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PAIX- TRAVAIL- PATRIE

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MINISTERE DE LA  
DECENTRALISATION ET DU  
DEVELOPEMENT LOCAL

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REGION DU NORD-OUEST

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DEPARTEMENT DE MEZAM

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COMMUNE DE TUBAH  
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REPUBLIC OF CAMEROON

PEACE- WORK-FAHERLAND

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MINISTRY OF DECENTRALISATION  
AND LOCAL DEVELOPMENT

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NORTH-WEST REGION

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MEZAM DIVISION

-----  
TUBAH COUNCIL  
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***Citizen Report Card Mechanism (SCORECARD):  
Assessment of Public Services in the Sectors of Water,  
Health, Education, and Council Services within the  
Tubah Council Area***



**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 (NIS)**

**REALIZED by POSITIVE VISION CAMEROON (PVC)**



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## LIST OF ABBREVIATIONS

<b>CAMWATER:</b>	Cameroon Water Corporation
<b>CDE:</b>	Camerounaise Des eaux
<b>CDP:</b>	Council Development Plan
<b>CFO:</b>	Council Finance Officer
<b>CRCM:</b>	Citizen Reporting Card Mechanism
<b>DDSE:</b>	Divisional Delegation of Secondary Education
<b>DLC:</b>	Decentralized Local Collectivities
<b>DMO:</b>	District Medical Officer
<b>GESP:</b>	Growth and employment strategy paper
<b>IBE:</b>	Inspector of Basic Education
<b>LD:</b>	Local Development
<b>LED:</b>	Local Economic Development
<b>MINAT:</b>	Ministry of Territorial Administration
<b>MINDDEVEL:</b>	Ministry of Decentralization and Local Development
<b>MINSANTE:</b>	Ministry of Public Health
<b>MT:</b>	Municipal Treasurer
<b>NGO:</b>	Non-Governmental Organization
<b>OVC:</b>	Orphans and Vulnerable Children
<b>PNDP:</b>	National Community Driven Development Program
<b>PRSP:</b>	Poverty Reduction Strategy Paper
<b>PTA:</b>	Parents Teachers Association
<b>PVC:</b>	Positive Vision Cameroon
<b>TC:</b>	Tubah Council
<b>SDGs:</b>	Sustainable Development Goals
<b>SG:</b>	Secretary General
<b>UNESCO:</b>	United Nation Educational, scientific and Cultural Organization
<b>VDA:</b>	Village Development Association
<b>VDC:</b>	Village Development Committee
<b>WHO:</b>	World Health Organization

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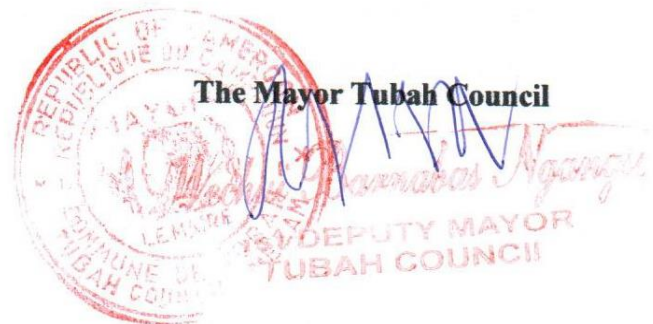
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## PREFACE

Accountability and good governance is very important to a municipality in that citizens participate directly in ensuring that the right services are provided and public officials are transparent in managing council activities. The Citizen Reporting Card Mechanism (CRCM) was initiated by the council in collaboration with PNDP and National Institute of Statistics to enable the population of Tubah council to appreciate and rate the performance of our services. To facilitate this process, quantitative and qualitative methods were used to obtain information with the help of a questionnaire administered to households in Tubah council. The information was gathered from four sectors namely: Water, Health, Education and main Council Services. The data obtained is a reflection of the perceptions of households in Tubah Council.

A number of recommendations which can help improve our services have been outlined. Also, a plan of action has been elaborated with respect to the expectations expressed by household. Through the CRCM, we are able to get reliable feedback regarding service delivery, monitor the effectiveness of service-delivery in the sectors under review, provide incentives for continuous improvement over time, and establish benchmarks to promote performance improvements as well as improve transparency and accountability in our delivery of these services. It will also provide our citizens with information which they can use to hold the council executive accountable for the efficient and equitable provision of services and will generate public support for positive reforms.

