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MINISTRY
DECENTRALISATION AND
LOCAL DEVELOPMENT

NORTH WEST REGION

DONGA MANTUNG DIVISION

NDU COUNCIL

Citizen Report Card mechanism (SCORECARD)
***Assessment of public services in the sectors of water, health,
education, and council services within the Ndu Council***



REPORT OF THE STUDY

**With the Technical and financial support of the National Community Driven Development
Program (PNDP) in collaboration with the National Institute of Statistics (INS)
Realized by: Community Initiative for Sustainable Development (COMINSUD)**



COMINSUD
Community Initiative
for Sustainable Development



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LIST OF ABBREVIATIONS

CRCM/SCORECARD:	Citizen Control Reporting Card Mechanism
CDO:	Council Development Officer
CFO:	Council Financial Officer
CDP:	Council Development Plan
CID:	Council Institutional Diagnosis
DD:	Divisional Delegate
COMINSUD:	Community Initiatives for Sustainable Development
DMO:	District Medical Officer
DO:	Divisional Officer
FEICOM:	Council Support Fund for Mutual Assistance
GESP:	Growth and Employment Strategy Paper
GHS:	Government High School
GPS:	Geographic Positioning System
GS:	Government School
GSS:	Government Secondary School
GTC:	Government Technical College
LSO:	Local Support Organization
MINEE:	Ministry of Water and Energy
MINEPAT:	Ministry of Economy, Planning and Regional Development
PIB:	Public Investment Budget
PNDP:	National Community Driven Development Program
PVC:	Positive Vision Cameroon
NIS:	National Institute of Statistic
SDO:	Senior Divisional Officer
SSI:	Semi Structured Interviews
VDC:	Village Development Committee

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PREFACE

Social accountability is very important to a municipality in that citizens participate directly or indirectly in demanding accountability from service providers as well as local and public officials. It is in this light that the Mayor of the Ndu Council accompanied by the National Community Driven Development Program (PNDD) instituted the Citizenship Report Card Mechanism (CRCM) so as to enable the population in the council to rate the performance of some public services. Positive Vision Cameroon was recruited to carry out this study under the technical supervision of PNDD and the National Institute of Statistics, and under the general supervision of the Mayor.

During this CRCM process, quantitative and perception-based information from a statistically representative survey was gathered for four sectors which are Water, Health, Education and Council Services. The findings reflect the opinions and perceptions of the citizen group in the Ndu Council and brings out the strengths and limitations of the services provided in the sectors under review. Recommendations are made and a plan of action is elaborated in order to correct the limitations of the services provided and increase the benefits of the population as concerns the four sectors.

This CRCM will be instrumental in helping policy makers to obtain credible feedback on user perspectives regarding service delivery, monitor service-delivery effectiveness in the sectors, provide incentives for continuous improvement over time, and establish benchmarks to promote performance improvements as well as improve transparency and accountability for public service providers. It will also provide citizens with information which they can use to hold providers accountable for the efficient and equitable provision of services and will generate public support for positive reforms

Summarily, the Citizen report card mechanism result is expected to strengthen the decentralization process in the council, by improving on the participation of the population as well as fostering good governance and accountability in the provision of services the local and public authorities. It will subsequently be a tool the council can use to empower participatory monitoring of our projects to ensure sustainability through transparency, accountability and informed decision-making.



The Mayor Ndu Council

Bunyui Emmanuel Nyugab
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EXECUTIVE SUMMARY

“Citizen Report Card Mechanism for public action” (CRCM) can be defined as: all citizen action which aims amongst others to appreciate the pertinence of actions, projects, public services as well as the means allocated for them; controlling public action and/or obliging officials to be accountable to their citizens. Following the result and the lessons learnt from the pilot phase, this study was now carried out in collaboration with civil society organizations specialized in citizen dialogue mechanism on 159 councils all over the country, amongst which 15 councils were earmarked in the North-west Region including then Ndu Council.

Citizenship reporting card mechanism for public action (Scorecard) was conducted with the global objective to capture the populations’ perceptions about their level of satisfaction with public services delivery in the priority sectors in order to promote good governance at the local level, ensuring increase efficiency in public action. In order to attain these objectives, a perception study was conducted. The data for this survey was collected using primary means, analysed using CS pro and SPSS.

In summary, this Scorecard operation can be defined as: all citizen action which aims amongst others to appreciate the pertinence of actions, projects, public services as well as the means allocated for them, controlling public action/or obliging officials to be accountable to their citizens. The global objective of this survey was to capture the populations’ perceptions about their level of satisfaction with public service delivery in the targeted sectors to promote good governance at the local level, ensuring increase efficiency in public action. This means ensuring that best public services are offered, public policies are well conceived and designed and provisions are made to ensure that the voice of the vulnerable and marginalized population is heard.

As concern the methodology of operation, COMINSUD used the participatory approach in the implementation of activities. All the stakeholders at each level actively participated in one way or the other to realize the completion of this assignment.

From the findings of this survey, it was revealed through the declaration of the population (gathered using questionnaires) that: most households in the Ndu council area depend largely on rivers and springs for their water. A situation they say is very unsatisfactory to them and needs to be redressed. 76.6% of the households are not satisfied with the water services for various reasons prominent amongst which is water quality as testified by about 67.2% of the households.

The survey also revealed that the population in the study area have access mostly to and prefer integrated health centres, of which they have to trek over long distances to reach these centres. Regarding health services, 36.9% of the households are not satisfied with services rendered. 64.7% of the above figure declared few health units as reason for dissatisfaction which is further compounded by their far distances and poor quality services. 85.3% of these households thus expect additional health care units.

As concerns education, a majority of the households belong to villages which have the basic educational cycles of nursery, primary and secondary although a reasonable proportion of the households expressed dissatisfaction with the educational services. Prominent amongst the reasons expressed for their dissatisfaction is; far distance to access a school in all cycles, insufficiency of classrooms and worst of high tuition as testified by almost 7 out of 10 households.

With respect to the council services, it was revealed that the council needs to improve on its communication as the population hold to the perception that the council functions in isolation since only a very small and almost insignificant proportion of the population has knowledge of the operations and functioning of the various council services. 84.5% of the households affirm that the Council does not involve them in their actions. The households are therefore soliciting for an increase involvement of the population in the actions of the council.

Considering the problems identified in the course of this study as well as the proposed solutions to respectively handle the problems, a plan of action has been elaborated and will be implemented in collaboration with all the local development stakeholders.

GENERAL INTRODUCTION

Accountability is one of the main pillars of good governance in any strong democracy. Considering the increasing interest all over the world in issues such as ensuring service–need compliance, the importance of decisions made by the closest unit to the public and the reduction of bureaucracy, made the implementation of decentralized systems a necessity in governance. The National Community Driven Development Program (PNDP) is a tool put in place by the Government with the help of its technical and financial partners in a bid to support local development and support councils in the decentralization process.

To attain this target result, the “Citizenship Report Card Mechanism for public action” (CRCM) was conducted. The objective of the CRCM was to capture the populations perception about their level of satisfaction with public service delivery in the targeted sectors (water, education, health and council services), with a view to setting up a citizen control mechanism of public achievement throughout the council environment.

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

This study which is spearheaded by the National Community-driven Development Program (PNDP) should be considered as a step aimed at strengthening the populations’ involvement in the management of local public affairs. To this end, PNDP hired COMINSUD, a local support Organization (LSO) to implement the Citizen Control Report Mechanism (CCRM) project for 08 councils (Ndu, Jakiri, Nkambe, Kumbo, Balikumbat, Ndu, Elak-Oku) that make up Zone 12 of the Project. Its’ analysis will contribute to strongly advocate for an increased mainstreaming of the populations’ needs at the grassroots level into the interventions of development actors/stakeholders throughout the council territory

Thus, a populations’ perception study is expected to be conducted based on the quality of public services delivery within the council environment, especially in the water, health and education sectors. The said study is equally intended to dwell on services delivered by the council.

The Scorecard process is in line with the laws and regulations in force. One legal instrument that backs this process is the Prime Minister’s circular n°003/PM of the 27th September

2016, bearing on the orientation of reforms in public finance for the triennial period 2016-2018, prescribing, and the support of Decentralized Local Collectivities (DLC) in the implementation of reforms in public finance. This particular circular prescribed the following for the preparation of the State budget of the 20th June 2017:

- The continuation of the reinforcement and modernization of the mechanism for the collection of land tax, in order to improve on its contribution to council (DLC) and State budgets;
- At the implementation level, the Council Development Plans (CDP) and the Mid-term Expenditure Framework (MTEF) constitute the basis for identification, definition, formulation, evaluation and the selection of programs to be included in the Public Investment Budget;
- Regarding transfers to the Councils, the activities included in the project logbook of the PIB, must adequately reflect the aspirations of the Local Population (communities) as contained in the Regional Priority Investment Project;
- The program budgeting is a reform that was institutionalized by the law of the 26th of December 2007; a law which became operational on the 1st of January 2013;

This report will comprise of five main parts: Legal framework of decentralisation and local development in Cameroon, synthesis of the methodological approach of the study on the Citizen Report Card Mechanism for public action the council area, main results and suggestions for improvement, action plan for the establishment of the citizen control mechanism for public action in the council area, and general recommendations and conclusion.

CHAPTER 1

FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

This chapter gives a brief insight in the evolution and laws that have fostered and are still fostering decentralization and local development with focus on municipal councils. Currently the ministry of decentralization and local development is in charge of implementation of the laws in relation to decentralization

1.1. Legal Framework of Decentralization in Cameroon

Decentralization is gradually becoming one of the most pursued institutional reforms in developing states. It is embedded with the goal to improve efficiency in service delivery and radically reducing intervening forces or obstacles in service delivery. It empowers various actors along the line to improve on quality, accountability, performance and productivity of whatever service is provided to the public. Cameroon's decentralization Laws came into force since July 2004, with various levels of authorities and local stakeholders striving to ensure that decentralization is actually implemented. Decentralization is a prime mover of development, democracy and good governance at the local level. In its most basic definition, decentralization is the transfer of part of the powers, tasks and resources of the central government to regional or local authorities (Municipal Councils). The Municipality, which is the basic level of decentralization is better able to meet the needs of the people and can defend local interests, enable people to participate in decision making and deliver more efficient basic economic, social, health, educational, cultural and sports services.

Following the implementation of the constitutional provisions of 18 January 1996 in Cameroon, three important laws were voted in June 2004 and passed into laws in July 2004. They are:

- Law No. 2004/017 of 22 July 2004 on the orientation of decentralization in Cameroon.
- Law No, 2004/018 of 22 July 2004 laying down rules applicable to Councils
- Law No. 2004/019 of 22 July 2004 laying down the rules applicable to Regions

The law on Orientation of Decentralization defines in general, the rules applicable to decentralization in the country. It defines decentralization as the devolution of special

powers and appropriate resources to Regional and Local Authorities (RLA) for the promotion of development, democracy and good governance at the local level while preserving the unity, territorial integrity and primacy of the state.

The law establishes the Common Decentralization Fund (CDF) for the partially financing of the decentralization process as per the financial implications of devolution of powers. It warrants that the state either through ceded revenue or tax transfers or both shall devolve financial resources to RLA (sect. 22, 23). As per section 66 of the law, the authority of the President of the Republic, the minister in charge of RLA and the representatives of the state in each region (Governors) and division (Senior Divisional Officers) shall exercise supervisory authority over RLA. Section 68 compels instruments or decisions issued by RLA to be forwarded to the representatives of the state who within fifteen days from the issuance of a receipt may request for second reading before such a decision (instrument) becomes binding upon its publication.

Art. 3 of this law states that the council has a general mission of local development and the improvement of the living conditions of its inhabitants. Part III, and section 16 of this law concerning ‘powers devolved upon councils’ states that powers to provide drinking water supply shall be devolved upon councils. Section 19 is concern with the setting up, equipping, managing and maintaining council health centres in keeping with the health map of the council, as well as assisting health and social centres. Section 20(a) of the same law states that the following power shall be devolved upon councils: in keeping with the school map, setting up, managing, equipping, tending and maintaining council nursery and primary schools and pre-school establishment

1.2. Promotion of local development

Theoretically, Local Economic Development (LED) is the process by which public, business, and Non-Governmental partners work collectively to create better conditions for economic growth and development. The aim of this is to improve the quality of life for all. In this respect, collective projects are organized and supervised by the council since it is its duty to promote the economic, social, health, educational, cultural and sports development of the Council Area. This duty is bestowed upon all councils by Law N0 2004/018 of 22 July 2004. According to sections 15, 16, &17 of this law; councils have the power to foster development in the following ways:

- Developing local agricultural, pastoral, handicraft, fishing and farming activities.

- Development of local tourist attractions.
- Building, equipment, management and maintenance of markets, bus stations and slaughter houses.
- Protection of underground surface and water resources.
- Constructing and maintaining unclassified rural roads.
- Contributing to the electrification of areas inhabited by the poor.

Like in most rural areas of Cameroon, the main occupation of the population of Ndu is agriculture. From farming and livestock activities and the extraction of local building materials (sand, stones, timber), they are able to take care of the basic consumable needs of the household while surpluses are sold. The money is used for the education of children and to procure manufactured goods as well as provide shelter for their families. The low level of household incomes partly accounts for poor living conditions of the inhabitants. In practical terms the Ndu council promotes the local economic development by ensuring that all communities have access to basic social facilities. This is illustrated in the table 1.

Table 1: Contribution of the council to Local Development

Sector	Activities of the inhabitants	Support provided by the Council
Education	Opening of lay private schools	Provision of PTA teachers Provision of didactic materials to schools Provision of scholarships to poor and needy
Health	Vaccinations, consultations, medicine stores management,	Provision of mutual health schemes to the council area, provision of health equipment to the health units
Water and Energy	Building of tanks, Boreholes, Wells, rural electrification	Protection of water sources, Training of water management committees Planting of water friendly trees Extension of potable water and electricity to communities
Trade	Marketing of products	Ensure security of goods Provision of market spaces Facilitation of loan schemes
Agriculture	Farming, crop production	Promote sale of products through annual

	Rice production, fishing, Wood extraction	agricultural shows Provision of farm inputs to farmers every season. Provision of storage facilities Opening of farm to market roads
Mines and Industrial development	Sand and stone Extraction, building and construction	Insurance schemes, opening of roads to sand and stone pits,
Governance	Civil registration Elaboration of council development planning process, Promotion of sporting activities	Assisting the vulnerable to establish birth certificates, Sponsoring sporting activities at council level, Provision of holiday jobs to students, Employment of inhabitants to execute temporal projects of the council
Environment and Nature protection	Tree planting campaigns for environmental protection	Provision of trash cans, Provision of public toilet facilities, Creation of dump sites, Provision of trees to fight land degradation environmental management campaigns

1.3 Brief presentation of the Ndu council

Ndu Sub Division, which covers the same administrative and geographical area as Ndu Council, is one of the five Sub Divisions of the Donga Mantung Division. Ndu town, which is the headquarters of the Sub Division, is located 145km Northeast of Bamenda. About 20Km of the famous ring road of the North West Region lies within the council area.

It has a total population of 73,955 inhabitants as revealed by 2005 general population and housing census (See annex 1 for population distribution of the municipality). This figure is however disputed by inhabitants as grossly under estimated considering recent growth of the Population. The 2003 estimate projected the total population of the Ndu municipality for the year 2000 to be about 98,000 inhabitants up from 61,717 in 1987. However, given the annual average of national growth rate of 2.5% and the population figure of 2005, it can be deduced that the population of Ndu is about 85,048 inhabitants. The Sub Division covers a total surface area of 1625km². The population density is about 45.51inh/km².

It is made of 17 villages grouped into three zones;

- The centre zone with five villages (Ndu, Mbipgo, Njimkang, Njilah and Wowo),
- The west zone with five villages (Talla, Ngarum, Taku, Ntundip, and Luh),
- The east zone with seven villages (Sehn, Ntumbaw, Njirong, Ngulu, Nseh Macop, Sinna and Sop).

The principal ethnic group in the village is the Wimbun whose ancestors hailed from Tikari in the Adamawa Region of Cameroon.

Ndu Sub Division was created by presidential decree No. 93/322 of 25/11/1993. It is one of the five subdivisions that make up Donga Mantung Division of the North West Province. Donga Mantung Division is one of the seven divisions that make up the North West Region. Cameroon has ten Regions. It lies between longitudes 10.5° and 11° east of the Greenwich Meridian, and between latitudes 6.2° and 6.5° north of the equator

Ndu subdivision has its headquarters in Ndu. It is bounded to the North by Nkambe, to the south by Mbiame (Bui Division), to the south-west by Nkum Sub Division (in Bui Division), west by Noni Sub Division (in Bui Division) and to the East by Nwa Sub Division. Its position is central to Nwa, Kumbo Central and Nkambe Central Sub Divisions and to the east by Nwa.

The headquarters (Ndu) is situated at some 145 Km from Bamenda the Regional headquarters, north-east of Bamenda. Figure 1 presents the map of the Former North West Province with the remarkable territorial boundaries of the Ndu Municipality

[illegible]

The population is majority made up of the Wimbun people and the language is Limbum. There are other ethnic minority group in the municipality and their languages are used by a significant proportion of the population.

<i>Number</i>	<i>Language</i>	<i>Proportion of population in percentages who speak the lang.</i>
1	Limbum	90
2	Pidgin	75
3	English	65
4	French	20
5	Yamba	15
6	Fulfulde	40
7	Haussa	10
8	Lamnso	10

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The Council has 41 councillors headed by a Mayor and four deputies who are elected by the other councillors. A Secretary General, appointed by the government, assists them on technical matters.

1.3.1 Historical profile

- At the end of the 17th century, the wiya people migrated from Kimi led by Fai Ndi Chomba. After he fought the war, the people decided to name him Fai Ngahnwenfu alias Ngahnwenfu meaning a foreigner because he fought the war like foreigner. He has never migrated since then.
- In 1884, the Wimbum people fell under the German colonial rule, with the emergence of the British rule in 1919.
- In 1934, the first Fon of the Wiya clan died with Chief William Nformi enthroned as the second successor in 1941 and he died in 1982.
- In 1992, the Ndu rural council was created through the decree No. 92/187 of 01/09/1992.
- The council had its first municipal elections in 1996 and the SDF won with a mayor and three deputies.
- Presently, the council is running its third mandate

1.3.2. Ethnic Groups and inter-ethnic relations

The Ndu municipality is made up of three clans. Each has its own history.

Wiya:

The Wiya people come from 10 chiefdoms. These are Konchep, Luh, Ndu, Ngulu, Njilah, Njimnkang, Nseh-Makop, Sehn, Wowo and Mbipgo. As concerns Wiya, their entry pattern into the area does not seem to be well known. It is believed that the villages that make up the Wiya clan did not migrate from Kimi together. These villages are said to have arrived in the area at different periods following different migration patterns. Family relations and similarity in migration patterns are however evident between some of the villages of the clan as follows:

- The people of Wowo and Mbipgo are said to be related to, and migrated together with the Tang people;

- The Njimnkang and Sehn people are believed to have settled first at a place between Ndu and Sop called Mankeng before moving to their present sites;
- The people of Njilah, Mangu and Ngulu-Makop first settled for some time in the lower part of the Nwa Sub Division before finally moving to where they now stay;
- The Ndu people seemingly passed through upper Berabe in the Ako Sub Division, and later moved into the area through Konchep in the Nkambe Central Sub Division.
- The Luh and Nseh-Makop people do not seem to have any defined relations with the other people of the clan. The Nseh-Makop inhabitants are believed to have moved into the area much later from the Nso land in Bui Division.

