviewed. With this note, it is important to know the general characteristics of the sub population of households' heads within the survey. Figure 3 below shows that most household heads interviewed were of ages between 35 and 39 years old (8.9%), followed by those aged 40 to 44 years (8.5%), and between the ages of 30 and 34 years old (7.3%). The high percentage of unknown ages of household heads (40.8%), as seen on the figure was due to the fact most of the households selected for the study were occupied by the students who were at the period of the survey on holidays, and other households were non-existent due to demolition that occurred before the Female African Nations Cup in Cameroon which preceded the period of the study

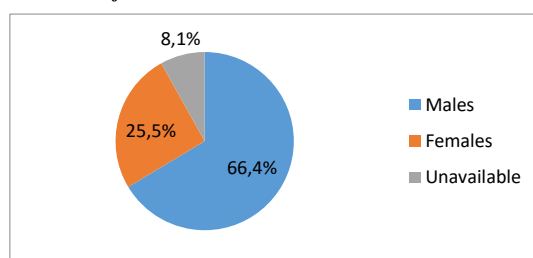
Figure 3: Age Distribution of Household Heads



Source: survey report CCPA Muyuka, 2017

Interestingly, though they mostly took part in the CCPA study, men formed the majority of the population of household heads representing 66.4% as opposed to 25.5% for females. 8.1% of the household heads were unavailable during the survey period to find out their gender.

Figure 4: Gender Distribution of Household Heads



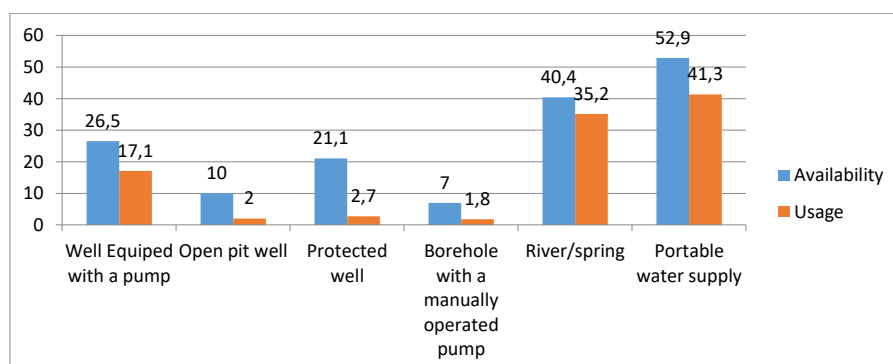
Source: survey report CCPA Muyuka, 2017

3.2 Water Sector

Access to potable water within this municipality is inadequate. The service of CAMWATER (CDE at the time of the survey) is limited to Muyuka, Malende and Yoke and the rest of the communities like Ekona Mbenge, Mundame, Ekona Lelu, Bafia, Ikata and Owe have benefited from water schemes though insufficiency remain a greater problem due to large population size, and non-treatment of water source or non-functional water system remain a major problem.

3.2.1 Availability and Utilisation

Figure 5: Availability and Use of Drinking Water Sources



Source: survey report CCPA Muyuka, 2017

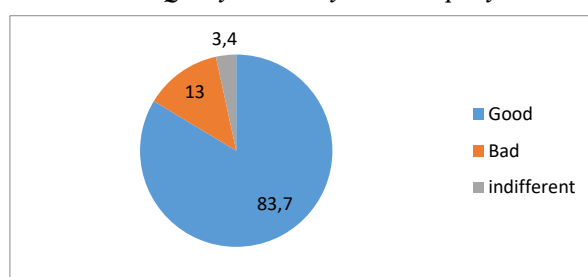
Six (6) portable water supply sources were identified from the survey of households, which include canalization with 52.9 %, river/spring (40.4%), wells equipped with a pump (26.5%), protected well (21.1%), open pit well (10%), and boreholes with manually operated pumps (7%). When it comes to usage of these various sources of potable water supply, two (2)

principal sources stood out from the other, canalisation (41.3%) and River/spring (35.2%). In all, 50 % of households have access to portable water within Muyuka municipality. Accessibility to portable water supply is accounted for by the community water supply systems established and ran each community. Availability of rivers and spring in Muyuka serves as water source for 34.2 % of the households. Well-equipped pump usage was 17.1%. Open pit well, protected well and boreholes accounted for less than 5% usage.

3.2.2 Quality and Cost of Water Services

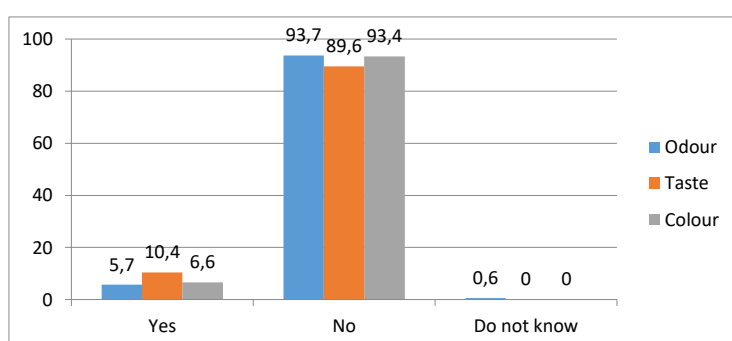
Water quality within the Muyuka municipality is generally good as affirmed by 83.7% of the households surveyed, while 13% said the water quality was bad. Though the general quality of water is good, less than 11 % of the households said water had odour, colour, or taste. This is shown on figure 6 and 7 below.

Figure 6: General Portable Water Quality within Muyuka Municipality



Source: survey report CCPA Muyuka, 2017

Figure 7: Detailed Portable Water Quality within Muyuka Municipality



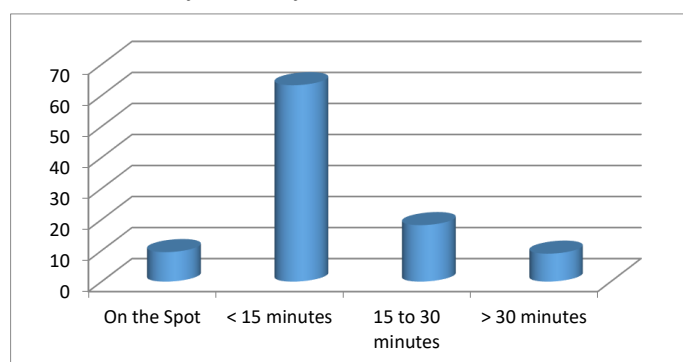
Source: survey report CCPA Muyuka, 2017

With regards to cost of portable within Muyuka, the research shows that only 12.1% of all households surveyed, incur an average monthly cost for portable water.

3.2.3 Appreciation of Water Services

On the whole, 74.2% of households surveyed have access to portable water all year round, while 93.1% have access to portable water all day. The high 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 great number of household members (63.3%) walk for more than 15 minutes to fetch water, 18.2% for 15 to 30 minutes and 9 % for more than 30 minutes. Only 9.5% of households fetch water on the spot.