Finally, it is our hope that, the Scorecard study will facilitate and strengthen the decentralization process, and improve on the participation of our people in the management of council affairs as well as fostering good governance and accountability in the provision of services by the council executive.



## **EXECUTIVE SUMMARY**

Decision makers require better understanding of local people's perception in community development to enable more locally relevant actors to fully participate at various levels of development. To this effect, Tubah council in collaboration with The National Community Driven Development Program (PNDP) carried out a perception survey which involved 319 households in the Tubah Council area with the support of the National Institute of Statistics (NIS). This study was done using the Citizen Reporting Card (Scorecard) mechanism.

The Scorecard aims at enabling citizens to appreciate in the pertinence of actions, projects, public services as well as the means allocated for them. It is a means of controlling public action and/or obliging officials to be accountable to their citizens. The global objective is to promote good governance at local level and increase the efficiency of public action (the best public services offered, the clearest conception of public policies) and make the voice of the vulnerable and marginalized population to be heard

The Scorecard study was done in the Tubah Council with the help of a questionnaire which captured the perceptions of the households about the services delivered in the sectors of water, health, education and main Council services in the past years. The objective was to appreciate their level of satisfaction with public services delivery in these sectors in order to improve the council performance and promote good governance at the local level.

The data for this study was collected using primary means (questionnaire) and secondary means (CDP and sector reports). A number of indicators were used to capture the opinion of the population concerning such services in their community. The data was analysed using CS\_pro and SPSS software.

From the findings of this study in the water sector, it was revealed through the declaration of the population (gathered using questionnaires) that, most neighbourhoods in the Tubah Council area depend largely on rivers/springs (53.6 %) for their main water supply; a situation they say is very unsatisfactory to them and needs to be redressed. There is an urgent need to increase the number of water points as declared by 67.9% of households. Management of water points needs improvement as testified by 53% of the households in Tubah . In the same line, the quality of water needs improvement as testified by 39.5% of the households.

In line with the health sector, the study revealed that, 48.4% households in the study area have access mostly to and prefer integrated health centres, of which 50.3% of households must trek over long distances to reach these health centres. 50.8% of households need additional health units while 54.9% expects more equipment at their nearest health unit.

With respect to the education sector, the households are satisfied with educational facilities but expressed the need of improvement in some areas like the creation of more secondary schools closer to the households (61%). 61.2% in the primary and 68.2% in the secondary are of the opinion that the fee is high and so needs to be reduce.

With respect to council services, it was revealed that the council needs to improve on its communication as declared by 56.6% of the households. 62.3% of the households are in the opinion that the council should improve the involvement of the population in the management of development actions.

On the whole, the Scorecard study in Tubah Council area was a great success. However, the recommendations regarding the various sectors especially with regards to involving the population in the management of development action must be implemented given that it is in line with the decentralization drive.

## GENERAL INTRODUCTION

The National Community Driven Development Program (PNDP) is a tool put in place by the Government of Cameroon with the help of its technical and financial partners in a bid to support local development and support councils in the decentralization process. PNDP has been playing this role of supporting councils in the decentralization process and has been successful in its first and second phases. During these phases PNDP used the Scorecard Mechanism which was highly appreciated as a better way to capture the opinion of the local population which other policy strategies could not. The Scorecard study has also been carried out in other countries and it was also very successful.

The Development objective of this third phase was to reinforce the management of local public funds as well as the participatory development process within the councils, so as to guarantee sustainable and quality infrastructure as well as socio-economic services.

To attain this target result, the “Citizenship reporting card mechanism for public action” (Scorecard) was conducted with the global objective is to promote good governance at local level and increase the efficiency of public action (the best public services offered, the clearest conception of public policies) and make the voice of the vulnerable and marginalized population to be heard.