Because of these differences in the migration patterns and the lack of evidence of family relations between the villages that make up the Wiya clan, some people refer to this clan as a “federation” of villages rather than a clan.

Warr:

The Warr villages include: Ntumbaw, Rong and Sop. The Warr people (Wiwarr) are believed to have settled at a place called Mbirbo in Mbot village (Nkambe Central) on their arrival from Kimi. While at Mbirbo, they lived harmoniously as a family until their 1st leader died. Disagreement over his succession led to conflicts that resulted to movement in various directions. The groups that settled in the Ndu Rural Council area included the present Ntumbaw, Sop and Njirong people. Since their arrival at these places, only the people of Sop have moved out before returning to settle at the same site. The reasons for their movement out of the place is said to be related to further misunderstandings with their brothers who settled at War (in Nkambe Central). They moved to the Bamoun land in the West Region before coming back late in the 19th Century.

Tang:

The Tang clan constitutes the following villages: Sinna, Taku, Ntundip, Ngarum, and Talla. It is told that the Tang people (Witang in Limbum) first settled at a place called Mbajeng when they arrived in this area from Kimi. While at Mbajeng, two groups emerged, respectively called “Nkum” and “Nyar”. Due to some misunderstanding between the two groups, the Nkum group left Mbajeng and settled at Talla. Following chieftaincy conflicts, they broke up and dispersed to various sites leaving the present Talla on the spot. The villages that resulted include Taku, Ntundip and Ngarum in the NC area, and Kup, Tabenken,

Binka and Bih in the Nkambe area. The Nyar group later dispersed from Mbajeng to the present Wowo, Sinna and Mbipgo. Since their settlement at these sites, the Tang people have moved very little, though there have been slight adjustments to security needs and land demands. Even though history holds that the Wowo and Mbipgo people are related to, and migrated together with the Tang people, they are today considered to be of the Wiya clan. The reasons for this attribution are unclear.

1.3.3 Inter village conflicts

Since the settlement of the population in this area, no violent inter-village conflicts have been experienced. However, a number of boundary differences have been recorded over the years. Those which are still fresh in the memories of the inhabitants of the area include:

- Ntumbaw – Nso (around the Ngar-Buh area)
- Ntumbaw – Njirong (for Shokop neighbourhood)
- Talla – Mbot
- Mbipgo-Talla
- Mbipgo – Njimnkang
- Mbipgo – Ndu (at Fuh and Jirt)

Most of these conflicts have been handled peacefully, reason for which no violent clashes have been recorded, except for the case between Ntumbaw and the Nso people, which led to loss of three human lives and some property (a house, some crops and a number of goats).

1.3.4. Religion

There are three main types of religious practices in the communities: Christian, Islam and traditional religion. Christianity and Islam were introduced to the people after their settlement in the area. The importance of each religion in the area seems to be related to how early it was introduced to the people.

Christianity is the most widely practised religion of the area. It is believed to have been introduced by the English during the colonial era. The main Christian denominations that exist in the area now include the Baptist, Catholic, Presbyterian, Full Gospel and Apostolic Churches. The Church, which was the first Christian denomination to be introduced here, is the most popular and has at least a congregation in each of the 17 villages of the council area. The Catholic and the Presbyterian churches, which came into the area a little later, have conquered much ground within the last two decades. Charismatic Christian groups are still very new in the community, and have very few adherents.

It is told in the area that Islam was introduced by traders from the North of Cameroon. It is common in Ntumbaw and parts of Ndu and Sop villages. The largest mosques (an indication of the largest Muslim communities) are found at Ntumbaw and Ndu.

The most common form of traditional religion in the area is ancestral worship. In most palaces, there are shrines where traditional rights are performed in honour of the ancestors of the villages. Such shrines even exist in some individual compounds, where family members are expected to conduct sacrificial rites supposedly in order to appease and receive the blessings of their ancestors. In some of these shrines are found stone gods called 'mbuh' which are believed to protect family members in reward of the sacrificial rites perform. It is worth noting that many people of the area practise this traditional religion and Christianity or Islam simultaneously

1.3.5 Climate

The Ndu municipality entirely lies within the North West Region whose climate is of the Sudano-guinean type marked by two seasons and a unimodal rainfall pattern; the dry season from November to mid March and the rainy season from mid March to November. Here, peak dry season with least precipitation is recorded during the months of January and February with values close to zero while the wettest months are July, August and September as records sometimes exceed 400mm monthly during this period, especially around plains such as the Mbaw plain which sometimes results in torrential floods. Annually, rainfall ranges from 1300mm to 3000mm and a mean of 2000mm.

1.3.6 Soils

Three main soil types are identified;

- Sandy clay or ferallitic soils,
- Sandy loam soils,
- Alluvial deposits

Ferallitic soils are predominantly found around the mountainous parts of the sub region where bases are migrated out of the soil by rainfall and other weathering processed, leaving behind a high concentration of sesquioxides.

Alluvial soils in the area are formed as a result of the sweeping of materials from highland and their subsequent deposition in plains and valleys such as the Mbaw plain. Due to their

rich nature, these soils are of great agricultural potentials, permitting the cultivation of low altitude crops like oil palms and rice.

1.3.7 Relief

The relief here is characterized by an undulating landscape pattern with highlands and valleys as well as plains. Altitudes range from 700m as in the Mbaw plain to about 2200m as at Mbiyeh (Talla) in the mountainous zone. A great deal of the high altitude here lies on the highland mountain chain of the North West and West regions of Cameroon.

1.3.8 Hydrography (main water sources)

The entire Ndu council area is well ramified with streams and rivers, with over 20 streams taking their rise from the mountainous part of the area and generally flowing north-east, east and south –east. They are highly exploited in various villages as catchments for the community of the village. The main rivers which flow through the municipality include;

- The river Donga which is the largest in the Division and takes its rise from the Adamawa highlands and flows down to Nigeria. This is one of the rivers from which the Division derives its name. It also serves as fishing potential with fertile banks for farming.
- The river Mantung which is the second largest river from which the Division also derives its name is also renowned for its fishing potentials.
- The river Masin which takes its rise from the Sinna hills in the Ndu highland and flows through Nkot, Gom –Bom and Ngung and empties itself into the Donga at Bitui. The banks also serve as a potential for agricultural production to the Yamba clan.
- The river Mbim flowing through Ntundip and Luh from Nseh in the neighboring Bui Division,
- The river Mantumbaw, flowing through Ntumbaw from neighboring Bui Division.

1.3.9 Flora and Vegetation (forests, savannah, medicinal plants, etc.)

Due to the variation in altitude within the municipality, two main ecological sub zones arise;

- The high altitude zone, characterized by sparsely wooded savannah,
- The low altitude zone with tall grass species.

Both natural and artificial forests exist with high predominance in timber production, especially around high altitude zones where the eucalyptus is the main species exploited,

covering over 122Ha on private plantations. Exploitation is also carried out on small scale in natural forests of the Mbaw plain with major species being mahogany, Iroko (*Melicia excelsa*) and Sapele (*Entandrophragma cylindricum*)

1.3.10 Fauna

There is an acute encroachment of forest lands within the municipality and as a result, a reduction in the number as well as the species of forest animals. The main fauna here include; monkeys, cane-rats (grass cutters), rabbits, deer, antelopes and rat moles. Also, the population around the forest actively carryout hunting which also contributes to the reduction in the number of species in the forests.

1.3.11. Protected Areas

Protected areas are limited in the municipality and there is no strict implementation of the law with regard to them. The most noticeable ones include the Mbibi community forest in the Talla, the Njilah/Njimsa Forest in Njilah, the Mbandfung secret forest, the Njiningo and Njipkfu forest in Ndu and many other smaller secret forests around Fons' palaces. There also exist a lowland forest in the Mbaw plain of Ntaba and Rong villages. Many natural trees species exist in these areas and provide a rich biodiversity for the region. However, irrational and illegal exploitation has led to the loss of some species. More or less these protected areas are more protected by traditional norms than the application of state laws. Moreover the Ministry of Forestry and wildlife has just a single worker to cover the entire municipality. Important tree species known from these forests include mahogany and *Prunus africana*. Of late, there has been enrichment planting in most of these forests.

1.3.12. Mineral resources

Mineral resources are limited to sand, stones and laterite quarries. Sand is abundant in the municipality, but most of the sand is not of good quality. Good quality sand is mainly available in Ntaba at the border with Nwa. Stone quarries are abundant in the municipality and is of the best quality. The products are either used for house or road construction. The construction and tarring of the Ntaba -Ntumbaw road used only material from the Ntaba quarry which is quite unique. There is also another concrete stone quarry in Mpipgo of excellent quality. Other stone quarries are dotted all over the municipality. These are area that can be exploited by construction companies for quality road work in the municipality and

elsewhere in the country. Annex 2 presents the summary of the potentials and constraints of the biophysical milieu.

1.3.13. Population structure

Table 3:General Population distribution of the Ndu Municipality

Total pop.	Men	Women	Urban	Men	Women	Rural	Men	Women	Population Density
73955 inhabitant s	34262	39693	12531	6066	6465	61424	2819 6	33228	46pers/km ²

Source: 2005 General population and housing Census

Table 4:Specific Population distribution per village in the Ndu Municipality

Village	Population				
	Men	Women	The young (less than 16 years)	Children (less than 5 years)	Total
Talla	2285	2940	1300	980	6.525
Ngarum	2550	4250	1700	850	8.500
Taku	4336	4972	2326	1300	11.634
Ntundip	1500	2500	1000	600	5.000
Luh	2700	4000	1300	700	8.500
Ndu	8500	9500	6000	4200	28.200
Mbipgo	910	1100	2000	500	4.510
Njimnkang	1000	1400	800	300	3.500
Njilah	1200	400	1000	500	3.100
Wowo	1200	2000	1800	900	5.900
Sehn	1251	2200	1900	600	5.951
Ntumbaw	6000	10000	6000	3000	25.000
Njirong	1700	2820	1500	900	6.920
Ngulu	995	1255	500	215	2.965
Nseh-Makop	180	180	250	50	660
Sop	2500	3500	3000	1000	10.000
Sinna	1400	2500	1400	700	6.000
TOTAL	40207	55.517	33.776		142.865

Source: 2011 Field Data

1.3.14. Characterization of the vulnerable populations

The smallest population group in the council area is the Mbororros who are about 3698 persons and they make up about 5% of the population of the Municipality. Women and youths constitute the majority categories. However, the number of their children attending school is increasing and their relations with neighbouring indigenes seems cordial though they are represented in none of the institutions (Council or PTA). Women are generally marginalized in the community and take lesser initiative towards development. Other vulnerable and marginalized groups include:

- 35 registered handicapped persons (children and elderly) in an association. About 60 others are living in the villages and can only be identified by villagers as revealed in the village forms.
- 3010 old people
- Many girls drop out from schools due to teenage pregnancies as early mothers. This second category can be estimated to more than 200 as testified in the form for psycho-socials.

Table 5: A general Situation of the vulnerable population of the Ndu Municipality

Category of vulnerability within the Council area	Accessibility to infrastructures	Involve in any livelihood activities(nam e it)	Relation with the Mayor (conflicting, good collaboration	Participate in decision making process (Yes, No)	Difficulties faced vis-à-vis their vulnerability	Opportunities vis-à-vis their Vulnerability
Cripple	<ul style="list-style-type: none"> -Access to Education -Access to Health -Access to Potable Water -Access to Communication -Access to Agriculture -Access to Animal husbandry -Access to Trade -Access to Leisure 	Craft making	No collaboration	No	<ul style="list-style-type: none"> -No attention is given to their plight -Rely entire on family members -Not organised for social assistance -Less educated 	<ul style="list-style-type: none"> -Could work in various services in the municipality -Social Affairs centre exist where they can register and gain some benefits in schools and elsewhere
Blind	<ul style="list-style-type: none"> -No access to Education -Access to Health -No access to Potable Water -Access to Communication 	-Craft work	No collaboration	No	<ul style="list-style-type: none"> -Less educated -No school for this category - 	<ul style="list-style-type: none"> Social Affairs centre exist where they can register and gain some benefits in schools and

	<ul style="list-style-type: none"> -No access to Agriculture -No access to Animal husbandry -Limited access to Trade -Limited access to Leisure 					elsewhere
Dump	<ul style="list-style-type: none"> No access to Education -Access to Health - Access to Potable Water -limited access to Communication -Access to Agriculture -Access to Animal husbandry -Limited access to Trade -Limited access to Leisure 	<ul style="list-style-type: none"> -Agriculture -Craft work 	No collaboration	No	<ul style="list-style-type: none"> -Less educated -No school for this category 	Social Affairs centre exist where they can register and gain some benefits in schools and elsewhere
Deaf	<ul style="list-style-type: none"> No access to Education -Access to Health - Access to Potable Water -limit access to Communication -Access to Agriculture 	<ul style="list-style-type: none"> -Agriculture -Craft work 	No collaboration	No	<ul style="list-style-type: none"> -Less educated -No school for this category 	Social Affairs centre exist where they can register and gain some benefits in schools and elsewhere

	-Access to Animal husbandry -Limited access to Trade -Limited access to Leisure					
Mental						
epileptic						
Leprosy						
Aged persons	-Access to Education -Access to Health -Access to Potable Water -Access to Communication -Access to Agriculture -Access to Animal husbandry -Access to Trade -Access to Leisure	All activities	Good collaboration	Yes	-Rely entirely on family members or personal wealth	- Could undertake business venture or petty trade

Orphans	<ul style="list-style-type: none"> -Access to Education -Access to Health -Access to Potable Water -Access to Communication -Access to Agriculture -Access to Animal husbandry -Access to Trade -Access to Leisure 	All activities	No collaboration	No	<ul style="list-style-type: none"> -No attention is given to their plight -Rely entire on family members -Not organised for social assistance -Less educated 	<ul style="list-style-type: none"> -Council offer scholarship to students - Social Affairs centre exist where they can register and gain some benefits in schools and elsewhere
Needy person						
Mbororos, Fulani	<ul style="list-style-type: none"> -Access to Education -Access to Health -Access to Potable Water -Access to Communication -Access to Agriculture -Access to Animal husbandry -Access to Trade 	-Animal Husbandry	Good collaboration	Yes	<ul style="list-style-type: none"> -Less educated -Few or no schools in the proximity 	<ul style="list-style-type: none"> -Integrate mainstream life -Collaborate with other in agro-pastoral activities (paddock in farming areas)

Source : Compiled from survey data (2011)

CHAPTER 2

METHODOLOGICAL FRAMEWORK OF THE SCORECARD STUDY

This chapter presents the context and the methodology implemented during the realization of the SCORECARD study in the North West Region. The chapter is composed of the following six sections: the objectives of the study, the constitution of the sample, the distribution of the sample, the collection tools, the training of the data collection agents and the collection of the data, the computerization (through data entry) and the exploitation the data collected data.

2.1. Context of the study

PNDP in implementing activities to promote community development has developed numerous strategies to reach out to the bottom stakeholders. The main strategy of making development community-driven is to make sure that all actors fully participate at the various levels. The citizen control mechanism is put in place to facilitate community ownership of development projects.

This was done in the form of beneficiary questioning and perceptions about the projects implemented in priority sectors for the past years. It was realized that individuals would present the true picture of how the councils as well as some service departments have been trying to promote local economic development. Through this study, the respondents will propose immediate actions that will be put in place to sustain local economic development in their respective communities. This will be the best way of achieving effective decentralization in Cameroon as a whole.

2.2. Objective and methodology of the CRCM

The global objective of this study is to capture the populations' perceptions about their level of satisfaction with public service delivery in the targeted sectors to promote good governance at the local level, ensuring increase efficiency in public action. This means ensuring that best public services are offered, public policies are well conceived and designed and provisions are made to ensure that the voice of the vulnerable and marginalized population is heard.

In a specific way, the program had to accompany the council in achieving the following word is missing here:

- Appreciate the population's perception on public services in the targeted sectors (Water, health, and education as well as council services).
- Build the capacities of councils, enabling them to capitalize on the lessons learnt and effect changes, following the results of the operation.

- Empower councils and local development actors with the capacity to replicate this operation after successive periods.

The different steps for the realization of the citizen reporting card mechanism for public action are as follows

- 1- Putting in place supervision and the technical committee for the operation.
- 2- Launching workshop (Regional and Council levels) and negotiation of the involvement of stakeholders.
- 3- Recruitment and Training of the surveyors
- 4- Collection and typing of data
- 5- Treatment and analysis of data.
- 6- Elaboration of reports.
- 7- Diffusion of information, lessons learnt and negotiation for changes.

Secondary data was also used for this study. This data was sourced from existing documents like the recent council development plan of Ndu Council.

2.3. Sampling Methodology and Data Collection

2.3.1. Drawing of samples

The Scorecard study is designed to obtain estimates of household satisfaction indicators with respect to the following sectors at the level of the councils: Water, Health, Education and Council Services. In the North West Region (NWR), 15 councils were involved namely: Ndup, Tubah, Ndu, Nkambe, Kumbo, Jakiri, Bafut, Wum, Mbengwi, Batibo, Fundong, Belo, Santa, Balikumbat and Oku. The criteria for selecting the participating councils includes: Council's size of administrative account for 2016, the population size, and making sure that all Divisions are represented.

The sampling frame used consists of the Enumeration Areas (EAs) of the cartography of the Fourth Cameroonian Survey (ECAM 4) and its Complementary Survey (EC-ECAM 4) carried out by the National Institute of Statistics (NIS). The Scorecard sample is a stratified one drawn at two stages. The different strata are obtained by combining the 159 concerned councils for Scorecard and their corresponding two strata of residence (semi-urban / urban, rural), which gives a total of 318 defined survey strata.

In the first sampling stage, 2,276 EAs (including 276 from the NWR) were drawn all over the national territory with a probability proportional to the number of households. In the second

stage, a fixed number of households was selected in each of the EAs that were retained at first stage. This number ranged from 7 to 34 according to the EA sizes (in terms of number of households numbered during the ECAM or EC-ECAM 4 cartographies) in the NWR.

The national sample size of the Scorecard survey is 49,600 households (of which are 4,802 households in the NWR) which is divided into about 320 households per council. A household in the context of Scorecard is an ordinary household (as opposed to collective households such as boarding students, military barracks, long-term patients interned in hospitals, religious in convents/seminaries/monasteries/nunneries, prisoners, street children or children living in orphanages, etc.) residing in the national territory.

2.3.2 Data Collection

The 4,802 households sampled in the NWR were distributed among 276 sampled EAs. Out of the total sampled households and EAs in the Region, the **Ndu Council** had **320** households distributed among **20** EAs. At the end of the SCORECARD survey, all EAs were covered and out of the **320** sampled households drawn from this council area, **279** households were successfully identified and interviewed, giving a coverage rate of **87.19 %**.

2.3.3. Sample size and distribution of the sample

The choice of the sample size of a household survey such as the SCORECARD survey is a compromise between what is required from the point of view of the accuracy of sampling and what is feasible from the point of view of practical application (e.g. budget, field and administrative persons, technical resources, quality control, time constraints, management, sustainability, etc.). The larger the sample size, the more accurate the survey estimates are and therefore the sampling errors are reduced.

The SCORECARD survey targeted a representative sample of about 320 households. This survey was based on the same EAs as those selected during the Complementary Survey of the 4th Cameroon Household Survey (EC-ECAM 4) in 2016, which selected a maximum of 20 EAs per council. For this purpose, for municipalities that selected 20 ZDs during EC-ECAM4, 16 households were selected by EAs to be interviewed within the framework of SCORECARD. For municipalities with less than 20 EAs, the sample of the about 320 households in the municipality was distributed proportionally to the EAs according to the number of numbered households per EA during the EC-ECAM4 survey.