Figure 8: Time used on Foot to fetch water for the Household (%)

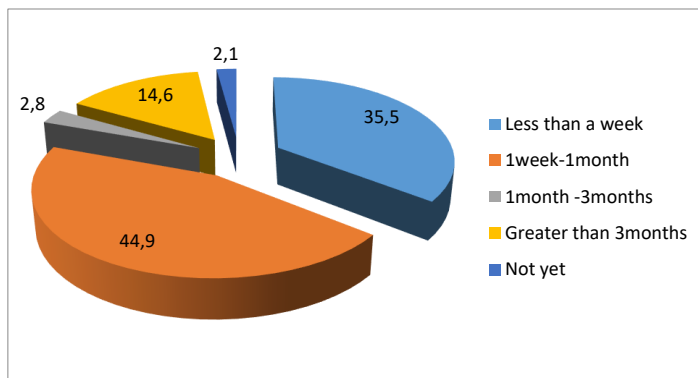


Source: survey report CCPA Muyuka, 2017

In order to make water more accessible, it is necessary for the water supply pipelines to be expanded, in order to supply more numbers of households. This will help reduced the time household members spend to fetch water.

The proportion of households who said their public water source has been damaged within the 3 months was 35.4 %. Out of these, 44.9 % of them said that the public water source had been damaged within a week to a month before any repairs are made. 35.5% of them experience damage of the water sources for less than a week and 14.6 experience water damage problems for more than three months before repairing. Just 2.1 % of the households in Muyuka have undisturbed access to water.

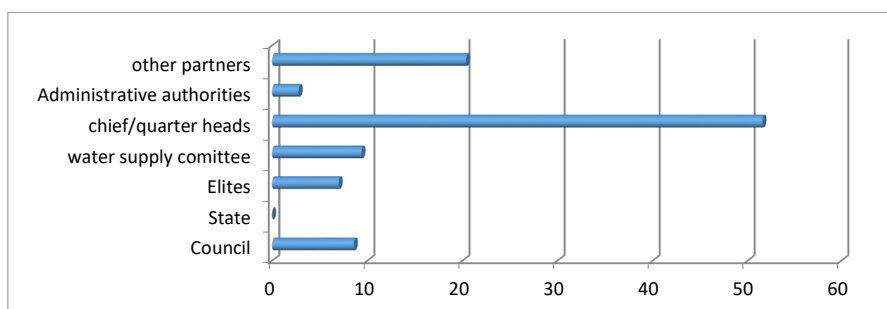
Figure 9: Period Used for the Maintenance of Damaged Water Points (%)



Source: survey report CCPA Muyuka, 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, 51.6% of the reported cases were solved by village and quarter heads, 20.4% was handled by other partners/stakeholders (CSOs, NGOs, Foreign Agencies etc.), 9.4% handled by the committee in charge of water supply, 8.6 by the council and 7.0% by the elites. No government projects are involved in water supply and maintenance in Muyuka, so their water supply is mainly managed at community and quarter levels. This is illustrated below.

Figure 10: Main stakeholders in charge of meeting the needs expressed by households in terms of portable water supply (%)



Source: survey report CCPA Muyuka, 2017

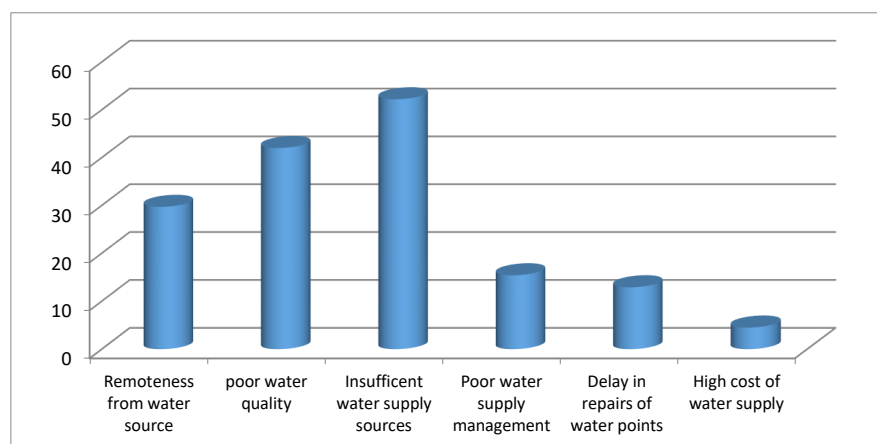
The maintenance of water supply in Muyuka is highly dependent on the chief's/quarter heads and other partners. The water committee, the council and the elites contribute below 30% in

water supply maintenance. Considering these findings, it will be necessary for the government to assist in getting involved in water supply projects to increase water access.

3.2.4 Dissatisfaction with the Provision of Portable Water Supply

In all 31.9% of households expressed their dissatisfaction in the provision of portable water supply. The main reason for dissatisfaction pointed out by households in Muyuka in terms of water supply is the insufficiency of the water supply, which accounts for 52.2% of household dissatisfaction. Poor water quality accounts for 42% of the dissatisfactions and 29.7% dissatisfaction for the remoteness from water source. Poor water supply dissatisfaction was 15.4%, delayed repairs of the water points 12.9% and less than 5 % of households expressed dissatisfaction in terms of cost. This is shown below.

Figure 11: Reasons for Households Dissatisfaction with the Provision of Portable Water Supply Services (%)



Source: survey report CCPA Muyuka, 2017

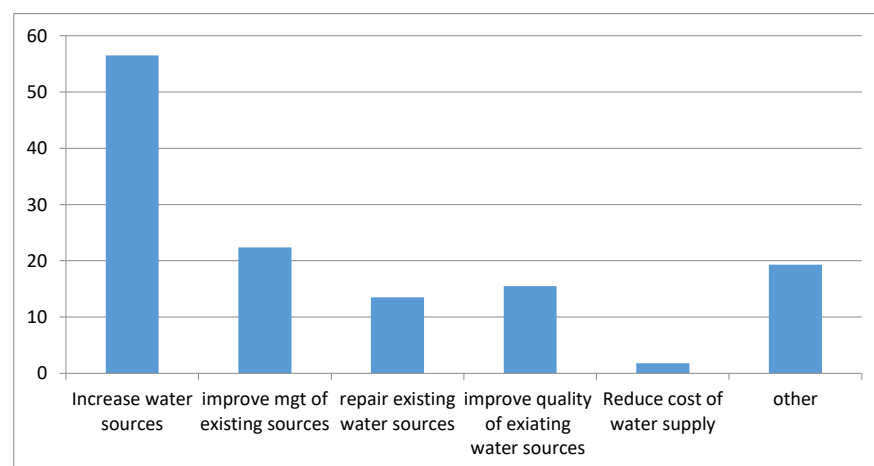
The reasons for households' dissatisfaction are mainly because of insufficient water supply, poor water quality, and remoteness from the water source. This is because the water supply is mainly dependent on community actions which are not well coordinated.

3.2.5 Main Expectations in the Supply of Portable Water

With respect to the supply of portable within the Muyuka municipality, the households sampled had a number of expectations from the services in charge. 56.5% of the households expect an increase in water supply sources inspired by shortages in water supply within the community. 22.4% of the households expect improvement in the management of the existing water supply

sources which will provide a more consistent water supply day and year round. Also, other households expected the repairs of damaged existing water points (13.5%), improvement of the quality of the existing water sources (15.5%), and other expectations (19.3%). Expectations in reducing the cost of water were 1.8%.

Figure 12: Household Expectations with respect to Water Supply Services



Source: survey report CCPA Muyuka, 2017

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

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

- Lack of funding for maintenance of water systems.
- Remoteness and insufficient portable water supply sources within the community
- Poor management of water supply sources, and poor quality of water
- Inadequate communication between the population and water supply management authorities

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

- Increase of government involvement in water supply.
- More water supply points should be constructed within the municipality

- Organize workshop to train water management committee on how to manage their water supply system.
- More communication should be done between the water authorities and the citizens.
- Repair works should be carried out on damaged water points.
- Community water schemes should be put in place.
- Buffer zones should be respected in order to improve on the quality of water.
- Sensitization on the protection and the management of potable water to the populations.
- Notify the population on time in case of water cuts.