To better carry out the study and attain the objectives, Positive Vision Cameroon (PVC), a local support organization (LSO) was selected to implement the Citizen Reporting Card Mechanism (CRCM) project for 08 councils (Tubah, Santa, Batibo, Belo, Bafut, Wum, Mbengwi and Fundong) that make up Zone 13 of the Project. Based on her long-term experience in promoting Local Economic development in Cameroon and with the multi-disciplinary team of experts put in place, the assignment was successfully carried out within these 08 councils from September- December 2017. This was done under the close supervision of PNDP-NW and the National Institute of Statistics (NIS)-NW.

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 (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 reporting card mechanism for public action, 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 I**

## **LEGISLATIVE AND LEGAL 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.

### **1.1. Legislative and Legal Framework of Decentralisation in Cameroon**

In Cameroon, decentralization constitutes the legal, institutional and financial means through which regional and local authorities operate to foster local development with the active involvement of the population. Through the devolution of powers to local entities, local development could be enhanced and a contribution made to the fight against poverty.

Decentralization is based notably on the Constitution embodied in Law No. 96/06 of 18 January 1996. On the strength of the provisions of article 55 of the said constitution, ‘decentralized local entities of the Republic shall be regions and councils. Decentralized local authorities shall be legal entities recognized by public law. The legislative body of regional and local authorities and their executives are responsible for promoting the economic, social, health, educational, cultural and sports development of such local councils, based on a role distribution principle established by the law.

According to section two (2) of the general provisions of law no 2004/017 of 22 July 2004 on the orientation of decentralisation, Decentralization shall consist of devolution by the state of special powers and appropriate resource to regional and local authorities

Decentralization shall constitute the basic driving force for promotion of development, democracy and good governance at local level. The objectives of the Scorecard are very much in line with this law.

The government has gone ahead to enact laws in favour of the vision. Law No 2004/017 of 22 July 2004 fixes the general rules and regulations on decentralization and equally agrees that decentralization is principally the fundamental axis to promote development, democracy, and good governance at the local level. Art. 3 of this law states that the council has a general mission which is local development and the improvement of the living conditions of its inhabitants.



## 1.2. Promotion of Local Development

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 Tubah 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. Tubah council promotes the local economic development by ensuring that all communities have access to basic social facilities. This is illustrated in the table below.

**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	Provision of mutual health schemes to the council area, provision of health equipment to the health units



	management,	
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 Rice production, fishing, Wood extraction	Promote sale of products through annual 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 Tubah Council