2.3.4. Sample base and selection of clusters

The drawing of the SCORECARD sample(households) was based on that of the EC-ECAM4, which was based on the results of the last General Population and Housing Census in 2005 (3rd GPHC 2005) in Cameroon. The base for drawing the primary sampling unit for SCORECARD is the same as the base for drawing the primary sampling units for the EC-ECAM4 survey which resulted from a two-stage sampling.

In the first stage of the EC-ECAM4 sampling, the census enumeration areas (EAs) constituted primary sampling units (PSUs) and were selected in each council using systematic drawing procedures with probabilities proportional to the sizes (PPS sampling with the size being the number of households per EA). The first stage of sampling was thus done by choosing the required number of enumeration areas in the council. At the second stage, a fixed number of households was drawn according to the systematic sampling method with equal probabilities.

2.3.5. Selection of households

The household lists were prepared by the field enumeration teams for each enumeration area during EC-ECAM 4. Households were then numbered in a sequential order from 1 to n (where n is the total number of households in each enumeration area) at the offices of the National Institute of Statistics, where the selection of a fixed number of households in each enumeration area was conducted using systematic random selection procedures.

The following table provides a breakdown of the number of EAs, sample households and households successfully interviewed by councils in zone 12 of the North West Region.

Table 6: Distribution of the number of sampled EAs and households by council.

Council	Number of EAs			Number of households previewed in the sample	Number of households successfully interviewed	Coverage rate of households successfully interviewed(%)
	Urban/Semi-urban	Rural	Total			
Balikumbat	3	17	20	320	296	92.5
Jakiri	6	14	20	320	290	90.6
Kumbo	19	0	19	321	278	86.6

Ndop	9	9	18	321	307	95.6
Ndu	4	16	20	320	279	87.2
Nkambe	5	15	20	320	306	95.6
Oku	6	12	18	320	311	97.2
Total	52	83	135	2242	2067	92.2

Source: SCORECARD, PNDP North West Region

2.3.6. Questionnaires and manuals

The collection tool adapted from the first SCORECARD survey conducted in the pilot Councils in 2017 served as reference material. A questionnaire was thus developed with its instructions manual for the interviewers (see attached questionnaire).

This questionnaire, administered preferably to the household head or his / her spouse, or to any other adult (15 years or above) household member, included the following sections:

- Household identification
- Portable water
- Health
- Education
- Council services

2.3.7. Recruitment and Training of interviewers and Fieldworks

The recruitment of the interviewers was done by studying the application documents candidates who applied as field agents for the conduct of the interview. The call for candidacy for this activity was PNDP and was open to any Cameroonian of any sex, having at least a GCE Advanced Level Certificate or a Baccalaureate or any other equivalent diploma, and whose places of origin should be the council of interest he/she intends to work. The pre-selection of the interviewers took place at the concerned local councils by a mixed commission made up of the Mayor, the Civil Society Organizations (CSOs) and PNDP.

The training of the pre-selected candidates for the final selection of interviewers or controllers for the fieldworks was done in 12 days where by 4 groups of persons were trained for 3 days each in four different chosen centres:

- **Ndu training centre** : for the training of pre-selected candidates from the Nkambe, Ndu and Kumbo Councils,
- **Ndop training centre**: for the training of the pre-selected candidates from the Jakiri, Ndop, Oku and Balikumbat Councils.

The training included presentations on interview techniques and the contents of the questionnaires; and simulations of interviews between the pre-selected interviewers to gain practice in the art of asking questions during an interview.

Towards the end of the training period, candidates spent time to practice simulated interviews in Pidgin-English, in English and in the various local languages spoken in the concerned councils. On the emphasis laid on field practice, a day was dedicated to this practical phase of the training in order to make the field agents confront the realities on the field.

The data was collected by 15 teams, with each team working in one of the 15 selected councils. In each council, a team was consisted of a council supervisor and 10 field agents (8 interviewers and 2 controllers) divided into two subgroups of 5 persons, with each subgroup headed by a controller. Each council had 7 days of fieldwork for the data collection. The 7 days of fieldwork for the Ndu council started on 24th September 2017 and ended on 30th September 2017.

For various reasons, several households sampled could not be interviewed during the normal collection period and consequently, a catch-up organized for the location and interviewing of those temporarily absent households. This activity was done from the 15th of October 2017 to the 18th of October 2017. The purpose of this activity was to improve on the success rate of responses from households.

2.3.8. Community sensitization and awareness.

The community sensitization and awareness phase is a very important activity in an investigation. It is decisive for community membership in collection operations. During the data collection of the SCORECARD survey, it consisted of informing the administrative authorities (Senior Divisional Officers, Divisional Officers) and the municipal, traditional and religious authorities of the collection process in their various constituencies. This sensitization activity started at the council level with project launching workshops. Then, introduction letters issued by the administrative authorities were drawn up and the media were put to use for the reading and dissemination of these messages carried in the letters. It continued during data collection by the supervisors of the different municipalities.

2.3.9. Data processing

Data entry and processing was done using the software version 6.3 of CSPro. The agents selected for the data entry attended a 3-day training course to familiarize themselves with the

operating tools (questionnaires, data entry application) of the SCORECARD survey. The actual entry started on November 20th, 2017 and ended on November 20th, 2017. In order to ensure quality control and to minimize typing errors, all the questionnaires were double-entered, and internal consistency checks were performed. The errors detected were systematically corrected.

Following the data treatment, the analysis tables were produced by the programs developed by the NIS as part of the SCORECARD survey according to the tabulation plan established by PNDP.

CHAPTER 3

MAIN RESULTS OF THE STUDY, CONCLUSION AND RECOMMENDATIONS FOR IMPROVEMENT

Given the importance of the score card mechanism, whose strength and merit is derived from the expressed opinions of citizens in a bit to participate in their own development. This chapter is reserved for the presentation and analysis of data (opinion of citizens) collected from the field. Chapter three will therefore, be structured in to five sections: presentation of the target population, water, health, education and council services. Tables and various types of charts will be used to facilitate an understanding of the perceptions of the households captured for the various aspects.

3.1. Presentation of the sampled population

The target populations for the study were the various households and one respondent had to represent the entire household. Such a respondent could either be the household head or any other member of the household who must not be less than 15 years of age. The respondent is the person that provides answers to the questionnaire on behalf of the entire household while the household head is the breadwinner of the household or in other words, the household head shall be considered as a member recognized as such by the other members of the family. It should be noted that a single person is qualified to constitute a household and such a person automatically becomes a household head and the respondent as the case may be.

Both sexes and of all age groups, except minors took part in this survey, with different level of participation as rated in percentages.

Table 7: Characteristics of respondents

Age groups	Percentages (%) of respondents
Less than 20 years[	2.8
[20 – 25[	6.4
[25 – 30[	7.3
[30 – 35[	11.5
[35 – 40[	10.7
[40 – 45[	8.5
[45 – 50[	10.8
[50 – 55[	9.7
[55 – 60[	8.9

[60 – 65[	5.2
Above 65 years[	16.6
Does not know[	1.6
Men	50.4%
Women	49.6%
Total	100%

Source: SCORECARD survey, Ndu council, November 2017

The respondents of this municipality cut across all the age groups, showing that every age group are interested in the developmental actions in the community ; however persons above 65 years participated the most (16.6%). See figures 1 and 2.

Figure 1: Percentages of Household heads according to Age

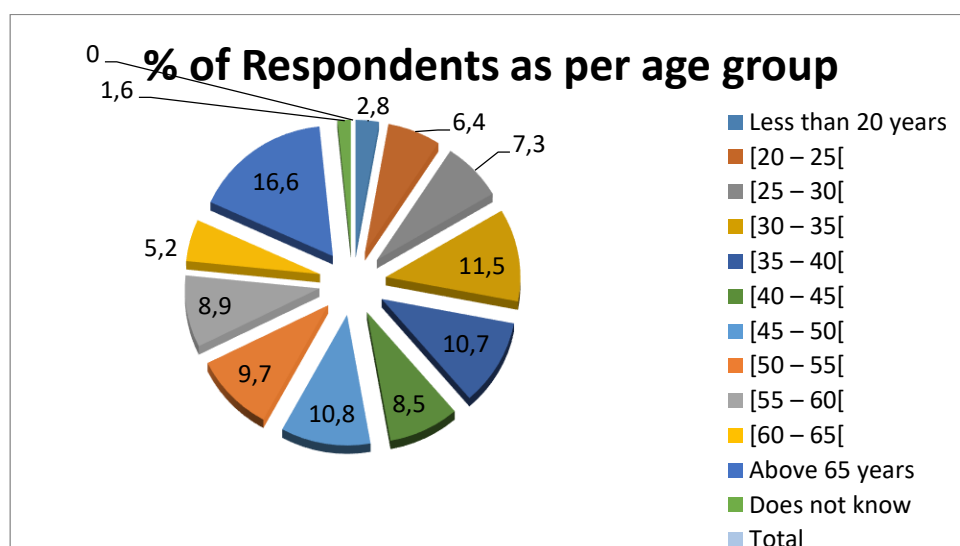
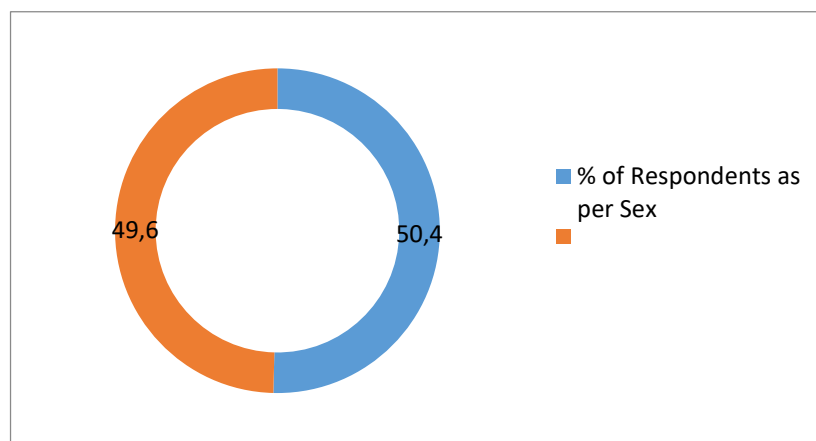


Figure 2: percentage of respondent as per sex.



3.1.1. Characteristics of the household heads

In line with the African context, more men constituted the household heads than women (men 63% and women 37% as reflected in the Ndu council area). This implies that in every 10 household heads, 6 are men while 4 are women. However it is very encouraging to see women representing the family, it is a sign of gender equality that the World Bank encourages. The charts below illustrates the percentage of household heads per sex and age.

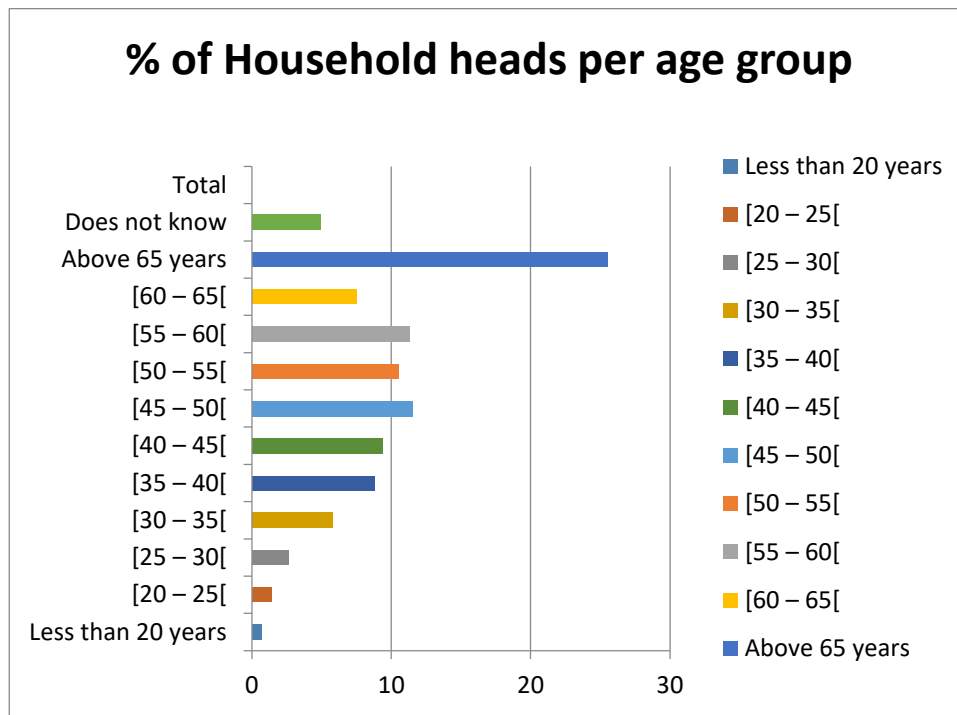
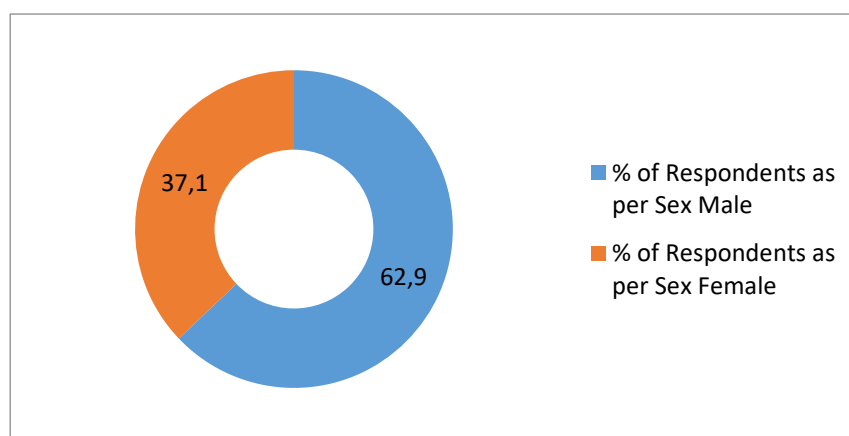


Figure 3: Percentage of household heads per residence and age group

Figure 4: Percentage of household heads per sex



3.2. WATER SECTOR

Access to safe drinking water is essential to health, a basic human right and a component of effective policy for health protection. The importance of water for health and development has been reflected in the outcomes of a series of international policy forums. This include the adoption of the Sustainable Development Goals by countries, in 2015, which include a target and indicator on safe drinking-water (SDG No.6)

Further, the United Nations (UN) General Assembly declared in 2010 that safe and clean drinking water and sanitation is a human right, essential to the full enjoyment of life and all other human rights. These commitments build on a long history of support including the UN General Assembly adopting the Millennium Development Goals in 2000 and declaring the period 2005–2015 as the International Decade for Action, “Water for Life”.

Access to safe drinking water is important as a health and development issue at national, regional and local levels. In some regions, it has been shown that investments in water supply and sanitation can yield a net economic benefit, because the reductions in adverse health effects and health-care costs outweigh the costs of undertaking the interventions. Experience has also shown that interventions in improving access to safe water favour the poor in particular, whether in rural or urban areas, and can be an effective part of poverty alleviation strategies. This indicates the strong effect that access to quality water services has on local development.

In this light, the CRCM study carried out in the Ndu municipality to evaluate the perception of the households as concerns the availability and usage of water services, cost and quality of water services, appreciation of water services and the general appreciation by the households as concerns water services as well as the synthesis in the perception of services in the domain of water and suggested areas of improvement.

3.2.1. Availability and usage of water services in the Ndu council

This subsection looks at the public water supply schemes that exist in the Ndu council area. These water sources considered in this study include:

- **Well equipped with a pump:** This is a dug well that uses a pump as a means pulling up water. The well is usually covered and connected with a pump that pulls up water into a reservoir from where the users will access the water. It is an improved source of water for household use.
- **Open pit well:** This is a dug well without a cover to protect it. The means of carrying

water here is by using a bucket attached with a rope, where the user can dip into the well to carry water and pull up. It is an unimproved source of water for household use.

- **Protected well:** It is similar to the open pit well but differs in the fact that it is covered for protection. It is an improved source of water for household use.
- **Boreholes equipped with manual pump:** a borehole is drilled by machine and is relatively small in diameter than a well. It can go deeper than a well and is attached a manual pump which the user uses to pump out water from the system. It is an improved source of water for household use.
- **Spring/River:** These surface water sources are flowing naturally in the environment. It is an unimproved source of water for household use.
- **Tap water (Pipe borne):** This water source is distributed by the aid of pipes with a tap being the outlet for the users to fetch water. It is usually treated, cleaned or filtered and meets up local established drinking water standards.

From the data presented on the table below, 91.7% and 49.4% of households reported that they have access to Spring/River and tap water (pipe borne water) respectively, suggesting that these are the most common public water supply source in these localities. Other available sources of public water supply systems as declared by the households include, protected well (2.0%), and well equipped with a pump (9.7%) and open pit well (1.5%) and Boreholes equipped with manual pump (1.5%). It was very clear from the opinions of households displayed on the table below, that Spring/River (91.7%) and tap water (pipe borne water) with 49.4% are the major public water supply systems available in most communities in the Ndu council area. Generally a greater proportion of the households in the Ndu council area get their water from either a spring or a river while less than half of the population has access to tap water.

Table 8: Proportion (%) of households in Ndu council per type of water system used

Public water source system:					
Well equipped with a pump	Open pit well	Protected well	Boreholes equipped with manual pump	Spring/River	Access to tap water (pipe borne water)
9.7	1.5	2.0	1.5	91.7	49.4

Source: SCORECARD survey, Ndu council, November 2017

In relation to the main source of water supply in the Ndu council area, 91.2% of the households gets water from a public water source. Alarminglly 65.7% of the households depend on river sources while only 29.1% get potable water from a tap source. Wells and boreholes are yet to be an important source of water supply in the Ndu Municipality.

In relation to the main source of water supply in the Ndu council area, 91.2% of the population gets water from a public water source. Alarminglly 65.7% of the households depend on river sources while only 29.1% get potable water from a tap source. Wells and boreholes are yet to be an important source of water supply in the Ndu Municipality.

Table 9: Main Water supply schemes available in the Ndu council area.