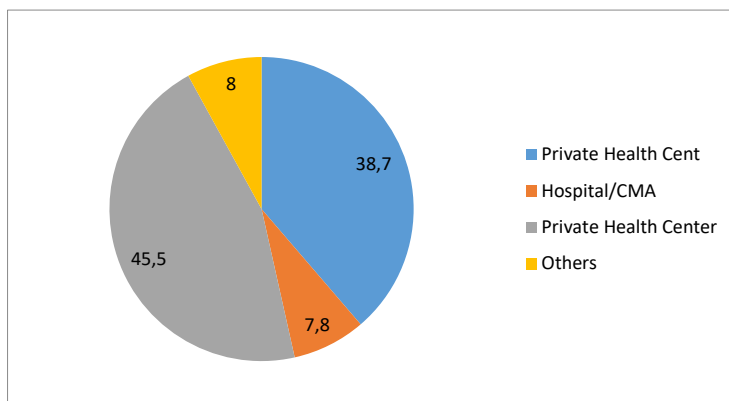
3.3 Health Sector

The Government of Cameroon has invested much in the sector of health in the Muyuka municipality. A District Medical Hospital, Medical Health Center (CMA), Integrated Health Center coupled with authorized private clinics is available in these communities. Communities with either public or private health infrastructure are Muyuka, Eknona Mbenge, Malende, Bafia, Ikata, and Munyenge. The most prevalence diseases reported in the health sector are malaria and typhoid. Sexually transmitted diseases like HIV/AIDS, syphilis and gonorrhea as testified by officials of these centres. Common problems related to health are inadequate medical equipment and staff.

3.3.1 Availability and Utilisation

From all households sampled within the survey, private health centres appear to be most accessible to households within the community with a response rate of 45.5%, followed by public integrated health centres with 38.7%, and hospitals/CMA with 7.8%. Unfortunately, 8% of households do not have any health unit near their households. The figure below helps demonstrates the proximity of health units to households within the community.

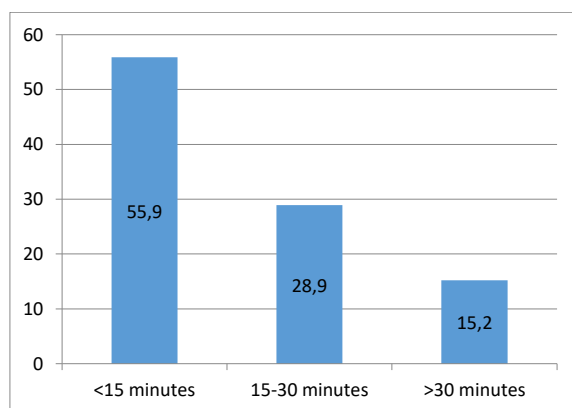
Figure 13: Closest Health Units to Households within Muyuka Municipality



Source: survey report CCPA Muyuka 2017

Though, a number of health centres are quite close to the households, it was necessary to find out the actual time required to get to these health units. The figure below shows that the larger portion of households can get to the closest health unit within 15 minutes, 28.9% between 15 and 30 minutes, and 15.2% above 30 minutes to the health.

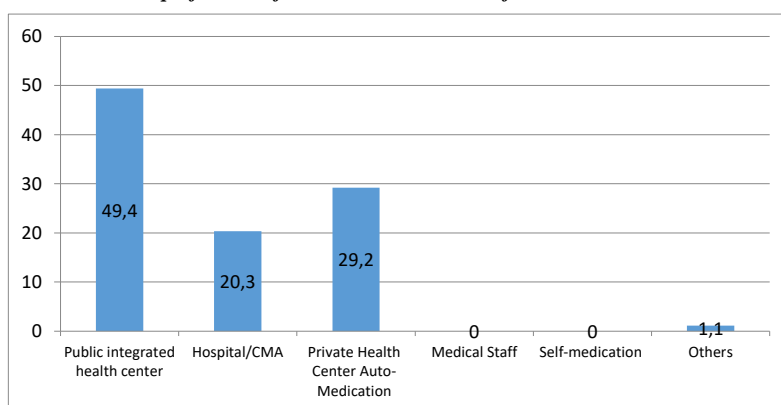
Figure 14: Time used to get to the nearest Health Center by Households in the Community



Source: survey report CCPA Muyuka, 2017

The research further revealed that, most households (49.4%) take preference to Public integrated health centres when health issues arise within the house. 29.2% prefer private health centres while 20.3% prefer going to the hospitals.

Figure 15: Households preference of Health service in case of Illness



Source: survey report CCPA Muyuka, 2017

Of all households sampled, 56.7% are use the nearest health care unit to their households. With proportion, they are quite aware of the persons in charge of the health unit. The survey revealed that 62.3% of the nearest health care units used by households are headed by medical doctors, while 18.6% and 0.8% are headed respectively by nurses and assistant nurses. Unfortunately, 10.8% 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

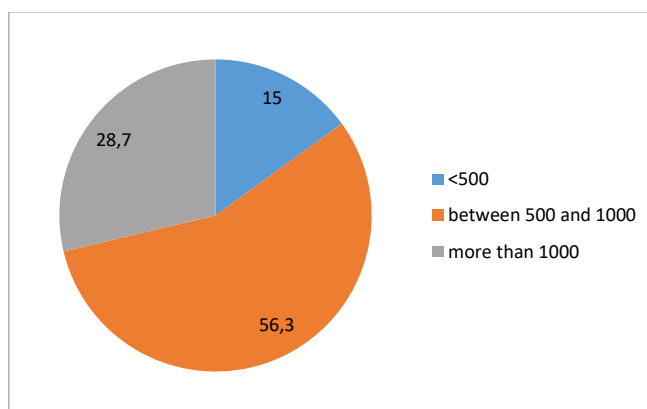
In terms of quality of health service, the survey was interested in finding out the situation of the health unit the last time a member of households visited the facility, in terms of personnel, availability of medications, and equipment.

They survey revealed that, almost all health units used by households had the medical personnel present, as seen by a 97% response from all households sampled. Also, minor equipment (syringes, alcohol, scissors, etc.) where available in the health facility as said by 96% of households. This shows that the health units are capable of carrying out minor emergency cases. Also, 99.4% of households said hospitalisation wards were available for admission of patience. In these hospitalisation wards, 5.6% of households reported less than 5 beds found in the wards, 11.4% reported 5 to 10 beds, and 27.6% reported more than 10 beds, while 55.4% could not tell the number of beds found in the ward.

With regards to availability of medication within the health care unit, all of the households reported the availability of a pharmacy or pro-pharmacy, while 70.6% of households said the pharmacies actually had drugs during their visit to the nearest health care unit.

In terms of cost of health services, 88.9% of households reported paying an amount of money for consultation at the nearest health care unit visited.