#### 1.3.1. History and Administrative Presentation of Tubah council

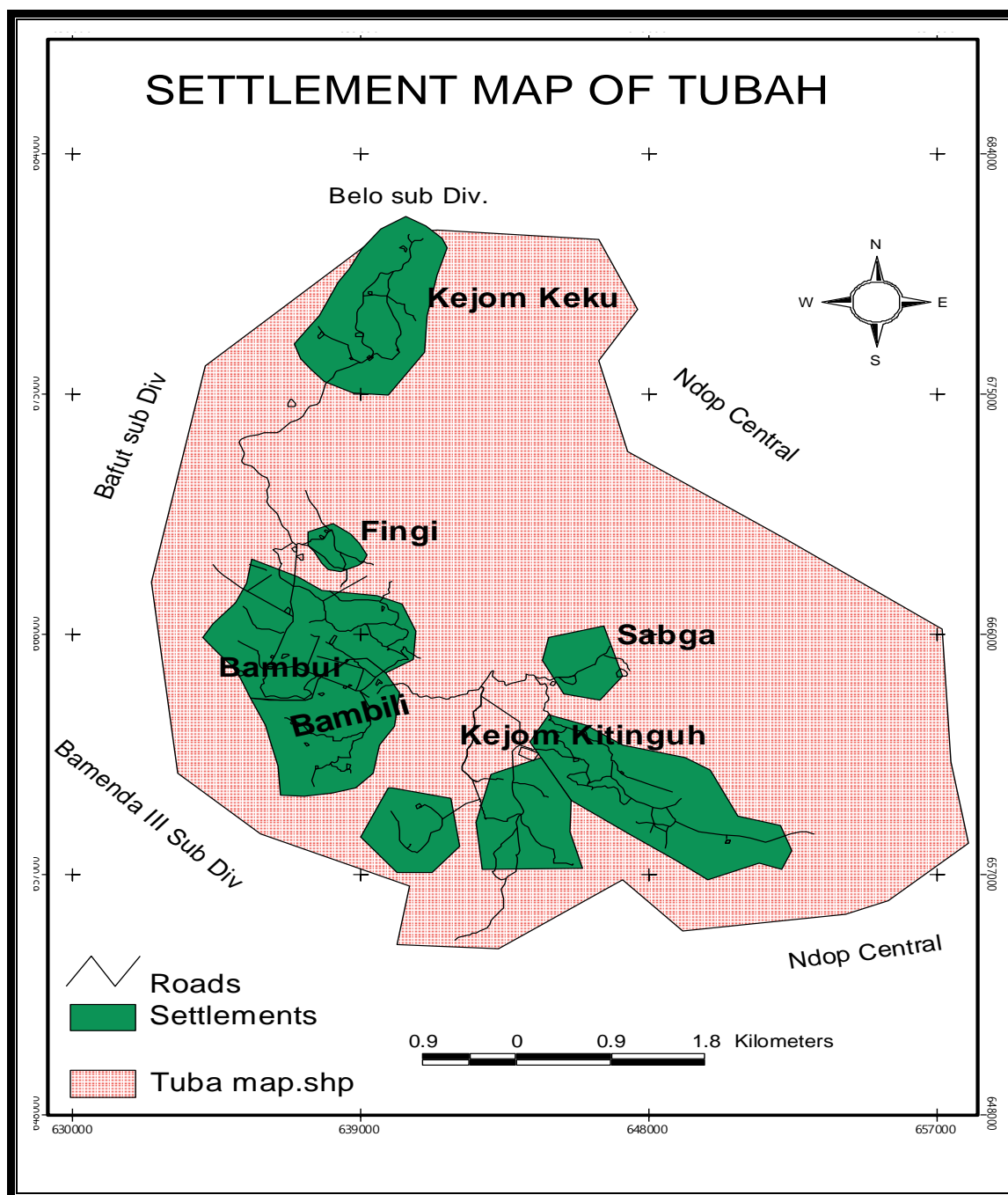
Tubah Council is located in Mezam Division in the North West Region of Cameroon. It is one of the seven Councils in Mezam Division. The Tubah Council lies between latitude 10°15.25' and 10°16.05' east of the Greenwich meridian and latitude 5° 54.95' and 6° 09.56' north of the equator. It shares boundaries with several councils: Belo Council in Boyo Division, Bafut Council, Bamenda III Council, Balikumbat and Ndop Councils in Ngoketunjia Division and Santa Council. It lies strategically along the ring road crisscrossing two divisions – Boyo and Ngoketunjia.

The present Tubah Sub Division was created in 1992 by a presidential decree that cut off Bafut and equally made it a Sub Division. Tubah and Bafut had up till then existed as one (Tubah Sub Division).

The present council is now made up of four main villages headed by second class chiefs. (Kedjom keku, Kedjom Ketinguh, Bambui and Bambili) The Lamido of Sabga too has been made a second class chief but without any real territorial jurisdiction. Sabga is simply considered as a community of mainly Fulani settlers and other Moslem adherents like the Hausa. Sabga is located in Tingeh, a neighborhood in Kedjom Ketinguh. Finge is a third class chiefdom located within a territory that Bambui claims as its own. The Baforkum people are of Santa origins who have settled in Bambui territory.

The Tubah council is one of the seven municipalities in Mezam Division. Its headquarters is Tubah. The town is a semi urban and cosmopolitan. The municipality which covers the territory of Tubah Sub Division covers a land surface area of 450 square kilometres. Tubah Council Area has the following villages; Bambili , Kedjom Keku , Kedjom Ketinguh, Bambui ,Finge , Baforkum.

**Map 1: Tubah Settlement**



*Source: CDP Tubah Council, 2012*

### Climate

Tubah has varied climates within its geographic area, given its topography of hills and plains. The highest temperature is registered in Kedjom Ketinguh at Tikhhebeng, which lies in the Ndop plain. Next to this is Bambui, which lies in the plain that stretches to Bafut. Bambili and Kedjom Keku generally have colder climates, including Sabga and the upper plateaus of Kedjom Ketinguh. These climatic variations fit into the two seasons. (Dry Season and Rainy Season) of the area; and experience the tropical highland climate in general. The

Rainy Season, which stretches from mid-March to late October is characterized by heavy rains ushered in by the Southwest Monsoon Winds. Although places are normally wet during this period, the temperatures are relatively warmer. The Dry Season starts from November to mid-March, and is marked by the Northeast Trade Winds or Hamattan. During this period, there is strong sunshine during the day, and very cold nights and mornings. During the Dry Season, most of the roads in Tubah are covered with dust, which give way to mud during the Rainy Season.