Proportion (%) of households using a public water source	Main public water source used						
	Well with pump	Open pit well	Protected wells	Boreholes with manual pump	Spring/ River	Potable water tap water	Total
91.2	4.5	0.0	0.0	0.6	65.7	29.1	100,0

Source: SCORECARD survey, Ndu council, November2017

Figure 5 : Use of potable water per household

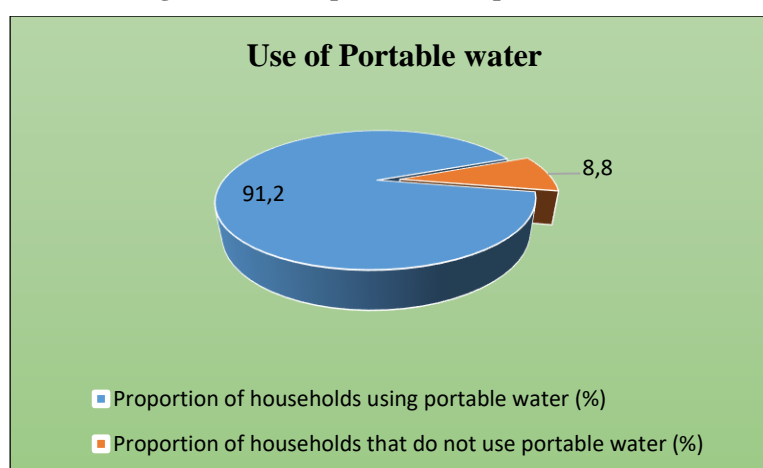
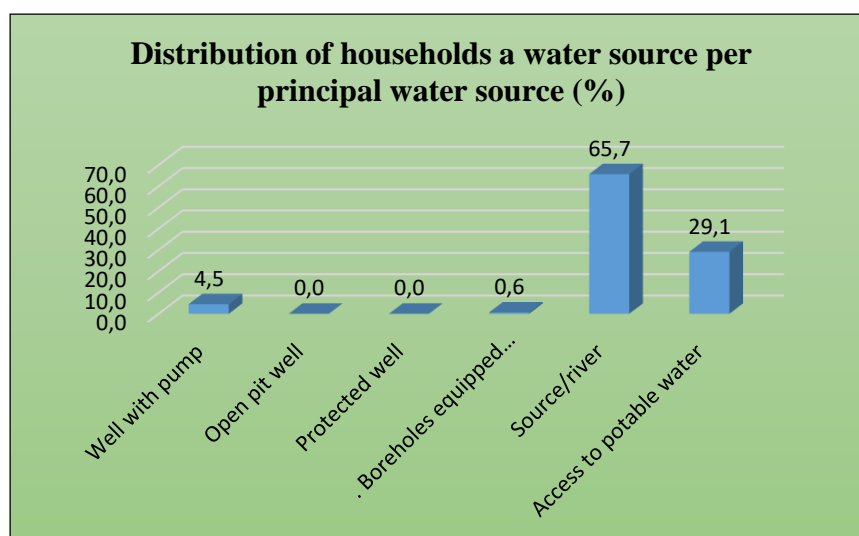


Figure 6 : Distribution of water per household



3.2.2. Cost and quality of water services

Eventhough water is said to be free to everyone when public, some charges are usually allocated to users so as to cover the cost of maintainance and others expenses; yet in some cases the government subsidise this cost.

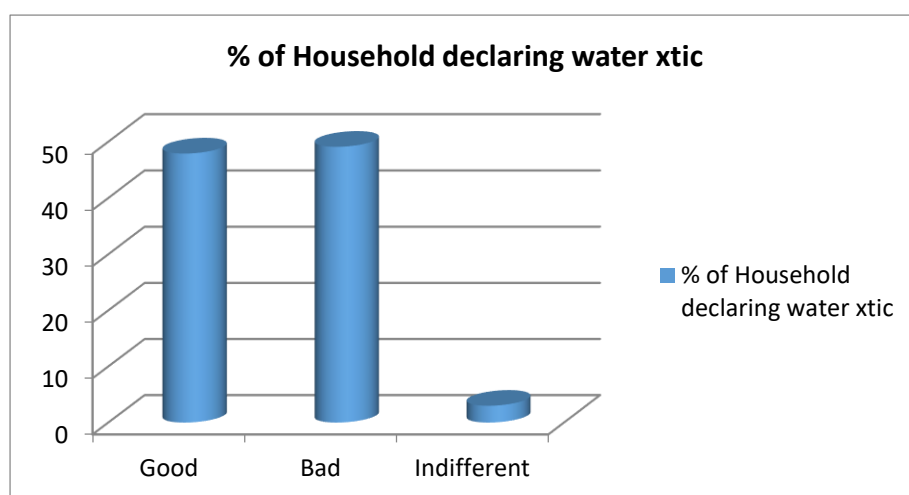
For water to be of good quality it must have the following characteristics;- the water should not have a smell, should not have a taste and should have no colour. Generally more than half of the households testified that the water they get is of doubtful quality, for example 49.1% said the water is not of good quality as against 47.1% who said the water is of good quality while a mere 3.0% were indifferent. In addition, 55.7% of the households said the water has an odour or a smell as against 44.3% that said the water does not have an odour.

Table 10: Proportion (%) of households in Ndu council per characteristics declared of the main water source used

Water Quality			Water has no Odor			Water has no Taste			Water has no Color		
Good	Bad	Indifferent	Yes	No	I don't know	Yes	No	I don't know	Yes	No	I don't know
47.9	49.1	3.0	44.3	55.7	0.0	41.8	56.9	1.4	41.4	58.0	0.6

Source: SCORECARD survey, Ndu council, November2017

Figure 7: percentage of households declaring water characteristics



3.2.3. Cost of water services

Another important aspect considered in this study was the cost of water in the area of study. Here we recorded the opinions of the households in relation to whether or not they pay for water, if they do, -what do they pay on average, as well as how they appreciate what they pay for water if at all they do.

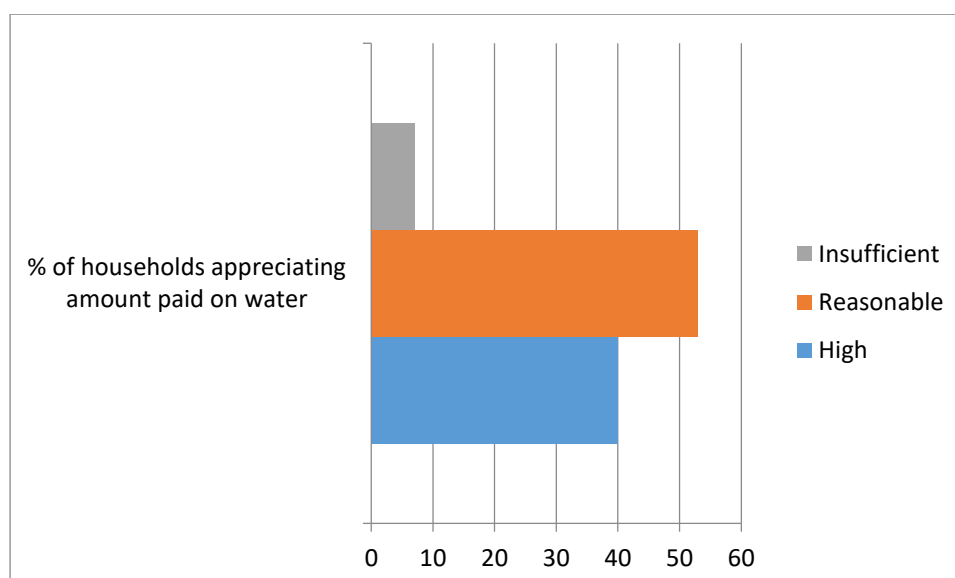
One good thing here is that more than 80% of the households in the Ndu municipality get water from these public sources for free, while only less than 20% admitted they pay. On average they said they pay about 1310frs per month. Despite the fact that they made such payments, 53.0% felt the cost was reasonable, 39.9% of the households felt that this cost is high while 7.1% of this category of persons felt that the cost was insignificant thus showing the variation in the social classes of persons in the Ndu municipality.

Table 11: Proportion (%) of households in Ndu council per characteristics declared of the cost of water

Proportion (%) of households paying for water at the main public water source they are using	Average monthly expenditure (CFA Francs) for households which pay for water	Partitioning (%) of households, paying for water, per appreciation of the amount paid			Total
		High	Reasonable	Insignificant	
17.7	1306.2frs	39.9	53.0	7.1	100

Source: SCORECARD survey, Ndu council, November2017

Figure 8: percentage of households appreciating amount paid on water



3.2.3 Appreciation of water services

The objective here was to see how the population appreciates water services in terms of daily and yearly availability, time taken for a round trip to get water, as well as their level of satisfaction with their current state.

According to the information declared on the table below, over 46.7% of the population using a public main water source system declared that this source provide water for them throughout the year. Considering the distance and time they have to cover in order to fetch water, 9.1% of this proportion declared that they fetch water on the spot, 44.6% of the households said they take less than fifteen minutes, 25.8% declared they take between fifteen and thirty minutes and finally 20.4% of them said they use more than thirty minutes to go fetch water and back. . This clearly presents the need of portable water in the council area.

Table 12: Proportion (%) of households in NDU council using a public main water source, with water available throughout the day/year following the distance required for a round trip to get water.

Proportion (%) of households with water from public main source available throughout the year	Time taken to go fetch water and back				Total
	On the spot	Less than 15 minutes	between 15 and 30 minutes	More than 30 minutes	
46.7	9.1	44.6	25.8	20.4	100.0

Source: SCORECARD survey, Ndu council, November2017

Figure 9: Percentage of time taken to fetch water and back

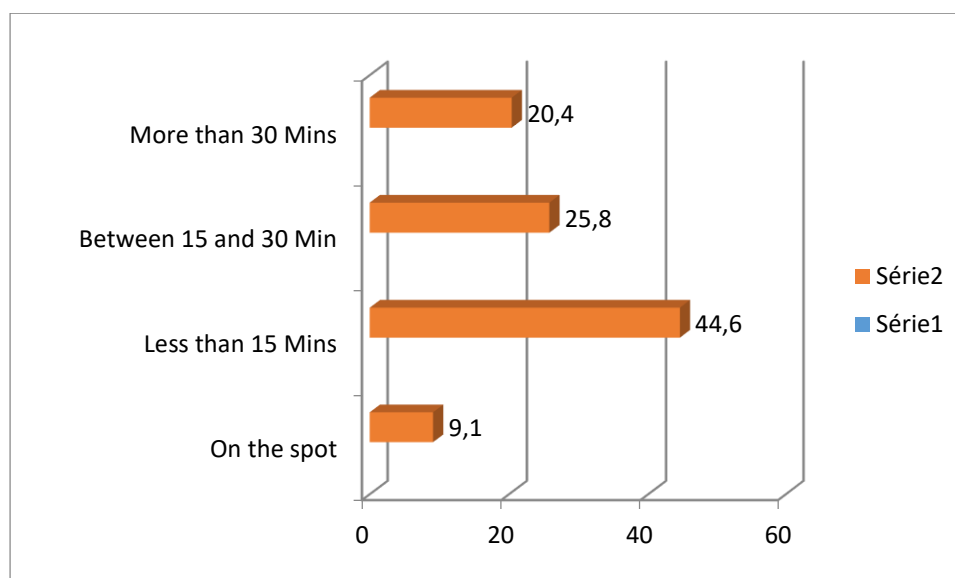


Table 13 shows that 89.3% of the households held that they have access to this water sources throughout the day. That is to say that they can fetch water from the main public supply system throughout the day. This declaration correlates with our findings in the previous subsection which indicated that the main public supply system used by a majority of the population is spring/river. Whether or not there is a problem with this depends on the quality of this water that is a source of hope, in terms of water supply, for many inhabitants in the Ndu council area. Surprisingly only 28.0% of those households declared that their frequency to the access to public main water source used corresponds to their need for water.

Table 13: Proportion (%) of households having access to main public water source used throughout the day

Proportion (%) of households having access to main public water source used throughout the day	Proportion (%) of households whose frequency to access to public main water source used corresponds to their need for water
89.3	28.0

Source: SCORECARD survey, Ndu council, November2017

3.2.4. Breakdown of the main public water source during the last six months

This portion of the work examines the time taken to repair the water supply source in case of any breakdown. From the table below, 36.6% of the population made it clear that they have been declaring a breakdown in their public water supply source to those concerned. Out of

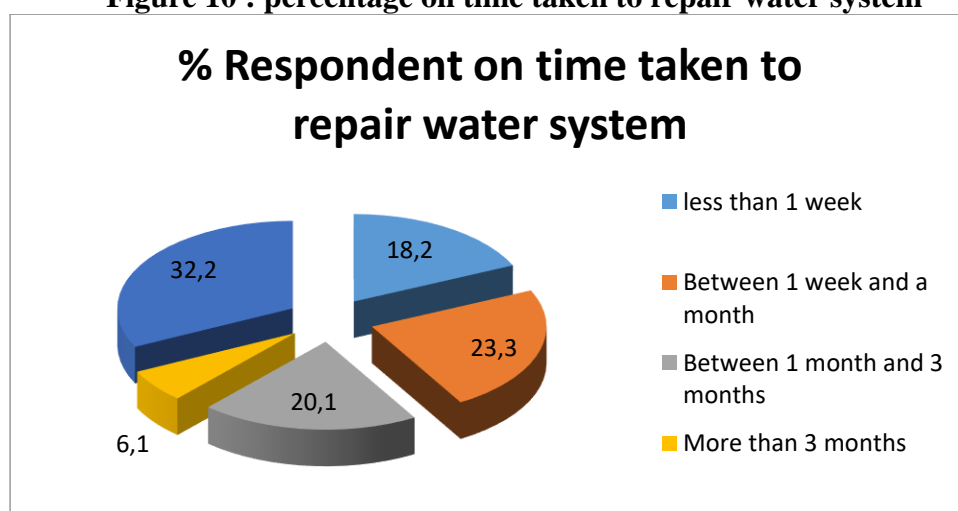
those who reported these breakdowns, 18.2% said it takes less than a week for repairs to be done. 23.3% declared that those who do the repairs takes between one week to a month while, 20.1% said between 1-3months and finally 6.1% made it known that it takes more than three months while a disturbing 32.2% declared there has been no maintenance till date from the date they made an official report to the authority. This therefore suggests that those who are responsible for the maintenance are not duty conscious or there are limited funds to do such repairs.

Table 14: Proportion (%) of households in Ndu council declaring a breakdown of the main public water source used in the course of the last six months

Proportion (%) of households who have declared a breakdown of the main public water source used in the course of the past six months	Time taken for repairs					Total
	Less than a week	Between a week and a month	Between a month and three months	More than three months	Not yet	
36.6	18.2	23.3	20.1	6.1	32.2	100.0

Source: SCORECARD survey, Ndu council, November 2017

Figure 10 : percentage on time taken to repair water system



3.2.5. Institution/person repairing the breakdown of the main public water source

This portion of the report looked at those who did repairs on the water supply system when it had a breakdown. We realized that a greater portion of maintenance of water sources in case of

breakdowns is handled by the traditional authorities and the village water management committee (31.2% and 25.7%) respectively while state services are totally out of the picture. A mere 4.8% however declared that the Mayor through the council does some of the repairs.

Table 15: Proportion (%) of households in Ndu council who have declared a breakdown of the main public water source used in the course of the last six months.

Proportion (%) declaring that the breakdown declared was resolved by the						
Mayor	State (government services)	Elite	Water Management Committee	village/quarter head	Administrative Authorities	others
4.8	0.0	8.3	25.7	31.2	0.0	15.3

Source: SCORECARD survey, Ndu council, November 2017

3.2.6. Need expressed in terms of water supply

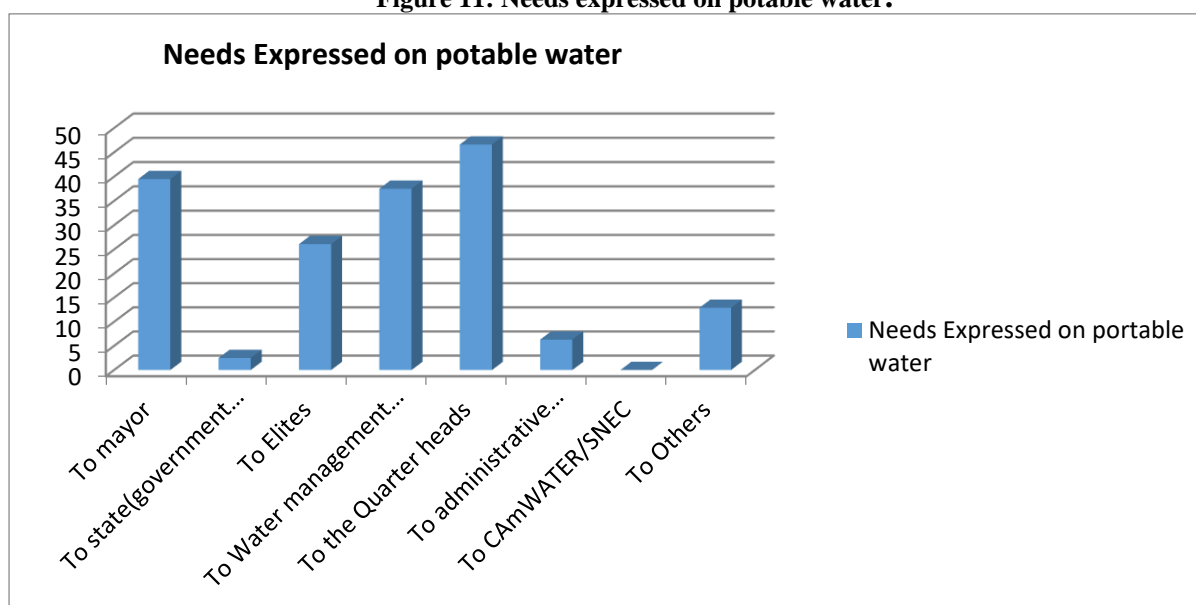
The table below presents to us the percentage of those who have expressed a need for potable water in the last 6 months and if their needs were met or not. The need for additional water supply in the Ndu council area has been high for the past six months. 44.3% of the households has expressed this need, with a greater percentage (46.6%) of them expressing this need to the traditional authorities, 39.5% to the Mayor, 37.5% to the water management committee, 26.1% of the households expressed their need to an elite, 6.3% when to the administrative authority. None of the households expressed their need to Camwater while 12.9% of the households expressed their need to other unclassified quarters. Of all the persons who expressed such a need, only the need of 17.1% of the households were met.

Table 16: Proportion (%) of households in Ndu council who expressed a need for potable water in the last six months and their needs were met.

Proportion (%) of households which have expressed a need in potable water in the last six months	Amongst the households who have expressed a need, proportion (%) whose need was expressed:								Proportion (%) of households whose need expressed for water was met
	To the Mayor	To the State (government services)	To an Elite	To the Water Management Committee	To the village/ Quarter head	To the Administrative Authority	To Camwater/SNEC	To others	
44.3	39.5	2.5	26.1	37.5	46.6	6.3	0.0	12.9	17.1

Source: SCORECARD survey, Ndu council, November 2017

Figure 11: Needs expressed on potable water.



3.2.4. Reasons for the non-satisfaction in terms of water supply

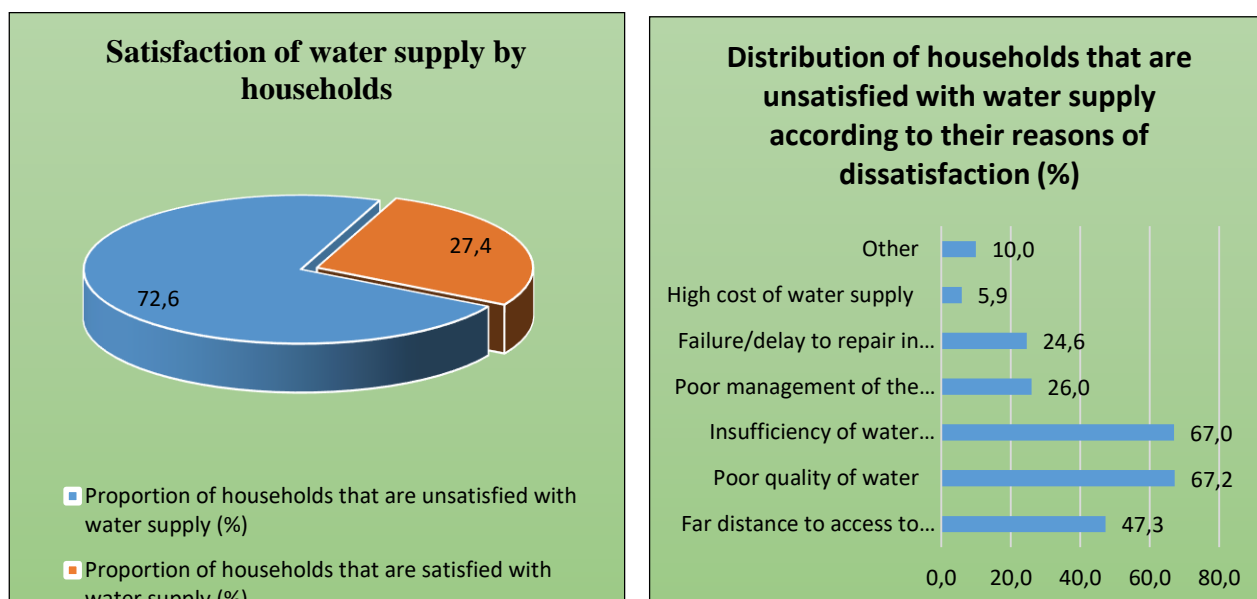
This section presents the reasons and proportions of the households that were not satisfied with the provision of water in the Ndu council area. Generally, looking at the table below a greater percentage (72.6%) of the households in the Ndu municipality said they were unsatisfied with the provision of potable water. Their major factors of non-satisfaction as expressed by the households being insufficient provision of water points (67.0%), poor quality of water (67.2%) and far distances of the available water points (47.3%) amongst other factors

Table 17: Proportion (%) of households not satisfied and reasons for non-satisfaction with the water provision in Ndu council.