Figure 16: Cost of Consultation of Households



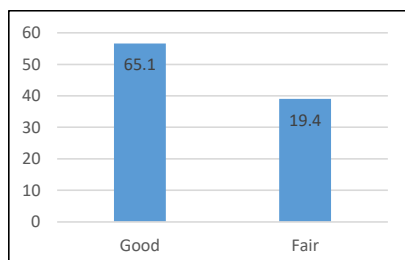
Source: survey report CCPA Muyuka, 2017

From the figure, 56.3% of households reported paying between 500 and 1000 FCFA for consultation, 28.7% above 1000 FCFA, and 15% below 500 FCFA. With these different costs of consultation, 76.6% of households found the amount to be reasonable or affordable, while 22.9% found the amount to be high for them, and 0.5% said the amount was insignificant to them and posed no inconveniences for them.

3.3.3 Appreciation of Health Services

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

Figure 17: Appreciation of Medical Staff by Households



Source: survey report CCPA Muyuka, 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 65.1% response rate, while 19.4% said their attitude was fair.

In all, 68.3% 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.

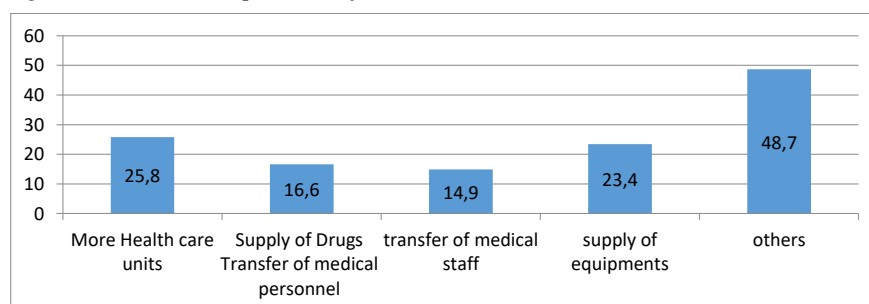
3.3.4 Dissatisfaction of Households with Health Services

Only 28.4% of households were not satisfied with their health services, and were attributed to reasons as remoteness of health care units, high cost of health care, insufficient drugs, insufficient and poor equipment of the health unit etc.

3.3.5 Expectations of Households with regards to Health Services

As always, households are not short of expectations from the health sector. 25.8% of households expect an increase in the number of health care units within the municipality, while 23.4% expect the provision of more and better equipment within the health care units. 16.6% and 14.9% of households respectively, expect the supply of more drugs to health care units, and the transfer of a medical personnel from the health care unit. 48.7% expect other improvements of the health care units.

Figure 18: Households expectations of health service sector



Source: survey report CCPA Muyuka, 2017

3.3.6 Overview of Households perception on Health Services and Suggested Recommendations

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

- Availability of medical personnel at the various health care units
- Availability of basic materials and equipment in health care units

- The existence of pharmacies/pro-pharmacies within the various health care units
- About 90% of the population judge the consultation fee to be insignificant or reasonable
- The population have a good perception of the reception in health
- The population is satisfied or generally satisfied with the health services offered in the community
- The non-preference for traditional medication in case of health problems

Though health care services are quite good within the municipality, some ameliorations need to be done, to provide better quality services to the population. To help them achieve this goal, it is suggested that;

- More drugs should be made available within the health care units, and a detailed list of all drug prices, including all other fees to be paid for any service from the unit.
- Lobby for more medical personnel
- More hospital equipment should be provided for the health care units.
- Build capacity of medical staff of the health units.
- Mayor should take up responsibilities in setting up dialogued structures within the different health structures.

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.

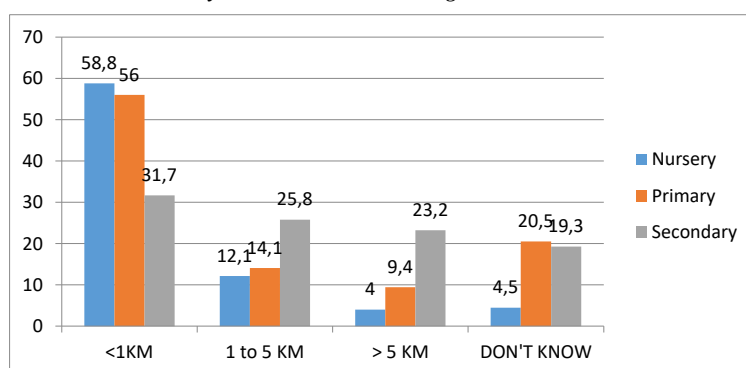
It should however be noted that, the actual number of households who answered questions with regards to nursery and secondary education were less than 50 but greater than 25, and so a genuine conclusion cannot really be drawn from their responses given the small sample size. But their responses will serve just as an eye opener to the services involved. For the purpose of our analysis, these figures of nursery and secondary education will be presented in parenthesis. Also, the sample of households who actually answered questions with regards to vocational training was less than 25 households, and so these responses will not be considered in the framework of the study.

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 with children in nursery school confirmed the existence of nursery schools within their quarter/village, that is (100%), 99% of all households declared the presence of a primary school within their village/quarter, and (97.2%) declared the presence of a secondary 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 (1) child, 1 child still for primary, and (1) child also for secondary.

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

Figure 19: Distance Covered by Households Children to get to School.



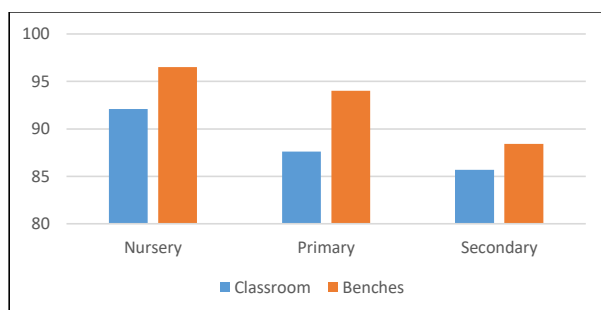
Source: survey report CCPA Muyuka, 2017

The survey revealed that, most nursery and primary and secondary schools are less than a kilometer from the households as reported (58.8%, 56% and 31.7% respectively). 12.1%, 14.1% and 25.8% of the households said that their children walk between 1 to 5 KM before they arrive the nursery, primary and secondary schools respectively. 23.2 % of the households' secondary students walk for over 5KM before arriving school, while less than 10% of households with nursery and secondary students walked for over 5 KM. Many of the households with students from the primary and secondary schools did not know the distance they covered, the proportion is 20.5% and 19.3 % respectively.

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. (96.1%) of households agree that the primary schools

had a complete cycle, while (95.4%) and (81.5%) of households declared respectively that the secondary first and second cycle are both complete.

Figure 20: Availability of Class rooms and Benches within Educational Institutions



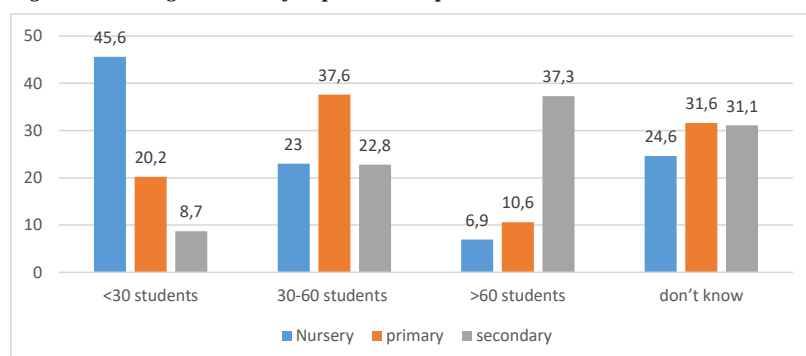
Source: survey report CCPA Muyuka, 2017

In addition, over 80% of all households said that every educational institution had all required class rooms and all students were sited on benches. 12.6% of the households said that text books were given to the pupil in nursery school and 10.3% 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 Muyuka 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.