### **Soils**

Tubah soil is considerably fertile, corresponding to the agricultural activities of the people. Soil fertility is due to abundance of the humus, which is a dark volcanic soil found up the hills of Kedjom Keku, Kedjom Ketinguh and Bambili. Bambui and the lower parts of Kedjom Ketinguh have mainly hydromorphic soil formed from the annual deposits of sediments from the upper plateaus. There is a little bit of sandy soil washed down from the hills and deposited on riverbeds or banks of streams. The sand is exploited for construction. However, the soil is losing its fertility because of the bad practices such as burning and over use. Most of the farmers have resorted to using fertilizer which expensive to afford.

### **Flora and Vegetation**

Tubah is located in the Savannah belt and the rich soil presents a good environment for shrub grass to grow. A good part of Tubah might have been covered with trees a long time ago but apart from a few forest patches, there are virtually no natural forests left. Eucalyptus trees abound, however. Tall grass covers most of the hills, dotted with stunted shrubs and providing good grazing land. The only problem is the quality of the grass that quickly dries up during the Dry Season, and is not palatable to animals.

The seasons have a very strong influence on the vegetation and agriculture, as everything dries up during the Dry Season, meanwhile they turn green during the Rainy Season. There are woody valleys and lots of eucalyptus trees in most of the low-lying areas. The few natural forests that existed in the watershed area are already depleted. Much of the ecosystem of Tubah has been destroyed.

### **Fauna**

Tubah has a variety of wildlife animal species such as monkeys, antelope, deer, porcupine, Bush dog, Stone beef, Baboons, Cane rats especially in the Mbi Game Reserve which stretches from Kedjom Keku to Belo in Boyo Division. Unfortunately, this reserve has no access road from the Kedjom Keku side, and needs four hours of trekking to get there. Tubah also has domestic animal species which include: cattle, goats/sheep, pigs, poultry (local and

improved breeds) some wild hunted birds like sparrow, swallow, hawk and weaver birds. These animals' species are going extinct as a result of the rapid environmental degradation.

### **Relief**

Tubah has undulating hills and a large plain at Bambui, which stretches to Bafut. There is another plain where the lower part of Kedjom Ketinguh lies, which is part of the Ndop plain. The hills are dented with woody valleys and interlocking spurs. The main hills in Tubah are; Ngu'bi, Nguh Mbonyam and Nguh Aseh in Kedjom Ketinguh; Munduba in Bambui; Vumih and Mbi in Kedjom Keku; Bambili hills in Bambili. The hills of Tubah provide a real watershed for the area; and there are big plans now by the Council to protect and exploit the watershed area. From the watershed area, several rivers or streams flow through the council area. Below, we can see the pictures of some relief features.

### **Hydrography**

The Lake Bambili is a source of the streams that flow down, especially to Bambili. The streams from Lake Bambili are; the Ntse-Ni, the Ntse-Legel, Ntse-Nkwa and the Ntse- Nta. Kedjom Ketinguh has 14 waterfalls and two main streams that are fed by feeder brooks from the upland plateau. The streams are Toinkom and Mughom. These streams meet at the lower plain where the Upper Noun Valley Development Authority (UNVDA) constructed a dam to serve the rice fields. The main stream in Bambui, known as Chaniyeli flows through the village. Another stream in Bambui, known as Fuwong marks the boundary between Bambui and Kedjom Keku. This river has sandy banks and a sandy bed, and this provides employment to youths through the excavation of sand.

Bambui has two hot springs, one in Atuoh, and one is found up the hills where some Fulani men graze their cattle. Bambili equally has two hot springs up the hills. There is salty water in Kedjom Keku and in the lower part of Sabga.

Most of the tourist sites have no access roads. As already indicated, Tubah has a very great tourist potential. Below are the pictures of some water bodies.