Proportion (%) of households not satisfied by the potable water provision	Amongst the households not satisfied, proportion (%) whose reason for their not being satisfied is:						
	Far distance of the water point	Poor water quality	Insufficient water points provision	Management of water points	Lack of/Slowness of maintenance in case of a breakdown	High cost of water provision	Others
72.6	47.3	67.2	67.0	26.0	24.6	5.9	10.0

Source: SCORECARD survey, Ndu council, November 2017

Figure 12: Percentage of households satisfied or not with water supply and reasons for dissatisfaction



3.2.5 Main Expectations in terms of water supply in Ndu council.

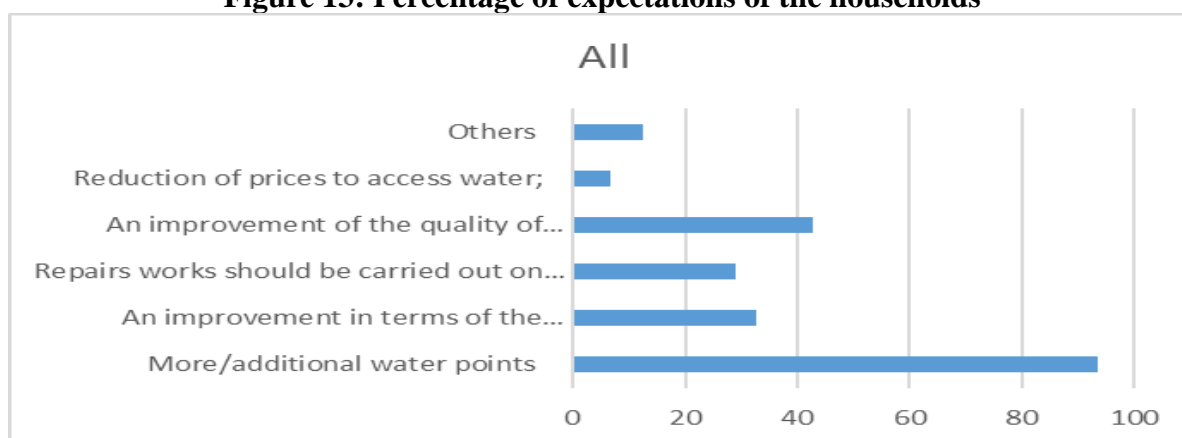
Table 18 presents some expectations of the local population in terms of water supply in the municipality. According to the table, 93.4% of the population said they need more water points, 32.7% were of the opinion that they need an improvement in water management, 42.9% said they wanted an improvement in quality, 29.0% talked of repair works being carried out and 6.6% made mention of the fact that there should be a reduction of prices to access water.

Table 18: Proportion (%) of households in Ndu council according to expectations in water supply.

Proportion (%) of households whose expectation of water provision is :					
More/additional water points	An improvement in terms of the management of the existing water points	Repairs works should be carried out on the damaged water points	An improvement of the quality of water in the existing water points	Reduction of prices to access water;	Others
93.4	32.7	29.0	42.9	6.6	12.5

Source: SCORECARD survey, Ndu council, November 2017

Figure 13: Percentage of expectations of the households



3.2.6 Synthesis of the perception of services in the domain of water and suggested areas of improvement

From the results presented above, most of the people depend on public water supply as it could be seen from the 91.2% that makes use of it though a greater proportion of the households were unsatisfied because of a number of issues which they expressed. It is recommended that the authorities' in-charge of this service should make available affordable public taps with a good management system and water quality in many areas so as to tackle the challenges expressed.

3.3. HEALTH SECTOR

Our health affects everything from how much we enjoy life to what work we can perform. Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy households live longer, are more productive, and save more. That's why there's a Sustainable Development Goal (SDG No. 3) that seeks to ensure healthy lives and promote well-being for all at all ages. The WHO in this light has as objective to make sure everyone has health coverage and access to safe and effective medicines and vaccines. WHO's work on 'Health and development' is concerned with the impact of better health on development and poverty reduction, and conversely, with the impact of development policies on the achievement of health goals. In particular, it aims to build support across government for higher levels of investment in health, and to ensure that health is prioritized within overall economic and development plans.

With such importance, the health sector was therefore one of the sectors under review in the

CRCM study of 2017 in Cameroon's councils by PNDP. This section reports on the findings of the study as concerns health services in the Ndu council area. The aspects under review include the availability and usage of services in the health domain, cost and quality of health services as well as appreciation of health services. Reasons for the non-satisfaction of the households, the main expectations in the services rendered in the domain of health and a synthesis in the perception of services in the domain of health and suggested areas of improvement will also be elaborated upon.

3.3.1 Availability and usage of services in the health domain

3.3.1.1. Closest health unit to households

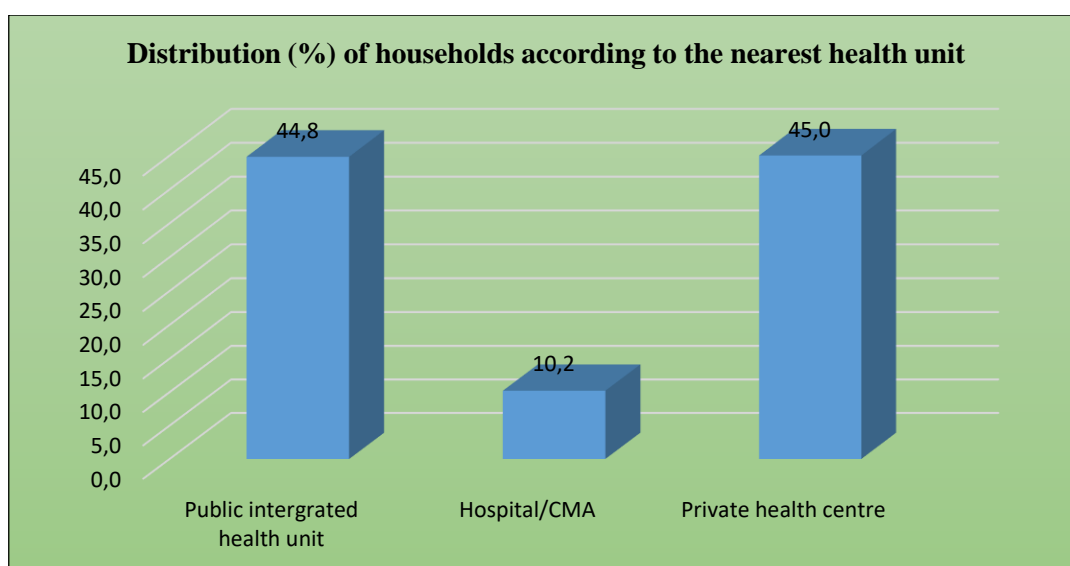
Table 20 shows that 44.4% of households' report that their village/neighborhood has Public integrated health center and it's the closest to them, 45.0% declared that a Private health center is available and closest to them while the remaining minority (10.2%) declared that a Sub Divisional Hospital (CMA) is available and closest to them. This indicates that Private health centers are the main available closest health facility because 45.0% of the population of the Ndu council area is attending them, making them the most popular in the area in terms of availability and accessibility.

Table 19: Partitioning (%) of households per nearest health care unit and time taken to reach there, in Ndu council.

Nearest health Centre			Total
Public integrated health center	Sub Divisional Hospital(CMA)	Private health center	
44.8	10.2	45.0	100.0

Source: SCORECARD survey, Ndu council, November 2017

Figure 14: Percentage of households according to nearest health unit



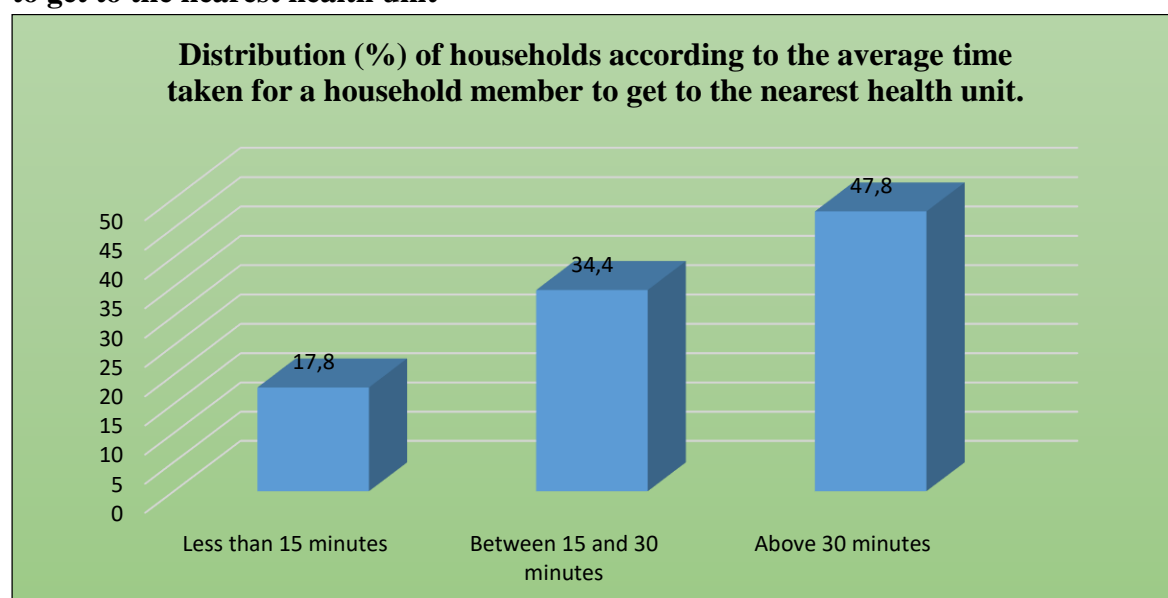
In terms of the time taken by a household member to a health facility, 47.8% of them take more than 30 minutes, and 34.4% take Between 15 and 30 minutes to reach the nearest health facility meaning that majority of the households of the Ndu council area have to travel longer distances, in order to seek medical attention while only 17.8% of the households take less than fifteen minutes. This further indicates that there are few of such integrated health centers, which are even the most popular health institution in the locality, with so many people who depend on the few centers and have to cover long distances in order to benefit from a health service.

Table 20: Time taken to get to nearest health unit

Time taken to reach there			Total
Less than 15 minutes	Between 15 and 30 minutes	More than 30 minutes	
17.8	34.4	47.8	100.0

Source: SCORECARD survey, Ndu council, November 2017

Figure 15: Percentage of households as per average time taken for a household member to get to the nearest health unit



3.3.1.2. Use of services in the health unit

This section of the study examines the type of health facility that the households prefer to visit for their health problems. Here, we base our observations on preferences of the household in terms of health care facilities. From the data collected for this study and classified in the table below, 52.0% of the population declared that, when they are in need of medical services they prefer integrated health centers, 30.2% prefer private health centers, and 11.5% indicated that they prefer a Sub Divisional Hospital/CMA while a very insignificant proportion of the households declared that they prefer going to traditional healers (i.e. 0.5%) and to the medical store (i.e. 0.6%). 5.1% of the households equally declared that they preferred seeking medical attention at other places that were not captured by this study.

Table 21: Partitioning (%) of households per main choice of health solutions, in Ndu council.

Preferences of the household in terms of health care facilities								Total
Public integrated health center	Hospital/CMA	Private health center	Traditional healers	At the medical store/kiosk	Go to a medical staff member	Treat at home/self-medication.	others	
52.0	11.5	30.2	0.5	0.6	0.0	0.0	5.1	100,0

Source: SCORECARD survey, Ndu council, November 2017

3.3.1.3. Attendance to the nearest health care unit

According to the information provided on the table below, 65.9% of the households are using the nearest household healthcare unit. Amongst the users of these units, 63.0% declared the unit is headed by a medical doctor and 18.5% said it is headed by a nurse while 4.6% declared that the health unit is headed by a Nurse aider. 13.1% of the households declared other categories of personnel that head the health unit while 0.7% of households did not know who heads the health unit they visit.

Table 22: Partitioning (%) of households whose members have been to the nearest health care unit according to the head of health care unit visited in Ndu council.

Proportion (%) of households using the nearest health care unit	Head of health care unit, for households using the nearest health center					Total
	Medical Doctor	Nurse	Nurse aider	others	Don not know	
65.9	63.0	18.5	4.6	13.1	0.7	100.0

Source: SCORECARD survey, Ndu council, November2017

Figure 16: proportion of households with at least a member that has visited the nearest health unit

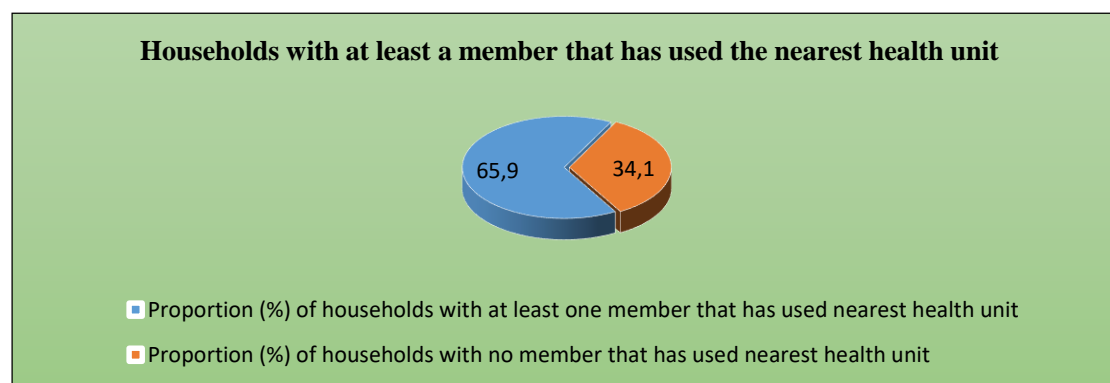
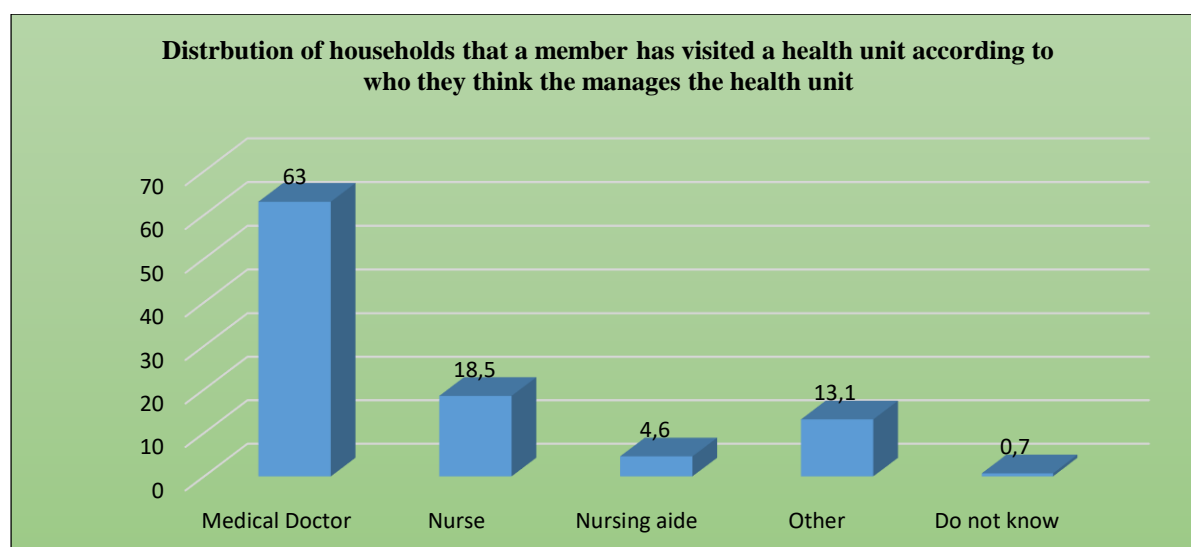


Figure 17: Distribution of households visit to a health unit according to who is the head



3.3.1.4 Characteristics of visited health care units

With respects to the characteristics of the hospitals that the households visited, 94.0% of the population said there were medical staffs present. 94.6% also declared that pharmacies existed while 97.6% were of the opinion that admission rooms were present. 96.4% observed that basic materials were available while 84.7% of these very households said drugs were available. In relation to the number of beds in the rooms, 39.3% of the households declared that there were less than five beds in the rooms while, 23.3% said there were between 5 and 10 beds. 35.5% declared that there were more than 10 beds in the rooms. However, 2.0% of the households were not aware of the exact number of beds in the wards.

Table 23: Percentage and characteristics of the nearest healthcare unit visited in the Ndu council area

Characteristics declared by households about the nearest health centre during their last visit					
Presence of personnel	Availability of basic material/equipment	Existence of hospitalisation hall/rooms	Number of beds in the hospitalisation halls/rooms	Existence of a pharmacy/pro-pharmacy	Availability of drugs
94.0	96.4	97.6	<5= 39.3 5-10= 23.3 >10.=35.5 Don't know = 2.0 Total. 100.0	94.6	84.7

Source: SCORECARD survey, Ndu council, November2017

3.3.2 Appraisal of the amount paid in the health care unit

Access to healthcare is not yet free in the health sector in our country, as shown in Table below as 89.3% of the households said they have paid consultation fees at the nearest health care unit (i.e. 9 out of every 10 persons in the Ndu council area do pay for consultation). A greater majority of households have paid a fee at the health unit they have visited. On average, 4 out of every 10 households declared that they spent between 500 and 1000 FCFA and 5 out of every 10 households pay more than 1000 FCFA as consultation fee during their previous visit to their preferred health unit, mostly private health centers and integrated health centers.

With regard to the assessment of the amount of fees paid as consultation, a majority of households (i.e. 53.7% of those who have paid consultation fees) believe that the amount is high while 44.7% of these households perceive this amount(500frs -1000frs) as reasonable and an insignificant 1.6% of these households see the amounts as insignificant.

Table 24: Proportion (%) of households in Ndu council, whose members have paid consultation fees at the nearest health care unit

Proportion (%) of households that paid consultation fees at the nearest health care unit	Average amount paid for consultation fees (FCFA)				Partitioning (%) of households paying consultation fees, per appreciation of amount paid			Total
	Less than 500 FCFA	Between 500 and 1000 FCFA	More than 1000 F CFA	Total	High	Reasonable	Insignificant	
89.3	9.6	38.4	52.0	100.0	53.7	44.7	1.6	100.0

Source: SCORECARD survey, Ndu council, November2017

3.3.3. Appreciation of health services

According to the result presented on the table, 79.7% of the households judged the behaviour of the medical personnel as good, 13.6% said it was average while 6.7% of the households declared that the reception by the personnel was bad.