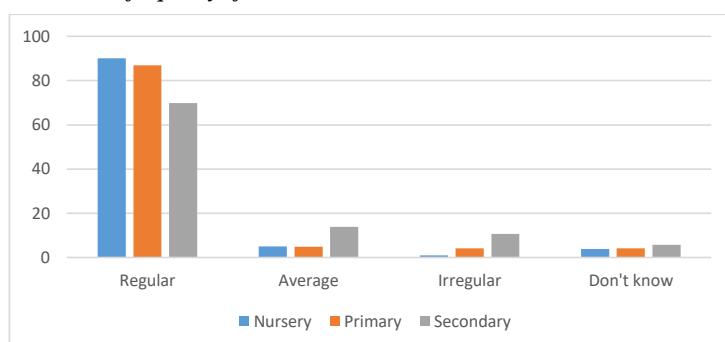
Figure 21: Average Number of Pupil/Students per Classrooms



Source: survey report CCPA Muyuka, 2017

The data obtained from the households with children in nursery schools could serve as a clue to the number of students per class in nursery schools. Generally, 23% to 37% of the households' said that there are averagely 30 to 60 students per class in the schools. In the secondary schools 37.3% of the household said that there were above 60 students in a class, and 10.6% in primary schools with above 60 children per class. A significant majority (24% to 31.6%) of respondents did not know the average number of students in a class.

Figure 22: Attendance frequency of Teachers



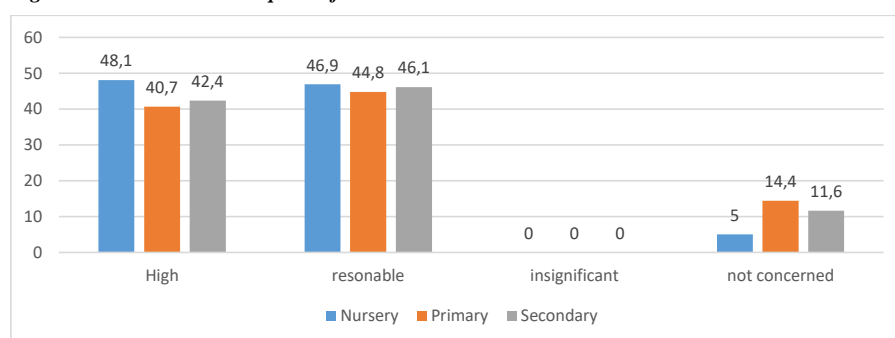
Source: survey report CCPA Muyuka, 2017

It was also necessary to know if the teachers were regular in school attendance. In line with this, over 80% of household respondents said that the teachers were regular in the nursery and primary schools, just less than 5% of respondents said the teachers were irregular or did not know as concerns the nursery and primary schools. 69.9% of respondents said that the teachers

were regular in the secondary schools, 13.8% were averagely irregular, 10.6% were irregular and 5% did not know.

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. It should be noted that the data obtained from the nursery sector can only serve as an eye opener.

Figure 23: Household Perception of Tuition Fee

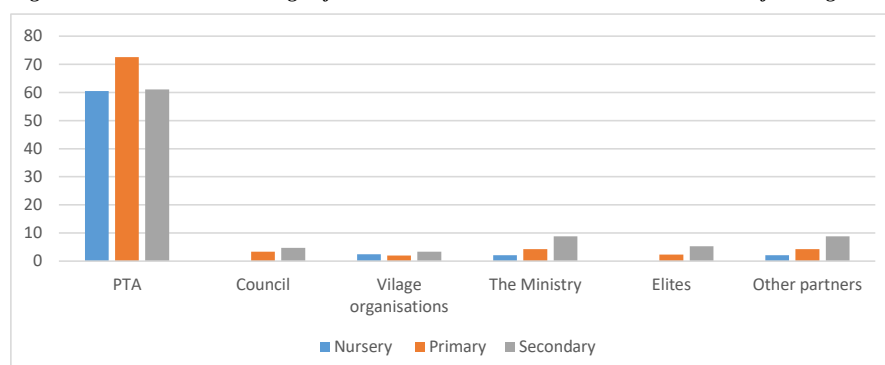


Source: survey report CCPA Muyuka, 2017

An almost equal number of respondents said that the amount of money paid was high (40.7% to 48.1%) or reasonable (46.1% to 46.9%). Few respondents were not concerned, ranging from 5% to 14.4%.

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 pensioned above is illustrated in the table below. The values obtained for nursery schools can only serve as a clue

Figure 24: Institutions in charge of maintenance activities within schools in case of damages



Source: survey report CCPA Muyuka, 2017

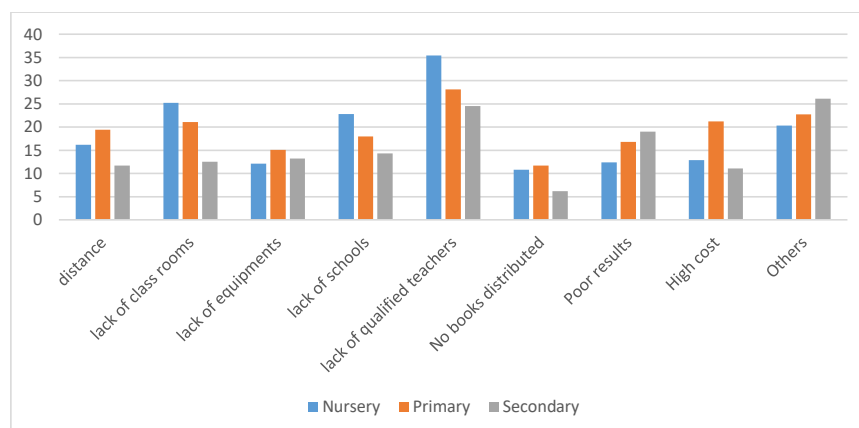
The PTA is highly involved in the repairs, with a proportion of 60% and above, as declared by the household members. The council, village organisations, the ministries of education, elites and other organisations/ partners all contribute less than 10% in repairs as stated by household members, even though they contribute more to the secondary schools than the primary and nursery schools.

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. 15.1% were dissatisfied with the nursery services, 19.5% dissatisfied with primary education and 17.3 not satisfied with the secondary education. 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 text books, poor results, high cost and other reasons. The data obtained however can only serve as an eye opener to their dissatisfaction and may not be statistically significant. This is illustrated bellow.

3.4.4 Dissatisfaction of Households with Educational Services

Figure 25: Level of Satisfaction of Households with Educational Services



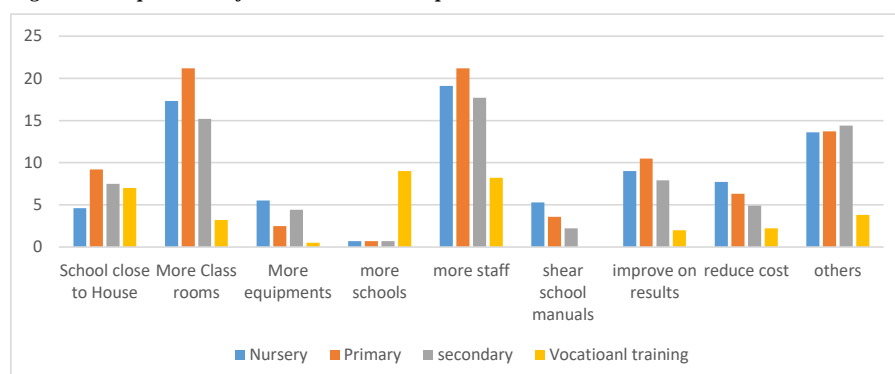
Source: survey report CCPA Muyuka, 2017

Over 24% of household participants expressed their dissatisfaction because of lack of qualified teachers in the respective educational cycles. Less than 26% were dissatisfied because of lack of class rooms and lack of schools. 10% to 27% expressed their dissatisfaction with the primary schools, 10% to 36% of the households were not satisfied with the nursery education and 7% to 26 not satisfied with the services of the secondary education. The highest concern was with regards to the services offered by the nursery services.