## **1.3.2. Economic and Human Milieu**

### **Economic milieu**

The main occupation of the people of Tubah is agriculture, and to a certain extent, animal husbandry. There is virtually no industry apart from small bakeries, sales of beer, local liquor and basic commodities; and a few other businesses such as private schools. Since most of the agriculture is on a small scale, the farmers provide labour themselves. The cattle owners hire a few cowboys (gynakoh) to tend their cows and sheep. Small livestock is kept

at home and tended by the children. The only real employment possibilities from these economic activities are therefore limited to the few who are employed out of the family to work in the small businesses: the teachers employed by the educational establishments, civil servants and workers attached to the various missionary bodies. This shows that employment possibilities are very limited, while self-employment is hampered by lack of funds and land. This is the main reason for the massive rural exodus witnessed in the area.

### **Market Gardening**

In Bambili and Kedjom Ketinguh, big gardens have been established by youths who produce strictly for the market. Although they still lack modern farm implements, they apply fowl droppings and other forms of natural manure to enrich the soil. Crops such as tomatoes, lettuce, leeks, onions, celery, parsley, carrots, cabbages etc. are grown. There is also the huckleberry vegetable or ‘Njamanjama’ that is a common meal in the region eaten with corn foofoo, is produced in considerable quantities and exported to Bamenda, Yaounde, Douala and South West Region. Vegetable is a cash crop in the Sub Division. It is renowned in the North West Region and beyond for the famous “Babanki Njamanjama”.

### **Cash Crop Production**

The main cash crop used to be coffee which was mainly cultivated by men. With the serious fluctuation in market prices of coffee, and the present permanent drop in prices, production has dropped as most men have cut down their coffee plants and are now indulging in food crop production like potatoes, beans and maize, in marketable quantities. Records of the main cooperative society for Tubah, located in Kedjom Keku, Kedjom Ketinguh show they are not functioning properly. Most farmers are now opting for vegetable gardening, which they say, is more profitable.

Another cash crop is rice, which is normally grown in the lowlands of Kedjom Ketinguh as part of the UNVDA program. According to the chief of post for Agriculture, about 25 hectares of land is now under rice cultivation, producing about 500 tons of rice each year. The yield stands at between 15 and 20 tons per hectare. Below is a picture view of rice farms in Kedjom Ketinguh

## **Animal husbandry**

The people of Tubah keep animals such as pigs, goats, sheep and chicken even though it is reared in small scale. The Fulani, who live in Sabga, Bambui, and Kedjom Keku have cattle rearing as their main economic activity. Some of them keep sheep along with the cows. The cows are of resistant but very low breeds; thus milk and beef production is low. The practice of transhumance exposes the cattle to diseases, theft and they emaciate as a result of long trekking. However; there is some pasture improvement and paddocking at a very small scale introduced by Helvetas and some local NGOs. There is hope that with time, the Fulanis adopt the zero grazing technique which is based on improve pasture. The major problems/constraints associated with this sub sector include; unsuitable market site, poor market structure for the cattle and goats and insufficient medical inputs.

## **Fisheries**

The rivers of Tubah do not have fish apart from the area around the UNDVA dam in Kedjom Ketinguh. The Lake Bambili may be a good tourist site, but does not constitute a source for fish for the village. The Tubah people thus import fish. A few individuals have developed fishponds from which some quantity of fish can be obtained. It is important for this industry to be developed as this will increase protein intake of the villagers. The main species of fish in the fishponds are Tilapia and mud fish.

## **Hunting**

Hunting is done in the Bambui forest and others however; due to the limited species of flora, little hunting is done in the municipality as an economic activity.

## **Forest exploitation**

There used to be natural forests in Tubah in Kedjom Keku, Kedjom Ketinguh and Finge however; there has been a high rate of deforestation for wood, carving material, construction, and destruction through bushfires or simply to create farmland. They are the main source of electric poles, timber, and wood fuel in the area. Eucalyptus tree planting and exploitation has become a significant source of income as they are used as poles for house roofs, main source of wood fuel. There is a community reserve forest in Bambui.