Table 25: Proportion (%) of households in Ndu council attending the nearest health care unit according to the reception of the medical staff.

Partitioning (%) of households attending the nearest health care unit, according to the reception of the medical staff:			
<i>Good</i>	<i>Average</i>	<i>Bad</i>	Total
79.7	13.6	6.7	100

Source: SCORECARD survey, Ndu council, November 2017

3.3.4. Reasons for the non-satisfaction of the population.

This sub section is designed to capture the perception of the households on whether the health problems that took them to the hospitals were solved and what level of satisfaction they have of the various indices of measurement. According to table 27, 63.3 % declared that their health problems in the Ndu council area are being solved in these hospitals while 36.9% declared they were not satisfied with the services rendered. Out of this, 36.9% who said they were not happy, 59.7% gave reasons for their non-satisfaction as far distance to access health units. 42.3% were not satisfied with the quality of equipment, while 56.6% of the households had the perception that the quality of services rendered was poor. 64.7% of them were not satisfied with the insufficiency of existing health care units, and 31.1% said their dissatisfaction was due to some defaults related to the health care unit staff. 33.7% were not satisfied with the poor management of the health care unit while 44.0% said their dissatisfaction was due to insufficiency of drugs. 41.8% declared that they were not happy with the situation because of high cost with regards to health care access.

Table 26: Proportion (%) of households in Ndu council, whose members have declared that the nearest health care unit solves most of their health problems in the village and whose members are not satisfied with the services rendered by health care unit.

Proportion (%) of households whose at least one household member declared that majority health problems in the village have being solved	Proportion (%) of households not satisfied with health services rendered	Amongst the households not satisfied, proportion (%) whose reason for their non-satisfaction is :								
		Far distance to access the health care units	Poor quality of services provided	Insufficiency of existing health care units	Defaults related to the health care unit staff	Poor management of the health care units	insufficiency of drugs	Poor quality/insufficiency of equipment	High cost with regards to health care access	others

63.3	36.9	59.7	56.6	64.7	31.1	33.7	44.0	42.3	41.8	14.2
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Source: SCORECARD survey, Ndu council, November2017

3.3.5 Main expectations in the services rendered in the domain of health

The households expressed some expectations in relation to improving on healthcare services. 85.3% of the households declared that additional healthcare units should be created or constructed. This suggestion ties so very much with the fact that they have to trek for long just to benefit from health services. 42.1% said there should be an increase in the provision or supply of drugs, 56.3% said the health care units should be equipped while 21.4% said they expect that certain staff members from the health care unit should be transferred. 28.4% of these households sited other expectations that were not captured during the survey.

Table 27: Main expectations in the services rendered in the domain of health

Proportion (%) of households whose expectations in health services are :				
Additional health care units	Provision/supply of drugs	provision of staff members	Equipped health care units	Others
85.3	42.1	21.4	56.3	28.4

Source: SCORECARD survey, Ndu council, November2017

3.3.6 Synthesis of the perception of services in the domain of health and suggested areas of improvement

From the reports of households that were targeted for this survey, most households only have access to integrated health centres of which they have to travel longer distances to have access to. Field reports also hold that these institutions have drugs, hospitalisation rooms and beds, but it also holds that all these are not up to the required levels and needs to be improved upon. As such the public integrated health center needs to be given much attention. Thirty (30) minutes is too long a time to take in order to reach a health facility especially when it has to do with emergencies. It is amazing that though integrated health centers are the most available and relatively inaccessible to the population because of the time taken to reach one, people still prefer to go to integrated health centers over other health facilities. This preference further shows the need to make such centers available and closer to the population. This gives the general impression that these hospitals are equipped with quality staffs. Equally though the amount is perceived to be high by a majority of the population, it is

however important to note that it is higher than what is supposed to, and applies in public hospitals (600FCFA per person). It is therefore necessary to check for possible corruption in healthcare institutions.

3.4. EDUCATIONAL SERVICES

Education is a powerful driver of development and one of the strongest instruments for reducing poverty and improving health; it enables people to be more productive, to earn a better living and enjoy a better quality of life, while also contributing to a country's overall economic growth. No country can achieve sustainable economic development without substantial investment in human capital. Education enriches people's understanding of themselves and world. It improves the quality of their lives and leads to broad social benefits to individuals and society. In addition it plays a very crucial role in securing economic and social progress and improving income distribution. Education is critical for breaking the poverty cycle and its importance is reflected in the commitments of the [Sustainable Development Goals](#) (SDGs) and [Education for All](#) (EFA). The Sustainable Development Goal No. 4 on Quality Education aims at ensuring inclusive and equitable quality education and promotes lifelong learning opportunities for all.

Section 20 of LAW No 2004/017 OF 22 JULY 2004 on the orientation of decentralization in Cameroon gives councils the following responsibilities regarding education:

(a) Education

In keeping with the school map, setting up, managing, equipping, tending and maintaining council nursery and primary schools and pre-school establishment. Other responsibilities under this law include the recruitment and management of back-up staff for the schools, participating in the procurement of school supplies and equipment, participating in the management and administration of State high schools and college in the region through dialogue and consultation structures.

(b) Literacy education

Executing plans to eradicate illiteracy, in conjunction with the regional administration and participating in the setting up and management of educational infrastructure and equipment.

(c) Technical and vocational training

Preparing a local forward-looking plan for training and retraining, drawing up a council plan for vocation integration and reintegration and participating in the setting up, maintenance and management of training centers. This Study looks at the availability and the use of educational services within the Ndu municipality.

History of Education, theories, methods, and administration of schools and other agencies of information from ancient times to the present states that education developed from the human struggle for survival and enlightenment. It may be formal or informal. Informal education refers to the general social process by which human beings acquire the knowledge and skills needed to function in their culture. Formal education refers to the process by which teachers instruct pupils/ students in classes/courses of study within institutions. This section of the survey pays attention to the proportion of households whose children have access to formal education at the various sub cycles of Nursery, Primary and Secondary. It will also look at the time taken by children to attend school. It will equally examine a number of characteristics of the various cycles as well as level of satisfaction of the households and their expectation. This study was carried out in the Ndu council area from the 23rd September to the 30th September 2017 covering the school year 2016/2017

3.4.1 Availability and usage of services in the domain of education per cycle.

The table below shows that 100% of households' reported that their village/neighborhood has a Nursery school and a household has an average of 1 child attending this nursery school. In terms of the distance travelled by children who attend the nursery school, 75.1% of them cover less than 1 km, and 24.9% of the children cover a distance between 1 and 5km and finally no nursery school child covers a distance of more than 5km in the Ndu council area to attend school.

In relation to Primary schools in the Ndu council area, 98.6% of households declared that they have a primary school in their neighborhood and on average; a household has at least 2 children attending primary school. In almost all households, 64.0% of these pupils travel less than 1km to go to school, 35.1 % of them travel between 1-5km and 0.9% travel more than 5km to get to school.

About 9 out of 10 households (95.3%) reported that there exist secondary schools in their village/neighborhood. Overall, a household residing in this community has an average of 2 children in secondary school. As for the distance travelled and the time taken by secondary school children to reach their school, 43.5% of the household population estimates that their children travel less than 1km to get to school, while 42.0% of households said their children travel between 1-5km before they get to school and finally. 14.5% said they travel more than 5km to get to school.

Table 28: Partitioning (%) of households in Ndu council, whose children have access to education, per type of educational cycle.

Available Cycle	Proportion of households belonging to a village with an educational cycle	Average number of children from the household attending the nearest school	Average distance covered by the children to go to school			
			Less than 1KM	Between 1 and 5 KM	More than 5KM	Total
Nursery	100.0	1.5	75.1	24.9	0.0	100.0
Primary	98.6	2.2	64.0	35.1	0.9	100.0
Secondary	95.5	2.1	43.5	42.0	14.5	100.0

Source: SCORECARD survey, Ndu council, November 2017

Considering the table below, all households reported that there is a complete cycle for the Nursery and primary school in the school that their children attend. For the nursery school, 61.0% of the households said the school where their child/children attend has a classroom per class level, 76.1% of them declared that there is availability of benches/desks for all pupil to sit on while only 15.8% of them declared that school textbooks were distributed to their children. As for the primary 63.3% of the households said classrooms are available at each class level for their children, 8 out of every 10 of them declared desks for all the pupils to sit on are available while a mere 11.6% of them said school textbooks are distributed to their children.

For the secondary 97.6% and 95.3% reported that there is a complete 1st and 2nd cycle respectively for the secondary school that their children attend. 89.4% of the households said the schools where their children attend has a classroom per each class level and finally 96.7% of the households declared that there was a sitting space for all the children.

Table 29: Quality of services offered in the educational sector per cycle.

Educational cycle	Characteristics declared about the school attended			
	Has a complete cycle	Has a classroom per class level	Availability of benches for all pupils to sit on	Distribution of school textbooks in the school
Nursery		61.0	76.1	15.8
Primary	100	63.3	80.3	11.6
Secondary	1 st cycle	97.6	96.7	
	2 nd cycle	95.3		
		89.4		

Source: SCORECARD survey, Ndu council, November 2017

3.4.2. Appreciation of services in the domain of Education per cycle

The appreciation of the quality of the teaching received by the pupils can be strongly dependent on the number of students per classroom and the presence of the teachers. Thus, during the data collection of the score card project, questions were asked about these two aspects of the quality of education in the council area. It should be recalled that in Cameroon, an average of 30, 30, 60 pupils per classroom in Nursery, primary and secondary schools are respectively recommended. Hence the table below reveal that 54.7% of Parents with kids in the nursery school revealed that their children are less than 30 in class, 38.2% said their children are between 30 and 60 and 2.5% said they are above 60 in class while 4.1% did not know. For those of the primary, 32.7% of Parents with kids in the primary school revealed that their children are less than 30 in class, 48.6% said their children are between 30 and 60 and 10.6% said they are above 60 in class while 8.2% did not know. With respect to the secondary level, 5.5% of Parents with kids in the secondary school revealed that their children are less than 30 in class, 31.4% said their children are between 30 and 60 and 59.6% said they are above 60 in class while 3.5% of them did not know.

As concerns the effective presence of teachers, for the nursery schools, 86.4% of the households said the teachers were regular, 11.4% of them declared that teachers were averagely regular, while 2.2% revealed that the teachers were irregular. For the primary section, 79.2% of the households said teachers are regular, 13.3% said they were averagely regular, 5.3% said teachers are irregular while 1.7% of the households did not have a knowledge of the situation. Finally in relation to the secondary schools, 65.4% of the households declared that the teachers of their children are regular, 30.8% of them said the teachers were averagely regular, 2.4% said they irregular while 1.4% of the households didn't

know. Vocational training is totally absent or insignificant because the area is more of a rural area and there is still little awareness on the importance of such properly organized training as many people prefer to send their children to small local workshops to be trained in whatever aspect.

Table 30: Proportion (%) of households in Ndu council whose children are going to school and are in classrooms with an average number of pupils and the teacher's presence in classroom

Educational cycle	Proportion (%) of households in Ndu council whose children are going to school and are in classrooms with an average number of pupils.				Proportion (%) of households in Ndu council according to the appraisal of the teacher's presence in classroom.			
	Less than 30	Between 30 and 60	above 60	Don't know	Regular	Averagely regular	Irregular	dkn
Nursery	54.7	38,2	2.5	4.6	86.4	11.4	2.2	0.0
Primary	32.7	48.6	10.5	8.2	79.2	13.3	5.3	1.7
Secondary	5.5	31.4	59.6	3.5	65.4	30.8	2.4	1.4
Vocational training								

Source: SCORECARD survey, Ndu council, November2017

Table 31: Partitioning of households in Ndu council according to the appreciation of the amount paid for the school (registration, tuition fees, Parents Teachers Association (PTA))

Educational cycle	Proportion (%) of households having paid the required fees for education	Average school fees expenditure spent throughout a school year per child (CFA Francs)	Partitioning (%) of households paying fees required per appreciation of the amount paid		
			High	Reasonable	Insignificant / Not concen
Nursery	99.2	1 1.990	75.2	23.5	0.5/0.8
Primary	99.6	7.28 83	70.0	28.4	0.6/1.0
Secondary	100.0	26.590	82.5	17.5	0.0/0.0
Vocational training	*	*	*	*	* / *

Source: SCORECARD survey, Ndu council, November2017

3.4.3. Repairs of Damaged classrooms

The data presented on the table below concerns the perception of household in the Ndu council area about persons responsible for the repair of their school infrastructures when they

get bad. From the responses of households who have children in the nursery, primary and secondary schools, 97.5%, 98.0%, 95.3% of parents having children in the nursery, primary and secondary schools respectively declared that when there is a problem with school infrastructure it's the PTA that repairs it.

Considering the Mayor (council) as far as school repair/maintenance work is concerned, only 2.6 % of households for the nursery, 11.1% of household for the primary and 17.7% for the secondary school declared that the Mayor is responsible for all repair works. As concerns VDAs, 15.6% of the households for the nursery schools, 15.1% for the primary and 18.2% of the households for the secondary schools declared that repairs are done by the village organizations. As for the part of the Ministries, 2.2%, 7.6% and 14.7% for the nursery, primary and secondary respectively said the ministries does the repairs. Some of the households however declared that some elites and other quarters take care of such repairs for all the cycles, for example, 16.8%, 9.3% 7.7% of the households for the nursery, primary and secondary respectively said repairs were done by elites.

Table 32: Proportion (%) of households in Ndu council declaring that the damaged classrooms were repaired per stakeholder type

Educational cycle	Proportion (%) of households declaring that the damaged classrooms were repaired by					
	The PTA	Mayor	A village organisation	MINEDUB/MINESEC /MINEFOP	The Elites	Others
Nursery	97.5	2.6	15.6	2.2	16.8	2.2
Primary	98.0	11.1	15.1	7.6	9.3	7.6
Secondary	95.3	17.7	18.2	14.7	7.7	14.7
Vocational training	*	*	*	*	*	*

Source: SCORECARD survey, Ndu council, November2017

3.4.4. Reasons for the non-satisfaction of the population in the domain of education per cycle

According to the norms of basic education in Cameroon, nursery and primary education for public schools is supposed to be tuition fee free but unfortunately this is not true of the Ndu council area.

Looking at the various sections, 19.0%, 40.5% and 20.1% of the households for nursery, primary and secondary respectively registered their dissatisfaction .Amongst these

households that registered their dissatisfaction, they gave a number of reasons to justify their dissatisfaction. Some of the reasons for their dissatisfaction included; far distance to access an educational service, 36.8%, 23.9% and 52.2% of the households for nursery, primary and secondary respectively identified with this problem. Another issue of dissatisfaction was insufficiency of classrooms, and for this, 53.8%, 50.2% and 24.0% of the households in the Ndu council area for nursery, primary and secondary respectively identified with this difficulty. High tuition fees is the most prominent reason for their dissatisfaction as could be seen from the very percentages of the households at all the cycles that identified with this problem(i.e. 72.0%,67.5% and 75.0% for the nursery, primary and secondary respectively). Other reasons advanced for the dissatisfaction of most the households included the following; insufficiency of equipment, insufficiency of schools/vocational training centers, insufficiency in teaching staff, the non-distribution of school textbooks and poor results at all the cycles. It was equally observed that vocational training or schools is of very little significance in the Ndu council area

Table 33: Proportion (%) of households in Ndu council according to the level of satisfaction and the reasons of dissatisfaction, in terms of education services.

Education al cycle	Proportion (%) of households not satisfied with educational services	Amongst the households not satisfied, proportion (%) whose reason of dissatisfaction is :								
		Far distance to access educational services	Insufficiency of classrooms	Insufficiency of equipment	Insufficiency of schools /vocational training centers	Insufficiency of teaching staff	The non-distribution of school textbooks	Poor results	High tuition fees	Others
Nursery	19.0	36.8	53.8	46.9	18.9	51.8	59.9	18.9	72.0	8.9
Primary	40.5	23.9	50.2	31.6	18.6	59.5	55.5	19.8	67.5	11.8
Secondary	20.1	52.2	24.0	34.4	23.8	44.4	38.2	19.5	75.0	10.8
Vocational training	*	*	*	*	*	*	*	*	*	*

Source: SCORECARD survey, Ndu council, November2017

3.4.5. Expectations in the domain of Education

After the dissatisfaction with the education services in the different cycles of education, the data collection of the Score card also helped to capture the information on the expectations of the population in relation to the education services. It is clear from this analysis that,

irrespective of the cycle, households are more expectant to have lower tuition fees (i.e. secondary 27.9%, primary 41.7%, and nursery school 23.5%). This trend is in perfect agreement with the results of the analysis of the reasons for non-satisfaction. Other area where the households expect to see some meaningful improvements include: the distribution of school textbooks (i.e. 21.7%, 33.9% and 19.9% for the nursery, primary and secondary respectively), employing or recruiting more teachers (i.e. 20.6%, 43.9% and 21.5% for the nursery, primary and secondary respectively) while other expectations were equally registered for all the cycles in aspects such as; to have schools located nearby, have equipment added, open vocational schools and finally they want to see an improvement in the results at all the cycles.

Table 34: Proportion (%) of households in Ndu council, per type of expectations in the domain of education and per educational cycle.

Educational cycle	Proportion (%) of households whose expectations in the domain of education are :								
	To have a school located nearby	Built more classrooms	Add additional Equipment	Create more schools /vocational	Recruit more teaching staff	Distribute school textbooks	Improve the quality of the	Reduce the costs	Others
Nursery	7.6	20.4	19.9	10.0	20.6	21.7	12.0	23.5	5.8
Primary	10.0	29.8	26.3	15.4	34.9	33.9	15.4	41.7	7.6
Secondary	11.9	13.0	18.8	12.8	21.5	19.9	12.9	27.9	6.2
Vocational training	0.3	0.4	0.7	0.4	0.6	0.2	0.2	0.2	0.2

Source: SCORECARD survey, Ndu council, November 2017

3.4.6. Synthesis of the perception of services in the domain of education and suggested areas of improvement

There are nurseries, primary and secondary schools in all localities in the council area as over 90% of households overwhelmingly reported the availability of these schools in their localities. The Ndu Council area still lacks other institutions like vocational training centres as all the households reported that none existed in their community.

Households reported that teachers are not regular in classes and children cover far distances

before attending schools. It was equally reported through the scorecard survey that, nursery and primary school children have adequate sitting space in their schools than those of the secondary and high schools as some classes are overcrowded.

In nursery and primary schools, it was revealed by the scorecard that there are insufficient classrooms and equipment.

The major expectation revealed by the scorecard in the domain of education was for the provision of additional staff in the schools, construction of additional classrooms and provision of equipment for teachers, pupils and students.

3.5. SERVICES OFFERED BY THE COUNCIL INSTITUTION

Decentralization involves bringing services closer to the population by an authority that is put in place by the population through universal suffrage or democracy. The provision of public services to the population through decentralization aims at increasing the access to these services by the population, as well as a higher level of efficiency and effectiveness of these services through accountability and good governance.

Decentralization is guided by the concept of participation which entails involving the households of the local communities or councils and other stakeholders in all the stages of projects carried out in that community. This entails the involvement of the households throughout the project phase for local development projects. This indicates that the household is involved from the identification of these projects, through allocation of resources to the implementation and monitoring of these projects. Participation helps to empower the local government and population to be able to handle their developmental issues, increasing the sustainability of their development endeavours.