3.4.5 Expectations of Households with regards to Educational Services

To ensure that the education of the children of the households to conducive, households have a number of expectations. Many of them expect that class rooms should 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 26: Expectation of Households with respect to Educational Services



Source: survey report CCPA Muyuka, 2017

The need for more teachers is highly expected by the household participants, with 19.1% for the nursery schools, 21.2% for primary schools, 17.7% for secondary schools and 8.2% for vocational training centres. More also needs to be done in adding more class rooms to the various educational cycles, with 17.3% for nursery schools, 21.2% for the primary schools, 15.2% and 3.2 for secondary and vocational training centres respectively. Also less than 10% of the participants expect a drop in cost for education, have a school close to the house, and equipment and shear text books in schools at the various educational levels. Less than 1% of the participants expect more schools to be constructed, except vocational training centres whose expectation is at 9.0%. Between 10% to 15% had other expectations at the nursery, primary and secondary levels of education.

3.4.6 Overview of Household perception of Educational Services and Suggested Recommendations

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

- Availability of nursery, primary and secondary cycles of education
- Availability of basic materials and equipment in schools.
- Availability of staff
- Above 80% of the population are able to pay for their child's education
- The population have a good perception of the educational systems
- The population is satisfied or generally satisfied with the educational services offered in the community

Though educational services are quite good within the municipality, some ameliorations need to be done, to provide better quality services to the population. To help them achieve this goal, it is suggested that;

- More vocational training centres should be made available to promote skilled talents
- More school equipment should be provided for schools, so as to improve the quality of educational care services provided to the public.
- Improve on the capacity of teaching staff to better render educational care services to the population.
- School infrastructure should be provided in all areas of the municipality.

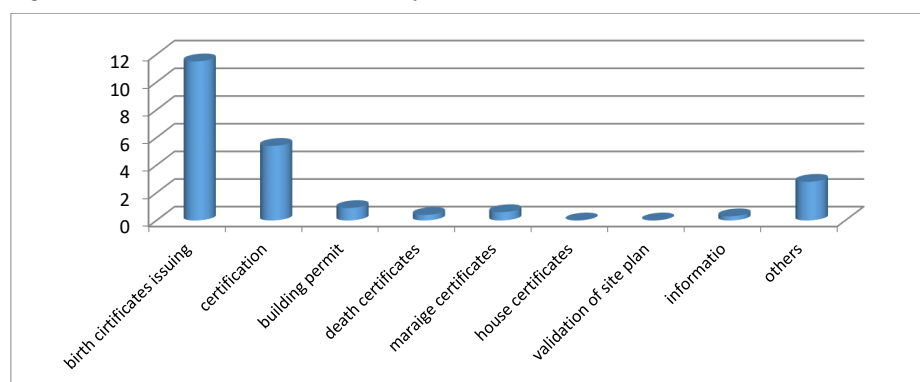
3.5 Communal Services

The council represents the decentralised 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

There are several reasons why the people of the Muyuka visit the council. According to the study, the following communal services were evaluated and the time spent by the households before the service was rendered. However, the data obtained on the time taken to deliver these services was too small to be considered of statistical significance. Hence 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 27: Councils Services as demanded by Households

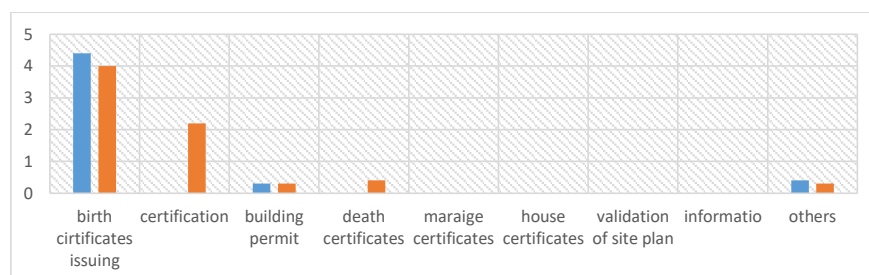


Source: survey report CCPA Muyuka, 2017

11.5% of household participants visited the council for issuing of birth certificates, 5,4% went to the council for certification and 2.8% for other services. Less than one 1 % of the household members went to the council for building permit, death certificates, mirage certificates or for information.

3.5.2 Quality and Cost in the Provision of Council Services

Figure 28: Percentage of households who regards the council service time as long or very long



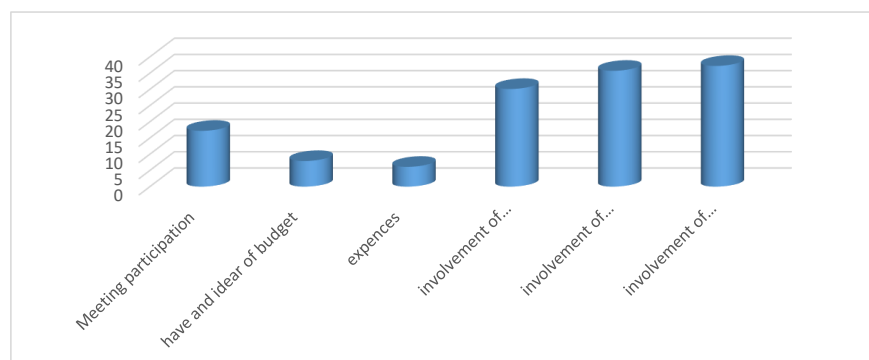
Source: survey report CCPA Muyuka, 2017

4.4% of the households felt that the delivery of birth certificates by the Muyuka council took very long, with 4% paying extra for the certificate. Less than 0.5% said that, to obtain a building permit and other services took very long. In other to get their documents certified 2.2% of participants had to pay extra cash and less than 0.5% paid for building permit, death certificates and others.

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 29: Household Participation in Council Development Activities



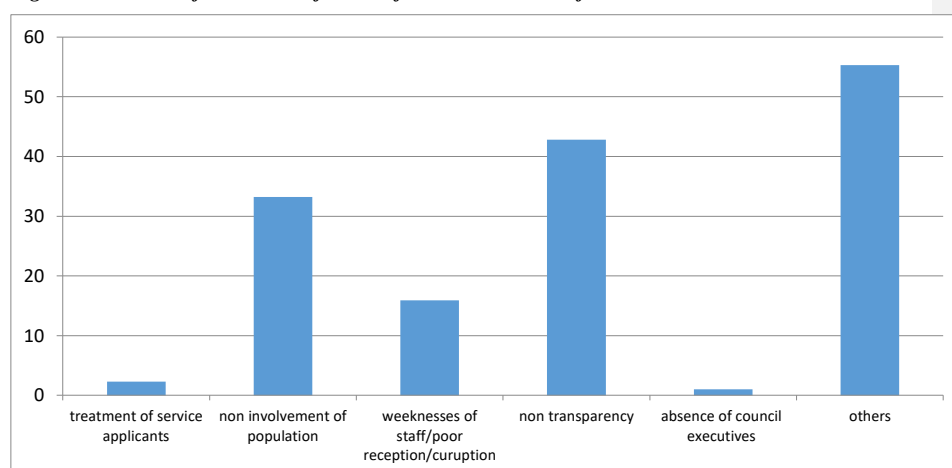
Source: survey report CCPA Muyuka, 2017

The Muyuka council involves its communities and villages in executing development projects. 37.2% of the households said that the communities are involved in budgeting, 35.7% of households said that the community was also involved in planning and a proportion of 30.1% of household believed that the council involved the community in development activities. 17.2% of participants take part in council meetings, and less than 10% of households had knowledge on the expenses and budgeting of the council.