## **Craftsmanship**

This is also an important economic activity of a significant proportion of the people of the sub division especially the people of Kedjom Keku, Kedjom Ketingoh, Finge where natural trees are found. Statues are carved from the timber of the natural trees. The absence of a museum, handicraft centre is a hindrance to this activity.

## **Markets and trade systems**

Trading is among the most important economic activity that occupies a significant proportion of the population. Bambui is the focal point for business in the municipality. Most of the markets within the municipality operate on weekly basis and these market days rotate. The cattle and goat markets at the entrance to the Council is a points of business attractions. Buyers come all the way from Mbouda, Bamenda to buy goats, and pigs. However, the general problems of these markets are the fact that the sellers are not organized and the markets not constructed.

Industrial activities in the Sub Division are still in its infant stage. Mostly small and medium sized enterprises are operated in the Sub Division such as; rice hauling, cassava grating, wood works, motor/motorcycle garages, tailoring, shoe makers and menders, embroidery, bakeries are operational.

## **Micro credit activities**

The dominant financial institutions in Tubah are the Cooperative Credit Unions organizations. They are found in almost all the villages and are thriving. Also, an Express Union which carryout money transfers operations is found in Bambui. The micro financial sector in the municipality is rapidly developing given the development of the private sector in creating jobs in the domain of trading, bike businesses, transport businesses, restaurants businesses. These Cooperative credit unions provide saving and borrowing facilities to its members, thus, playing a positive role in the economic and social development of the area. It is a tool for poverty alleviation.



## **Human milieu**

### **Vulnerable populations**

A significant number of vulnerable groups of persons are found within the municipality. These groups of vulnerable persons include: crippled, blind, deaf and dumb, leper, aged persons, orphans, mentally deranged, epileptics, as well as minority groups like the Mbororo. Various organizations and common initiative groups have been of great help to this class of persons. They include; MBOSCUDA, an association that works with the Old and Disabled persons, The “Angel of Mercy”, an organization working with persons infected with HIV/AIDS, BERUDEP, Regional Centre for Human Welfare of the Ageing Persons in Cameroon (RECEWAPEC) and many others.

### **Persons with special needs;**

This category of persons refer to people living with leprosy, blind, deaf and dumb, lame, crippled, mentally challenged. A few of them are involved in economic activities like weaving and embroidery. Most of them are helpless and depend on family members for their basic needs. They suffer from marginalization, stigmatization and discrimination both at family and societal levels. They have low educational levels. There are no rehabilitation services to assist them. Thus, all of them have little or no access to their special needs and other facilities that are enjoyed by other community members. However; some of them like the leprosy have a support group which is well established and serves as a source of psycho-social support centre to them. They are mostly found in the New Hope village. They are independent and are into diverse economic activities. Some Organisations like MTN, has provide them with portable water while PLAN Cameroon has constructed a school for them. American leprosy mission through Heifer Project International constructed the permanent buildings of Government School Mughe in the New Hope village.

### **Women, widows and orphans**

There exist a great number of these categories of persons with special needs in Tubah. With Tubah traditional cultural practice, it is difficult for women to inherit or control landed property. This bad cultural practice subject widows to harsh treatment and her late husband’s property seized. This renders the widow more vulnerable as she and her orphan children are deprived of their late husband and father’s property. In some cases, she is even accused of being the cause of her husband’s death.

### **The aged;**

From observation, the aged population within Tubah council is high. The aged are generally feeble and subjected to frequent and diverse ailments. Given that most of them are retired subsistence farmers, their source of income is not guaranteed and they depend on younger family members for sustenance. Even those who are on retirement from the civil service are Also experiencing poverty as their pension is too minimal and irregular.

**Table 2: Population of Tubah**

No	Clan	Population
01	Kedjom keku	15286
02	Bambui	17083
03	Bambili	15448
05	Kedjom ketinguh	17433
06	Fingi	4000

*Source: Tubah Monographic report*

## **CHAPTER II**

### **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 and specifically in the Tubah Council area. The chapter is composed of the following sections: the context of the study, 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 of the data collected.

#### **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 a perceptions survey about the services delivered in the sectors under study 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 proposed 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**

##### **2.2.1. Objectives**

The global objective of this study 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. In a specific way, the program had to accompany the council in achieving the following:

- 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.