For better policies to be taken at the level of the local authorities, it is therefore necessary to get a feedback of the services offered to the households. This feedback is better obtained from the beneficiaries themselves who will better appreciate the activities of the local authority, giving a good base for better policies to be adopted to increase their satisfaction and standard of living. In this light, the CRCM study was aimed at assessing the perception of the different households in the Ndu Council on the quality of services rendered to them at the council level and also their level of participation in the council's planning and execution of rural developmental projects.

3.5.1. Availability and usage of council services

In this sub section, we will be examining what services are offered by the council and who has requested a service within the past 12 months; are some of the questions we seek to answer by looking at the proportions of households that reacted to any of the above.

The existence of councils in any municipality is to render some social services to the population such as the issuing of birth certificates, marriage certificates, building permits, death certificates etc.

From the services that the council makes available to her municipality, most of them are unpopular to the inhabitants. The highest service which the people requested from the council for the past twelve months was the birth certificate with just 16.3% , while other services like the issuing of death certificates and building permits is almost never requested for or has very insignificant number of persons who come requesting for such services from the council. These services recorded only 0.5% and 0.6 % respectively for example.

One positive aspect that we can deduce from the above data is that from the few number of households who declared they requested for the birth certificate from the council, a very big proportion of them were satisfy with the service or perceived that the service was well rendered to them. (i.e. 84.0%) while for the other services they were unable to make an appraisal of them since only an insignificant number of persons requested them. This high level of satisfaction could be justified specifically by the fact that it takes averagely between a day and a month to obtain a birth certificate from the Ndu council but in general terms 15.3% of the households said it took them between one day and a week to obtain a birth certificate from the Ndu council. 32.7% said it takes between a week and a month while 9.5% declared it takes between a month and three months. At a higher end, 13.4% said it takes more than three months to obtain a birth certificate at the Ndu council. However, 6.5% of the households declared that the process was still ongoing.

Table 35: Proportion of households in Ndu council which have requested for a council service in the last 12 months.

Services	Proportion of households which have requested for a service in the last 12 months	Proportion of households which are of the opinion that the reception for the said service was good	Time spent to obtain the services					
			Less than a day	Between 1 day and a week	Between a week and a month	Between one month and three months	More than three months	Ongoing
Issuance of a birth certificate	16.3	84.0	22.7	15.3	32.7	9.5	13.4	6.5
Certification of official documents	4.9	*	*	*	*	*	*	*
Building permit	0.6	*	*	*	*	*	*	*
Death certificate	0.5	*	*	*	*	*	*	*
Marriage certificate	2.2	*	*	*	*	*	*	*
Certificate of Residence	0.8	*	*	*	*	*	*	*
Approval/Validation of localisation plans	1.1	*	*	*	*	*	*	*
Request for Informations	4.3	*	*	*	*	*	*	*
Others	7.4	*	*	*	*	*	*	*

Source: SCORECARD survey, Ndu council, November 2017

3.5.3. Appreciation of council services

The table below depicts the proportions of households who declared that they have been involved or were informed on the council activities, as well as the type of activity. Going by the information on the survey table above, 45.9% of households interviewed declared that within the past 12 months they have been involved or were informed of the village/quarter in Support development actions. On a similar note, 42.6% of the households had been involved or informed of village or quarter planning with just 26.5% reporting to have participated in village assemblies.

It is worth noting here that most of the activities that the council solicits the participation of the citizens have nothing to do with resources/finances. For example, when it comes to Involving the village/quarter in planning, 7.6% of the households attest to the fact that they were either informed of or participated in the activity, but when it comes to activities like

Communication on the council annual budget and Involving the village /quarter in programming and budgeting sessions, (5.3% and 67.2% respectively) declared they were involved. This means that the local population is just partially part of the planning process in the councils especially when it comes to issues related to resource management.

Table 37: Proportion (%) of household in Ndu council who declared that they have been involved or was informed on the council's activities

Proportion of household who declared that they have been involved or were informed on the council activities					
<i>Participation in village assemblies</i>	<i>Communication on the council annual budget</i>	<i>Communication on income and expenditures of the council</i>	<i>Support the village/quarter in development actions</i>	<i>Involving the village/quarter in planning</i>	<i>Involving the village /quarter in programming and budgeting sessions</i>
26.5	7.6	5.3	45.9	42.6	67.2

Source: SCORECARD survey, Ndu council, November 2017

3.5.4. Reasons for the non-satisfaction of the population with regard to the council services

This section of the survey seeks to capture the level of satisfaction or dissatisfaction of the population with regards to the council services offered to the population. From the table below, 60.2% of the households of the Ndu council area expressed dissatisfaction with regards to the council services offered. Of this number, 69.6% declared that there was poor visibility of the council action on the population. 84.5% said they were not happy with the non-involvement of the populations in the management of development activities by the council while 12.4% said processing users request was too cumbersome. 12.8% said their dissatisfaction was due to some defaults caused by some council staff, such as absenteeism from work, corruption, poor reception amongst other issues while 21.3% said the absence of council executives made them dissatisfied and finally 8.0% of the households put forward other reasons that were not captured in the study.

Table 36: Proportion (%) of households in Ndu council whose members are unsatisfied with the council services and reasons of dissatisfaction vis-à-vis Council services

Proportion (%) of households not satisfied with council's services	Amongst the households not satisfied, proportion (%) whose reason of dissatisfaction is :					
	Cumbersome procedures with regard to the processing of users' requests	Non-involvement of the populations in the management of development activities by the council	Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...)	Poor visibility of the council action on the populations	Unavailability of the council executive (the Mayors and his/her deputies)	Other
60.2	12.4	84.5	12.8	69.6	21.3	8.0

Source: SCORECARD survey, Ndu council, November 2017

Figure 18 : household satisfaction with council services

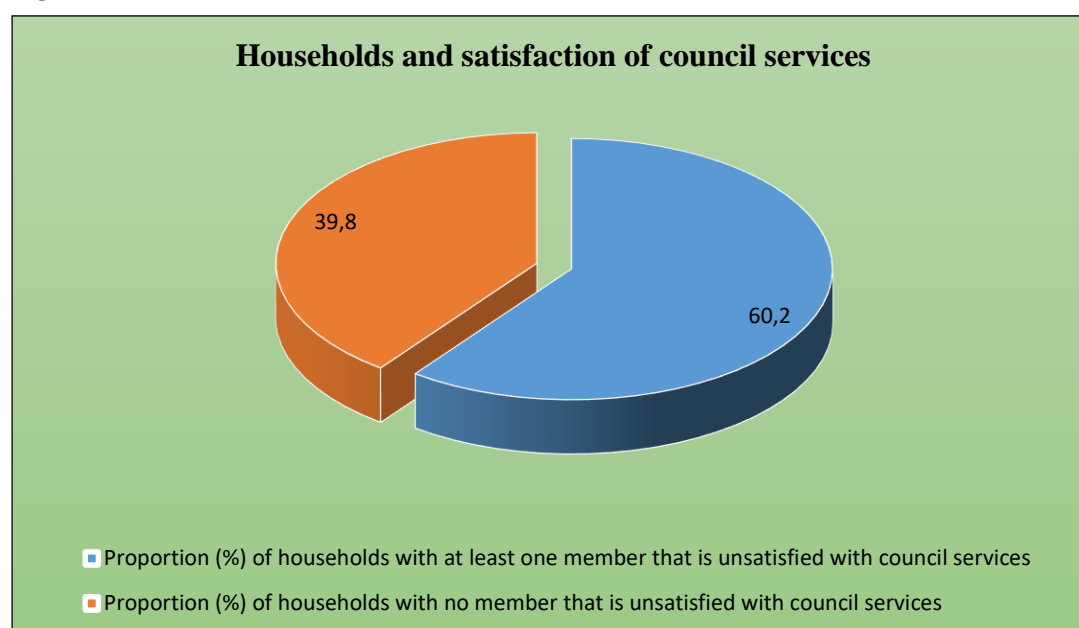
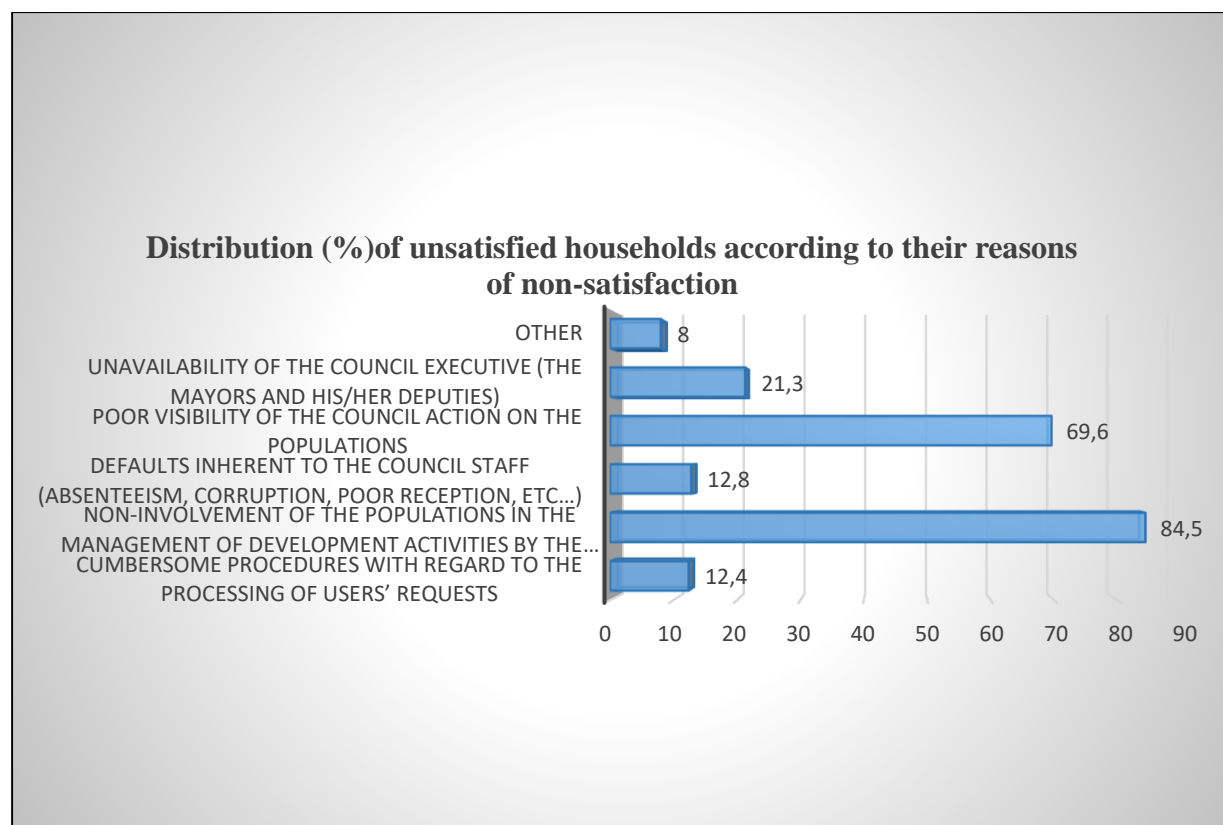


Figure 19: Reasons for non-satisfaction



3.5.5. Main expectations in the services rendered by the council

A number of expectations were presented by the population of the Ndu municipality to the Ndu council amongst which are the following: Concerning the closeness of the Council to the populations, 85.8% of the population declared that the council need to either bring it services closer to the population or invite the population to come closer to its services. 75.6% of the population declared that the council should improve on its communication as far as its development actions are concerned, While 77.0% wished that the council should work on its involvement of the populations in the decision-making process, 36.1% of the households wish to see some level of transparency in council management and finally 43.9% advance other reasons that the study did not captured.

Table 37: Proportion (%) of households in Ndu council having expectations, per type of expectations

Proportion (%) of households whose expectations in terms of council services are :				
Increased involvement of the populations in the decision-making process	Increased communication by the council as far as its development actions are concerned	More transparency as far as management is concerned	Closeness of the Council to the populations	Others
77.0	75.6	36.1	85.8	43.9

Source: SCORECARD survey, Ndu council, November 2017

3.5.6. Synthesis of the perception of council services and suggested areas of improvement

Out of the so many services that are provided by the council, it appears, the population only knows of the establishment of a birth certificate, marriage certificate and certification of official documents. It has also been noticed from the data displayed that the people are not involved in decision making process in the area and also when it comes to activities like that the councils resource management system is not very clear or made available to the public. For example, when it comes to Involving the village/quarter in planning, 42.6% of the households attest to the fact that they were either informed of or participated in the activity. As far as activities like Communication on the council annual budget and Involving the village /quarter in programming and budgeting sessions, only a good proportion of the population through the VDAs (5.3% and 67.2%) respectively declared they were involved. If the local population is not part of the planning process in the councils especially when it comes to issues related to resource management, it reveals also that they are not really part of their development process? It is suggested that the council authorities get the people fully involved in the activities of the municipality especially when it concerns communication on the council annual budget as well as on income and expenditures of the council.

3.6. CONCLUSION AND MAIN RECOMMENDATIONS

The intention of this study was to identify and analyze some of the major problems faced by the inhabitants of the Ndu council in various sectors (water health, Education and council services) with the intention of proposing solutions that can alleviate if not eliminate the negative situation in these sectors. The results of the survey indicate that the Ndu council

experiences some problems that hinder it from developing properly and its citizens to live a life that is up to their expectations. Some of these problems include;

- Limited number of water sources
- undeveloped water sources
- Poor quality of water
- Insufficient number of health personnel available in hospitals
- limited number of health care units
- insufficiency of drugs in healthcare units
- insufficient or complete absence of equipment in healthcare units
- limited number of school in the nursery, primary and secondary cycles
- far distant need to cover in order to access schools
- non distribution of school textbooks in the nursery and primary cycles
- high tuition fees
- population's involvement in decision making at the level of the council
- population's involvement in development actions
- transparency in management at the level of the council

Though the survey pointed to several issues that adversely affect the development of the municipality, there is much hope as the council as well as other sectors has great potentials that can turn these problems into solution if the right orientation is provided.

This survey was an exciting activity from the beginning to its end though it was accompanied with some challenges. The study ended up capturing the opinions of the entire population of the Ndu municipality. This study will have an added value if the results as well as recommendations are implemented properly.

3.6.1. Recommendations:

The Score card was a good way of accessing people's perception and it is recommended that it should subsequently be used for such surveys for better results. The council should implement the SCORECARD mechanism so that it can always know the opinion of its people. Following the results of the survey, it is recommended that the following should be addressed in the Ndu council area as far as the four services are concerned.

- Installation of additional taps and improvement in the water management system.

- Creation of more health centres closer to the people with additional staff and equipment
- Build more academic institutions around the people and subsidize it through the provision of textbooks and other study guides to help decongest the classes and improve the quality of education available.
- Get the population involved in the budgetary and decision making activities in the council area.

CHAPTER 4

ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORTING CARD MECHANISM FOR PUBLIC ACTION IN NDU COUNCIL

4.1.Synthesis of the problems identified per sector

Table 38: Synthesis of problems in the Domain of Water in the Ndu Municipality.

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Water	Insufficiency of water points	Identification of best location sites for the construction of water points in quarters		
		Construction of new water points and boreholes in all quarters in need		
		Encourage private connections		
	Poor quality of water	Construction of more good quality water points (taps and boreholes) to reduce the population's rate of using poor quality sources.		
		Improve water quality better management		
		Sensitization of the population on management and protection of water sources		
		Technical inspection of sites and purification		
		Organization of communities to regularly clean and purify their water points		
		Organize waste management campaigns so as to reduce the pollution of water points		
		Train households on the purification of water gotten from unsafe sources		
		Annual election of water management committee		

	Ineffective management of water points	Improve on the management of water points		
		Put in place or revamp water management committees for each village/quarter		
		Supervision and empowerment of the management committee		
		Organize monthly community work to ensure the state of the water points		
	Ineffective distribution of tap water due to breakdown and delay of repairs	Ensure rapid maintenance of breakdown		
		Development of a water point repairs mechanism per quarter		
		Educate the population and management committees on rapid maintenance		
		Provision of technical and financial assistance for the maintenance of tap water mechanisms		
	High cost of water provision	Reduction in cost of access to tap water services		
		Subsidize water management costs so as to reduce the burden on the community thereby making costs lower		
		Harmonization of water cost rates		

Table 39: Synthesis of problems in the Domain of Health in Ndu

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Health	Insufficiency of existing health care units	Creation and construction of new health care units		
		Site selection for the construction of future health care units		
		Organization of informal health care practitioners so as to boost healthcare in the municipality		
	Far distance to access the preferred health care units	Bring health care units closer to the population		
		Promoting low cost transportation of sick individuals to the health care units		
		Promoting village/quarter visits by health personnel		
		Ensuring strategic location of future healthcare units		
	Poor quality/ insufficient equipment	Provision of more quality equipment to healthcare units		
		Lobby with NGOs and other organizations for the provision of more equipment		
		Financial and material assistance towards the provision of adequate healthcare equipment		
		Frequent monitoring of the healthcare equipment to ensure they are in a good state and effective		
	Inadequate provision of drugs	Ensure regular supply of drugs to healthcare units		
		Partner with transporters who can collect drugs from the administrative head quarter to the health unit		
		Creation of more pharmacies in the municipality Promote private pharmacies		
		Creation of small pharmacies in each quarter for the distribution of drugs		
	High cost of access to health care	Reduction in the cost of treatment		

		Creation of mutual health institution and sensitization of the households to join		
		Lobby for partnership with organizations for the subvention of the cost of healthcare to the poor		
		Financial assistance and fostering of policies for subvention of health care cost		
	Poor quality of services rendered	Improved services rendered by personnel		
		Posting of qualified staff		
		Ensure local evaluation of community health workers to make them step up service delivery		
		Training of community health workers.		

Table 40: Synthesis of problems in the Domain of Education in Ndu

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Education	Insufficiency of teaching staff	Posting of more trained staff		
		Recruitment and payment of PTA teachers		
		Ensure presence of staff posted to the educational institutions		
	High tuition	Reduction of fees in some nursery schools		
		Enforce the law on free tuition in nursery and primary public schools		
		Ensure parents are not exploited in secondary schools through creation of a means of feedback to identify defaulters		
		Subvention school projects to help reduce the amount of PTA		
	Far distance to access educational services	Ensure strategic localization of future schools		
		Complete the cycles of schools, especially in the rural areas		
	Insufficiency of classrooms	More classrooms be constructed		
		Construction of temporal classrooms, provision of local building material		
		Equipping of classroom blocks and offices		
	Insufficiency of equipment	Provision of adequate school material		
		Use of the minimum package to assist schools with adequate equipment		
		Increase in the minimum package for schools		
	Insufficiency of schools	Creation of more schools with complete cycles		
		Localization of the school sites and provision of land		
		Provision of local manpower and material for construction of new schools		

	Non distribution of textbooks	Make available textbooks in all cycles		
		Lobby for the provision of books from Book Aid International (NGO)		
		Construction of school libraries Stock libraries with more books		
		Construction of council libraries		
	Poor results	Sensitization of pupils/students on learning strategies, Orientation.		
		Institute prizes for high performing pupils and students		
		Motivation of school staff		

Table 41: Synthesis of problems in the Domain of Council service in the Ndu Municipality

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Council services	Non-involvement of the population in the management of development activities	Increase involvement of the population in the development of Ndu municipality		
		Representatives of the population should visit the council and invite council executive during development meetings		
		Continue to invite representative of various villages during council development planning workshops		
		Restitution of council budget and accounts during VDA meetings		
	Poor visibility of the Council action on the population	Make the Council action more visible through the realization of concrete projects		
		Provide reports of village activities		
		Allocate projects to villages proportionately		
		Support village actions morally, financially, materially and technically		
	Default inherent to Council staff	Continuous follow up and monitoring of the behavior of council staff to ensure satisfactory performance		
		Take action against staff who act unethically		
		Put in place a suggestion box for the public to get feedback on staff services		
		Train council staff on customer service		
		Provide capacity building opportunities for council staff.		
	Cumbersome procedures with regards to the processing of user request	Facilitate the procedure regarding the processing of user request		
		Enable means of reporting to council executive in cases of delays or corruption		
		Make the procedure for obtaining documents clear and simple to the population through orientations		
		Reduce bottle necks in processing files.		
	Poor communication on the Council annual budget and activities	Ensuring that councilor of the village frequently updates village on council activities		.
		Make available the annual budget on the council notice board		
		Create a functional website, email and Facebook page to display council information.		
		Intensify training of communication officers on mass media uses		

4.2. ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORTING CARD MECHANISM FOR PUBLIC ACTION IN NDU COUNCIL.