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 30: Reasons for Non Satisfaction of Council Services of Households



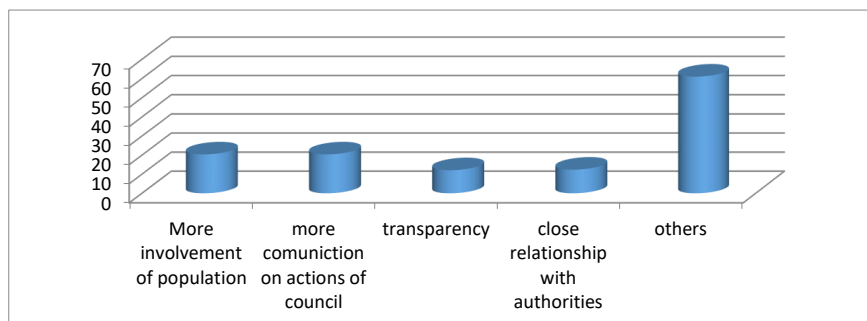
Source: survey report CCPA Muyuka, 2017

However, 42.8% were not satisfied with how transparent the council is, 33.2% felt that the communities were not involved in communal development and a proportion of 15.9% were not happy with the behaviour of the staff at the Muyuka council. Less than 5% were not satisfied with reception upon application for services and the presence of council executives in their office, and a proportion of 55.3% of households were not satisfied for other reasons.

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 31: Households expectations from council services



Source: survey report CCPA Muyuka, 2017

A proportion of 61.9% of households had expectations from the Muyuka council. However, 20.4% expressed their expectations in involving the population and communicating. Expectations for transparency and close relationship with authorities have proportions of 12.1% and 12.4% respectively.

3.5.6 Overview of Household perception of Council Services and Suggested Recommendations

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

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

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

- More transparency of the council in its budgeting and expenditures
- Improvement on council staff behaviours.
- Timelines in providing services.
- More communication between the council and its population.
- The council should get involved in all the stages in the action plan (Health, Education, Water supply).

3.6 Conclusion and Principal Recommendations

The aim of the ScoreCard survey done in the Muyuka municipality was to assess the population's perception on Water Supply Services, Health Care Services, Educational Services, and Council Services. Though these services are appreciated by the people of the municipality, NADEV has put in place the following recommendations for each of these sectors.

Water Supply;

- Increase of government involvement in water supply.
- More water supply points should be constructed within the municipality
- Organize workshop to train water management committee on how to manage their water supply system.
- More communication should be done between the water authorities and the citizens.
- Repair works should be carried out on damaged water points.
- Community water schemes should be put in place.
- Buffer zones should be respected in order to improve on the quality of water.
- Sensitization on the protection and the management of potable water to the populations.
- Notify the population on time in case of water cuts.

Health Sector;

- More drugs should be made available within the health care units, and a detailed list of all drug prices, including all other fees to be paid for any service from the unit.
- Lobby for more medical personnel
- More hospital equipment should be provided for the health care units.
- Build capacity of medical staff of the health units.
- Mayor should take up responsibilities in setting up dialoged structures within the different health structures.

Education Sector;

- More vocational training centres should be made available to promote skilled talents
- More school equipment should be provided for schools, so as to improve the quality of educational care services provided to the public.
- Improve on the capacity of teaching staff to better render educational care services to the population.
- School infrastructure should be provided in all areas of the municipality.

Council Services;

- More transparency of the council in its budgeting and expenditures
- Improvement on council staff behaviours.
- Timelines in providing services.
- More communication between the council and its population.
- The council should get involved in all the stages in the action plan (Health, Education, Water supply).

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 panellists	01/05/2018	10/05/2018
	Reading workshop			PNDP Review panellists 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 panellists 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	
			Local ¹	Central
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 • High cost of water supply 	<ul style="list-style-type: none"> • Increase of government involvement in water supply. • Portable water sources should be increased within the community, as some households used more than 30 minutes to fetch water for their households. • Organize workshop to train water management committee on how to manage their water supply system. • A good communication system should be put in place by the main water distribution agency CAMWATER/Ministry, to better communicate any problems arising with the main public water supply sources. • Damaged existing sources of portable water supply should be repaired as soon as possible because these damaged points increase the pressure on other water points meant to serve a number of households only. • The council authority should make available community water schemes to help reduce the cost of households in getting portable water. • The quality and quantity of portable water is a major player in the health of households, and so special measures should be taken by the authorities in charge to ensure very good quality of portable water going into households within the community. 	Communities	CAMWATER, Council

		<ul style="list-style-type: none"> • Buffer zones should be respected in order to improve on the quality of water. • Sensitization on the protection and the management of potable water to the populations. • Notify the population if there will be any water cut off. 		
Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local ²	Central
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"> • More drugs should be made available within the health care units, and a detailed list of all drug prices, including all other fees to be paid for any service from the unit. • More staff and hospital equipment should be provided for the health care units, so as to improve the quality of health care services provided to the public. • Improve on the capacity of medical staff to better render health care services to the population. • Empower monitoring and evaluation committee for all health care units at the communal level, to promote quality health service management and delivery within the municipality. • Mayor should take up responsibilities in setting up dialogued structures. 	Hospitals, Clinics, Health centres and Communities	District Medical Officer, Council

Sector	Problems identified	Suggested Solutions	Level of implementation	
			Local ³	Central
Education	<ul style="list-style-type: none"> Distance of school from household. Lack of class rooms Lack of equipments lack of schools Lack of qualified teachers No school manuals distributed Poor results High cost 	<ul style="list-style-type: none"> More vocational training centres should be made available to promote skilled talents More school equipment should be provided for schools, so as to improve the quality of educational care services provided to the public. Improve on the capacity of teaching staff to better render educational care services to the population. More school manuals should be distributed in schools in order to ensure students active participation. Make schools more accessible by improving on the road conditions leading to these schools. School infrastructure should be provided in all areas of the municipality. 	Schools, Divisional Delegation	MINEDUB MINSEC Council.

Sector	Problems identified	Suggested Solutions	Level of implementation	
			<u>Local⁴</u>	<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"> • More transparency of the council in its budgeting and expenditures • Improvement on council staff behaviours. • Timelines in providing services. • More communication between the council and its population. • The council should get involved in all the stages in the action plan (Health, Education, Water supply). 	Council	Ministry of Territorial Administration

Table 4: Action plan.

Sector	General Objectives	Specific objectives	Actions	Results indicators	Reference value	Target value	Frequency of measurement	Source of verification	RESPONSIBLE S	PARTNER S	Estimated cost
Water	Improve on the quality and quantity of water supply in the Muyuka Council	Set up water supply committees	Training and Sensitization	At least 3 new water and management committees have been set up within the locality.		3	Once every three months	Communities / Villages	Quarter Heads/Council	Elites CSOs Council	300,000
		Construction of water sources and rehabilitate Damaged points.	Construction of new water points and Rehabilitation of damaged water points.	5 portables water sources have been set up in quarters lacking portable water supply and 50% of damaged water points are repaired.		5 and 50%.	Once every three months	Contracts, records, pictures	MINEE/ Council	PNDP CSOs Council	20,000,000
Health	Improve on the quality of	Equip Hospitals and increase	Supply of Equipments and Drugs	At least five hospital or health facilities are		5	Monthly and when there are shortages	Contracts, Supply request.	District Medical Officer	Elites PNDP NGOs	30,000,000

Health	health services.	Drug Supply.		well equipped with materials and supplied with drugs			of essential drugs.	Hospital records Supply company records.		Private Clinics. Council	
	Improve on the quality of health services.	Reinforce the capacity of health personnel.	Workshops and Training Sessions	At least 75% of health personnel within the locality have been properly trained		75%	Twice in three months	Attendance sheets, pictures	District Medical Officer	Elites PNDP CSOs Private Clinics. Council	300,000
		Community Health Visits	House to house visits and consultation	At list 20 community visit has taken place within two years.		20	Once every three months	Communities / Villages	District Medical Officer	Private Clinics Council	1,000,000

Education	Improve on the quality of Education at all levels concerned	Build and Equip schools and class rooms.	Contract class rooms and supply of equipments	Two vocational training center, and two Secondary schools have been built and equipped within the locality		2	As often as possible	Contracts, Pictures, supply Forms.	MINEDUB MINSEC	Elites. NGOs PNDP Churches. Council	20,000,000
		Reinforce capacity of teachers.	Training and Workshops	At least 80% of teachers within the locality have been properly trained		80%	Once every three months	Attendance sheet, Pictures	MINEDUB MINSEC	Elites Council	400,000

		Sensitizing population on education benefits.	Household visits	At least 80% of the population have been sensitized on the benefits of Education		80%	Weekly	Pictures	MINEDUB MINSEC	Elites. NGOs PNDP Churches Council	100,000
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Council Services	Improve on the quality of services provided by the council	Organize sensitization campaigns on council activities and services.	Workshops and Training activities	About 35% of the community participate in council sessions		35%		Pictures, attendance sheets	Council	PNDP CSOs	300,000
		Train council staff on working Ethics	Training and workshops	At least 75% of council workers within the locality have been properly trained		75%0.		Attendance sheets, Pictures	Council	PNDP CSOs	300,000
		Make Public the council investment budget.	Meetings and Publicities	At least 55% of the municipality are aware of the council's plan of action and budget		55%		Notice Boards, Radio, Newspapers.	PNDP Council	MINATD Village/Quarter Heads, CSO, Elites	100,000

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

Section II. POTABLE WATER

H01		1=Yes 2=No A. Well equipped with a pump		
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Section II. POTABLE WATER

	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	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"/>
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? Who else?	1=Yes 2=No A=Mayor (Council) B=State C=An elite D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE G=Other partners/stakeholders : _____	<input type="checkbox"/> <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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section II. POTABLE WATER			
		G. CAMWATER/SNEC/CDE X. Other stakeholders : _____	_
H16	Has your need been met? 1=Yes 2=No If no 18		_
H17	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 3=Over three months 2=Between one and three months		_
H18	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2=Indifferent 3=Unsatisfied If 1 or 2 18 20.		_
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 : _____	_ _ _ _ _ _ _
H20	What are your expectations in terms of supply of potable water? (Several answers are possible). Any other expectation?	1=Yes 2=No A. Additional water points ; B. Improvement in terms of management of the existing water points; C. Repair works should be carried out on the damaged water points ; D. Improvement of the quality of the existing water points ; E. Reduction of price ; X. Other expectations to be specified : _____	_ _ _ _ _ _

Section III. HEALTH		
S01	Which is the nearest health care unit to your household? 1= Public integrated health Centre 2= Hospital/CMA 3= Private health Centre	_
S02	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4= Over 1 hour	_
S03	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 5=Medicine store 2=Hospital /CMA 6=Go to a medical staff member 3=Private health center 7= Treat at home Self-medication 4=Traditional healers 8=Others (to be specified)	_
S04	Has any member of your household gone, at least once, to the nearest health care unit in the course of the last 12 months, specifically since ? 1=Yes 2=No If no 5 10	_
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 5 10.	_
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	_

Section III. HEALTH			
	2=Less than 500 CFAF	4=Over 1000 CFAF If S10=1	S14 →
S11	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant		_
S12	In addition to the consultation fees, did the household member who received treatment give a tip to the medical staff for him/her to be better taken care of? 1=Yes 2=No If no → S14		_
S13	If yes, did the person do it willingly or was he/she obliged by the medical staff to do so? 1=Personal initiative 2=Obliged by the medical staff to do so		_
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor		_
S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no → S17		_
S16	Are drugs always available? 1=Yes 2=No 8=Do not know		_
S17	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No		_
S18	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 → S20		_
S19	State the reasons of your non-satisfaction with regard to health services provided within the health care unit you attend? (several answers are possible) Any other reason?	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) : _____	_ _ _ _ _ _ _ _ _
S20	What are your expectations with respect to health care services? Any other expectations?	1=Yes 2=No A. Additional health care units B. Supply of drugs C. Transfer of a staff member D. Equipped health care units X. Other to be specified _____	_ _ _ _ _ _

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

E06	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes 2=No 3=Does not know				_
E07	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes 2=No	_	_	_	_
E08	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	_	_	_	_
E09	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	_	_		
E10	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30 3=Over 60 2=Between 30 and 60 4=Does not know	_ _	_ _	_ _	_ _
E11	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in which the children from your household are enrolled? 1=Regular 2=Averagely regular 3=Irregular	_	_	_	_
E12	How much do you pay per child from your household on average (registration, tuition fees, Parent-teacher associations' fees (PTA) (name of the cycle) throughout a school year? (write down the average amount)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in n FCFA)
E13	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	_	_	_	_
E14	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No If no → E16	_	_	_	_
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	_	_	_	_
E16	When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2=No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organisation D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) Any other?	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _
E17	In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 → E19.	_	_	_	_
E18	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village?				

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

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

Other (to be specified) _____	_	_	_	_ _	_	_	_
C07	Has any member of your household taken part in the village assemblies aimed at drawing up the Council Development Plan? 1=Yes 2=No						_
C08	Is any member of your household informed about the amount of the annual budget of your council? 1=Yes 2=No						_
C09	Is any member of your household informed about the expenditures and incomes of your council during the previous fiscal year? 1=Yes 2=No						_
C10	Does the council support the development actions of your village/quarter (such as community activities, follow-up of village development committees, follow-up of management committees, setting up of village development and monitoring committees, carrying out of micro projects in your village/quarter, etc.)? 1=Yes 2=No 8=Does not know						_
C11	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know						_
C12	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know						_
C13	Broadly speaking, what is your level of satisfaction as concerns services provided by the council? (choose only a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If 1 or 2 C13						_
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)					_
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) : _____					_		

ANNEX 2: PHOTO GALLERY



Muyuka Council Building



Launching of the scorecard survey at the Muyuka Council Hall



Training of Enumerators



Group photo with PNDP and NIS



Data Collection within Muyuka