Table 42 : Action Plan For the Water Sector

STRATEGY OF THE WATER SECTOR: To make potable water systems available and adapted to the specific environment to all communities throughout the Republic of Cameroon

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Water	To make potable water available and affordable to all and sundry in Ndu council area within 5 years	1. To develop and Improve accessibility to portable water	Make available additional water points and water systems	Number of water points and villages with portable water supply	From the WMC and council reports and field observation	Volume of water will support more water points. Availability of a good water source for construction and supply	Water is available to all and affordable in the community	5years	The population, technical service of the council, VDA and WMCs	DD MINEE Donga Mantung NGOs Member of parliament	To be determined by a careful study

		2: To repair and continue to maintain all damaged water systems and water points.	Recruitment and training of technicians	Recruitment and training report. Observations and testimonies	Council report on training of technician. Report from WMC on repairs	Adequate financial and material support from the community	All damaged water points are repaired on time	5years	The population, technical service of the council, VDA	DD MINEE Donga Mantung NGOs Member of parliament	To be determined by a careful study
		3. To improve quality of water	Periodic cleaning and treatment of water system	Testimonies from users Observations	Users testimonies Pictures taken during maintenance	Adequate financial and material support from the community	Quality of water is improved, cleaning of water sources and treatment is frequent.	5years	The population, technical service of the council, WMCs VDAs	DD MINEE Donga Mantung NGOs Member of parliament	To be determined by a careful study

		4. To improve on management of water system	Revamp and train the water management committee on resource mobilization and maintenance	List of trained WMCs, Attendant sheets of meetings.	Councils report Minutes, Attendance sheets of meeting	High level of commitment, basic knowledge in reading and writing	Trained WMCs exist in all villages with water systems, Periodic meetings are held,	5years	The population, technical service of the council, VDC	DD MINEE Donga Mantung NGOs Member of parliament	To be determined by a careful study
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Table 43: Action Plan For the Health Sector

STRATEGY OF THE HEALTH SECTOR: Quality, affordable and accessible health care delivery to all persons in Cameroon without discrimination.

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Health	To ensure quality and affordable health care to all and sundry in Ndu council area by 2023	1: To Improve the staffing situation	Lobby for the recruitment of more staff	Number of staff recruited	From council reports and field observation, Report from DMO	Sufficient staff available, community health workers are provided	More staff are available and willing to handle cases of illness promptly	5years	The population, technical service of the council, VDC, management committee	Ministry of public health, DMO Ndu, NGOs, Member of parliament	To be determined by a careful study

		2: To provide more health care units	Lobby for the creation and construction of more health care units	Number of health care units created and constructed	Report from DMO Ndu From council reports and field observation	Many health care units are available	Many health care units are available access to health care increased	5years	VDAs, the council, The member of parliament	Ministry of public health, DMO Ndu	To be determined by a careful study
		3: To provide more drugs.	Recruitment of pharmacy attendants in different health units provision of drugs	Pharmacies are equipped with drugs	Report from DMO Ndu Council Report Field visits	Adequate drugs are supplied to the health care unit	Drugs are provided in the health care unit at affordable cost	5years	The population, technical service of the council, Mayor VDA, management committee	Ministry of health, Member of parliament, DMO Ndu	To be determined by a careful study

		4. To provide more equipment	Lobby for the provision of equipment to health units in need	Number and quality of equipment provided	Councils report Management committee report, DMOs report with inventory	Adequate equipment's are made available	There is an improvement in the quality of health	5years	The population, Mayor, technical service of the council, VDA, management committee	Ministry of health, Member of parliament, DMO Ndu	To be determined by a careful study
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Table 44: Action Plan For the Education Sector

STRATEGY OF THE EDUCATION SECTOR: The promotion, protection and provision of basic and secondary educational opportunities and conducive atmosphere; all over the entire national territory of the Republic of Cameroon

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Education	To ensure greater access to quality and affordable education to all and sundry in Ndu council area by 2023	1: To create more secondary schools and have a school located closer to the households	Lobby for the creation and construction of more schools	Number of schools created	Report from DDSE Donga Mantung, council reports and field observation	More secondary schools are available	Reduction in time taken to reach the nearest school by students	5years	VDA, the council, The member of parliament, PTA	Ministry of Secondary education,, DDSE Donga Mantung.	To be determined by a careful study

		2: To Improve the staffing situation of schools in the council area	Lobby for the recruitment of more staff	Number of staff recruited	From council reports and field observation, Report from DDSE Donga Mantung/ IBE Ndu	Increase in number of staff available, PTA teachers employed.	More staff are available and committed to teach in the various schools	5years	The population, technical service of the council, VDA, PTA, Mayor	Ministry of Basic /Secondary education IBE Ndu/ DDSE NGOs Member of parliament	To be determined by a careful study
		3: To provide more classrooms.	Construction of additional classrooms in needy schools	New classroom sare constructed and equipped	Report from DDSE Donga Mantug/ IBE Ndu, Council Report, Field visits	More classrooms available	More equipped classrooms are available and children learning in a conducive condition	5years	The population, technical service of the council, Mayor VDA, management committee, PTA	Ministry of Basic/ Secondary education, IBE Ndu, DDSE Donga Mantung	To be determined by a careful study

		4. To reduce the cost of accessing Educational Services	Reduction in cost of education, provision of scholarship	Number of new cases enrolled after reduction, Testimonies from parents	Enrolment registers, reports of school authorities, minutes of PTA meeting	More pupils and students have access to learning	More awareness and increase in literacy	5years	School authorities, IBE/DDSE pupils/students, NGOs	Ministry of Basic/Secondary education, IBE Ndu, DDSE Donga Mantung	To be determined by a careful study
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Table 45: Action Plan For the Council Sector

STRATEGY OF THE COUNCIL SERVICES SECTOR: To bring administration closer to the population, ensure peace and order and empower the council to take charge of their own development (decentralization) in the Republic of Cameroon

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Council services	To bring local administration closer to the population and empower the council to take charge of their own development in line with decentralization by December 2019	1: To involve the population in decision making	Invite key stakeholders to council sessions	Number of stakeholders and socio professional group who attended the council session	From council reports and attendance sheets, invitation letters distributed, council notice board, Dispatch letters	Increase in number of actors invited during council sessions, Increase in the use of council services	More stakeholders participate in decision making, Sustained increase in the use of council services	1 year	The Secretary General	Mayor PNDP	To be determined by a careful study

		2: To communicate all development actions	Announcements through various media houses, Social media, Construction and placement of council notice boards at strategic locations of the town, development of a website, email and facebook page	Number of copies of different announcements sent out, Website developed, Email address created	From council reports and field observation Testimony from the population	Increase turnout in all council activities, All communication avenues have been exploited	High involvement of the population in decision making at the council Updated website Frequent use of all communication means	1 year	The SG of the council The population	The Mayor PNDP DD communication DD P&T	To be determined by a careful study
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		3: To ensure transparency in management.	Publish administrative and financial account of the council yearly, Publish the annual investment plan of the council	Number of stakeholders who are aware of the accounts	All accounts and income sources are published on the notice board	Administrative and financial accounts are published	More awareness on the administrative and financial accounts is created	1 year	The municipal treasurer C ouncil finance officer Cahier, The SG	Divisional treasury, Other financial services	To be determined by a careful study
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Program for the dissemination of results and the presentation of an action plan

DATE	VENUE	ACTIVITY	EXPECTED RESULTS	PERSONS RESPONSIBLE
	COMIN SUD and Ndu Council	Preparation administrative pedagogic	A contact meeting has taken place and the date for the restitution has been unanimously chosen, invitation letters sent out, all logistics for the workshop are prepared(workshop program, writing materials, survey report printing and distributed)	SRCM supervisor for Ndu, CDO Stakeholders
	Ndu council	Organisation of the workshop to restitute, review and validate the report of the survey	The restitution workshop is attended by the various stakeholders, the various results per sector are presented for review by the participants, stakeholders have validated the results	SRCM supervisor for Ndu CDO Stakeholders
	COMIN SUD	Writing of report	01 report is written taking in to consideration the various observations made by participants of the workshop	SRCM supervisor for Ndu
	PNDP	Submission of final Report	A final report is submitted to PNDP for technical validation	COMINSUD

ANNEXES

ANNEXE 1. List of stake holders

- The Governor's representative
- Regional Delegate of MINEPAT
- RD of Sector Ministries concerned
- The Regional Coordinator of PNDP
- SDOs' representatives
- Regional President of UCCC
- Mayors
- INS Regional Chief
- Representative of CSO.
- Household representatives
- Traditional Authorities
- Economic operators' representatives
- The Council Executive ;
- The Civil Society Organisation ;
- The Administrative Authorities ;
- The Traditional Authorities ;
- Religious Authorities ;
- Economic operators ;

ANNEXE 2: Questionnaire

MINISTRE DE L'ECONOMIE, DE LA
OF ECONOMY, PLANNING AND
ET DE L'AMENAGEMENT DU TERRITOIRE



PLANIFICATION MINISTRY
REGIONAL
DEVELOPMENT

SECRETARIAT GENERAL

GENERAL SECRETARY

PROGRAMME NATIONAL DE DEVELOPPEMENT NATIONAL COMMUNITY DRIVEN
PARTICIPATIF DEVELOPMENT PROGRAM

CELLULE NATIONALE DE COORDINATION

NATIONAL COORDINATION UNIT

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	Enumeration Area 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		<input type="checkbox"/>
	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		
	(If the answer is different from 1 a	96= Any other reasons (to be specified) and 2, the questionnaire should come to an end)	
A22	Assessment of the quality of the survey	1= Very good 2=Good	<input type="checkbox"/>
	3=Average	4=Poor 5=Very poor	

CODES

A13

1 = Household Head 3 = Son/Daughter of the Household head or of the Household Head or of his/her his/her spouse 5 = Other parent of the Household Head or of his/her his/her spouse

2 = Spouse of the Household Head 4 = Father /mother of the Household Head or of his/her his/her spouse spouse 6 = No relationships with household head or with his/her his/her spouse spouse

7= Maid

<i>Section II. POTABLE WATER</i>		
H01	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	<div>1=Yes 2=No</div> <div>A. Well equipped with a pump <input type="checkbox"/></div> <div>B. Open pit well <input type="checkbox"/></div> <div>C. Protected well <input type="checkbox"/></div> <div>D. Boreholes equipped with a manually operated pump <input type="checkbox"/></div> <div>E. Spring/ river <input type="checkbox"/></div> <div>F. Access to tap water (pipe borne water) <input type="checkbox"/></div>
<i>Section II. POTABLE WATER</i>		
H01a	Is your main water supply source run by a public or owned by 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= Does not know.	<input type="checkbox"/>
H05	Does this water have a taste? 1=Yes 2=No 8= Does not know.	<input type="checkbox"/>
H06	Does this water have a colour? 1=Yes 2=No 8= Does not know.	<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="text"/>
H10b	Who repair it? Who else?	1=Yes 2=No A=Mayor (Council) B=State C=An elite D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE X=Other _____ partners/stakeholders : <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H11	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes → H13		<input type="text"/>
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="text"/>
H13	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		<input type="text"/>
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="text"/>
H15	To whom did you submit your request/needs? (several answers are possible) Other?	1=Yes 2=No A. Mayor (Council) B. State C. An elite D. The Water Management Committee E. The village/quarter head F. the Administrative authorities G. CAMWATER/SNEC/CDE X. Other _____ stakeholders : <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H16	Has your need been met? 1=Yes 2=No If no → H18		<input type="text"/>
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 2=Between one and three months 3=Over three months		<input type="text"/>
H18	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied If 1 or 2 → H20.		<input type="text"/>
H19	State the reasons of your non--	1=Yes 2=No	
Section II. POTABLE WATER			
	satisfaction with regard to water supply in your village (several answers are possible). Any other reason?	A. Far distance to access to the water point B. Poor quality of water C. Insufficiency of water supply points D. Poor management of the water supply E. Failure/delay to repair in case of breakdown F. High cost of water supply X. Any other reasons to be specified : <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

H20	What are your expectations in terms of supply of potable water? (Several answers are possible).	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 : _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Any other expectation?		<input type="checkbox"/>

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		<input type="checkbox"/>
S02	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4 = Over 1 hour		<input type="checkbox"/>
S03	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 5=Medicine store 2=Hospital /CMA 6=Go to a medical staff member 3=Private health center 7= Treat at home /Self-medication 4=Traditional healers 8=Others (to be specified)		<input type="checkbox"/>
S04	Has any member of your household gone, at least once, to the nearest health care unit in the course of the last 12 months, specifically since ? 1=Yes 2=No If no → S17		<input type="checkbox"/>
S05	Who is in charge of managing such health care units? 1=Medical doctor 2=Nurse 3= Nurse aider 4=Other (to be specified) _____ 8= Does not know		<input type="checkbox"/>
The last time a member of your household is taken care of in such a health care unit,			
S06	Were the medical staffs present? 1=Yes 2=No		<input type="checkbox"/>
S07	Were minor medical equipment (such as scissors, syringes, spirit, cotton, betadine, thermometer, tensiometer, medical scale, etc.) always available? 1=Yes 2=No 8=Do not know		<input type="checkbox"/>
S08	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no → S10.		<input type="checkbox"/>
S09	How many beds are available in the hospitalization rooms? 0= None, 1=Less than 5 beds 2=Between 5 and 10 beds 3=Over 10 beds 8=Does not know.		<input type="checkbox"/>
S10	How much did he/she pay for one consultation? (Session fees) 1=Free of charge 3=Between 500 and 1000 CFAF 2=Less than 500 CFAF 4=Over 1000 CFAF If S10=1 → S14		<input type="checkbox"/>
S11	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant		<input type="checkbox"/>
S12	In addition to the consultation fees, did the household member who received treatment give a tip to the medical staff for him/her to be better taken care of ? 1=Yes → 2=No If no S14		<input type="checkbox"/>
S13	If yes, did the person do it willingly or is he/she obliged by the medical staff to do so? 1=Personal initiative 2=Obliged by the medical staff to do so		<input type="checkbox"/>
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor		<input type="checkbox"/>

S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no S17	<input type="checkbox"/>	
S16	Are drugs always available? 1=Yes 2=No 8=Do not know	<input type="checkbox"/>	
S17	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No	<input type="checkbox"/>	
S18	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 S20	<input type="checkbox"/>	
S19	<p>State the reasons of your nonsatisfaction with regard to health services provided within the health care unit you attend? (several answers are possible)</p> <p>Any other reason?</p>	<p>1=Yes 2=No</p> <p>A. Far distance to access the health care units</p> <p>B. Poor quality of services provided</p> <p>C. Insufficiency of existing health care units</p> <p>D. Defaults related to the health care unit staff</p> <p>E. Poor management of the health care unit</p> <p>F. Insufficiency of drugs</p> <p>G. Poor quality of/Insufficiency of equipments</p> <p>H. High cost with regard to health care access</p> <p>X. To be specified) :</p> <p>_____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
S20	<p>What are your expectations with respect to health care services?</p> <p>Any other expectations?</p>	<p>1=Yes 2=No</p> <p>A. Additional health care units</p> <p>B. Supply of drugs</p> <p>C. Transfer of a staff member</p> <p>D. Equipped health care units</p> <p>X. Other to be specified _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	How many children from your household attend the nearest school? (name of the cycle) (write down the number in front of each cycle)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E03	How many Kilometers do children from your household cover, on average, to go to school? (name of the cycle)? 1=Less than 1 Km 2=Between 1 and 5 Kms 3=Over 5 Kms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E04	What is, on average, the time spent covered by children from your household to reach the nearest school on foot? (name of the cycle) (estimated in minutes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E05	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes 2=No		<input type="checkbox"/>	1st cycle <input type="checkbox"/> 2nd cycle <input type="checkbox"/>	

E06	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes 2=No 3=Does not know				<input type="checkbox"/>
E07	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E08	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E09	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>		
E10	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30 3=Over 60 2=Between 30 and 60 4=Does not know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E11	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No If no E16 →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E16	When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2 =No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organisation D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) _____ Any other?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

E17	In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 E19. →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E18	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village? (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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section V. COUNCIL SERVICES

<p>Council Services</p> <p>↓</p>	<p>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</p> <p>following service →</p>	<p>C02 How were you received during your last time at the council? (Choose only one answer) 1=Well 2=Indifference 3=Bad</p>	<p>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</p>	<p>C03a Since when did you ask for this service? (in day)</p>	<p>C04 How do you assess this waiting time? 1=Reasonable 2=Long 3=Very long If C04=1 → C06</p>	<p>C05 If C04=2 or 3, If the time were deemed so long, what could be the problem according to you? 1=Unavailability /absent 2=Absence of working material 3=Corruption 4=Other factors (to be specified) _____</p>	<p>C06 Did you have to pay a tip in order to obtain the said service? 1=Yes 2=No</p>
Issuance of birth certificates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certification of official copies of documents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Building permit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Death certificate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marriage certificate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certificate of	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



residence							
Approval of localisation plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (to be specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C07	Has any member of your household taken part in the village assemblies aimed at drawing up the Council Development Plan (CDP, AIP, and MTEF)? 1=Yes 2=No						<input type="checkbox"/>
C08	Is any member of your household informed about the amount of the annual budget of your council? 1=Yes 2=No						<input type="checkbox"/>
C09	Is any member of your household informed about the expenditures and incomes of your council during the previous fiscal year? 1=Yes 2=No						<input type="checkbox"/>
C10	Does the council support the development actions of your village/quarter (such as community activities, follow-up of village development committees, follow-up of management committees, setting up of village development and monitoring committees, carrying out of micro projects in your village/quarter, etc.)? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
C11	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
C12	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know						<input type="checkbox"/>
C13	Broadly speaking, what is your level of satisfaction as concerns services provided by the council? (choose only a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If 1 or 2 C15						<input type="checkbox"/>
C14	State the reasons of your dissatisfaction with regard to services provided by the council (Several answers are possible). Any other reason ?	1=Yes 2=No A. Cumbersome procedures with regard to the processing of users' requests B. Non-involvement of the populations in the management of development activities by the council C. Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...) D. Poor visibility of the council action on the populations E. Unavailability of the council executive (the Mayors and his/her deputies) X. Any other reasons (to be specified) _____					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C15	What do you expect from the council team? (Several answers are possible). Any other	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					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



	expectation?	D. Closeness of the Council to the populations	
		X. Any other expectation (to be specified) : <u> </u>	