Secondary data drawn from the CDP, the internet, sector ministries and the council was also collected and used in the study.

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 enumerators
- 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.

## **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: Ndop, 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 household 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 study strata.

In the first sampling stage, 2276 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 study 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 4802 households sampled in the NWR were distributed among 276 sampled Enumeration Areas (EAs). Out of the total sampled households and EAs<sup>1</sup> in the Region, the Bafut had 319 sampled households distributed among 14 EAs. At the end of the conduct of the Scorecard study, all EAs were covered and out of the 319 sampled households drawn from this council area, 300 households were successfully identified and interviewed, giving a coverage rate of 92,16%.

#### **2.3.2.1. Sample size and distribution of the sample**

The choice of the sample size of a household in a study such as the Scorecard study 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 study estimates are and therefore the sampling errors are reduced.

The Scorecard study targeted a representative sample of about 320 households. This study

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<sup>1</sup> An EA is a portion of the territory bounded by visible details and in principle contains between 700 and 1,100 inhabitants, or between 140 and 220 households on average. For the purpose of the 3<sup>rd</sup> GPHC, the Cameroonian territory was divided into 17 800 ZD which constitute the basic units

was based on the same EAs as those selected during the Complementary Study of the 4th Cameroon Household Study (EC-ECAM 4) in 2016, which selected a maximum of 20 EAs per council. For this purpose, for municipalities that selected 20 EAs 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 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 study.

#### **2.3.2.2. Sample Base and Selection of Clusters**

The drawing of the Scorecard sample 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.

#### **2.3.2.3. 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 in councils of zone 13 of the North-West Region including those of the Tubah Council area.

**Table 3: 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			
Bafut	6	8	14	319	300	94.04%
Batibo	6	14	20	320	300	93.75%
Belo	4	16	20	320	275	85.94%
Fundong	0	20	20	320	286	91.52%
Mbengwi	8	12	20	320	290	90.63%
Santa	0	19	19	321	266	83.13%
Tubah	2	7	9	319	294	92.16%
Wum	14	5	19	321	294	91.88%
<b>Total</b>	<b>40</b>	<b>101</b>	<b>141</b>	<b>2560</b>	<b>2305</b>	<b>90.04%</b>

*Source: Scorecard, PNDP North West Region November 2017*

### 2.3.3. Questionnaires and Manuals

The collection tool adapted from the first Scorecard study conducted in the pilot Councils in 2012 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

### 2.3.4. Recruitment of interviewers, 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 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 06 days where by 2 groups of persons were trained

for 3 days each in two different chosen centres:

- **Bafut training Centre:** for the training of pre-selected candidates from the Santa, Wum, Mbengwi and Batibo Councils,
- **Tubah training Centre:** for the training of the pre-selected candidates from the Tubah, Fundong, Santa and Belo 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 08 teams, with each team working in one of the 08 selected councils. In each council, a team 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 field work for the data collection. The 7 days of field work for the Tubah council started on 04/10/ 2017 and ended on 15/10/ 2017.

For various reasons, some 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 12/11/ 2017 to the 15/11/ 2017. The purpose of this activity was to improve on the success rate of responses from households.

### **2.3.5. Community sensitisation and awareness.**

The community sensitization and awareness phase is a very important activity during a survey. It is decisive for community membership in data collection operations. During the data collection of the Scorecard study, 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.

### **2.3.6. 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 study. The actual entry started on December 4th, 2017 and ended on December 16th, 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 study according to the tabulation plan established by PNDP.

## **CHAPTER III**

### **MAIN RESULTS OF THE STUDY AND RECOMMENDATIONS FOR IMPROVEMENT**

Given the importance of the Scorecard study, whose strength and merit is derived from the expressed opinions of citizens to participate in their own development, this study was carried out. The data collection tool for the study was a household questionnaire. This questionnaire was broken down into five sections, the first of which focused on the background information of the respondents, the second on water supply, the third on health, the fourth on education and the last on services provided by the council.

This chapter is reserved for the presentation and analysis of data (opinion of citizens) collected from the field using the questionnaire. Chapter three will therefore, be structured in to five sections: presentation of the target population for the study, water, health, education and council services.

#### **3.1. Presentation of the Target Population For the Study**

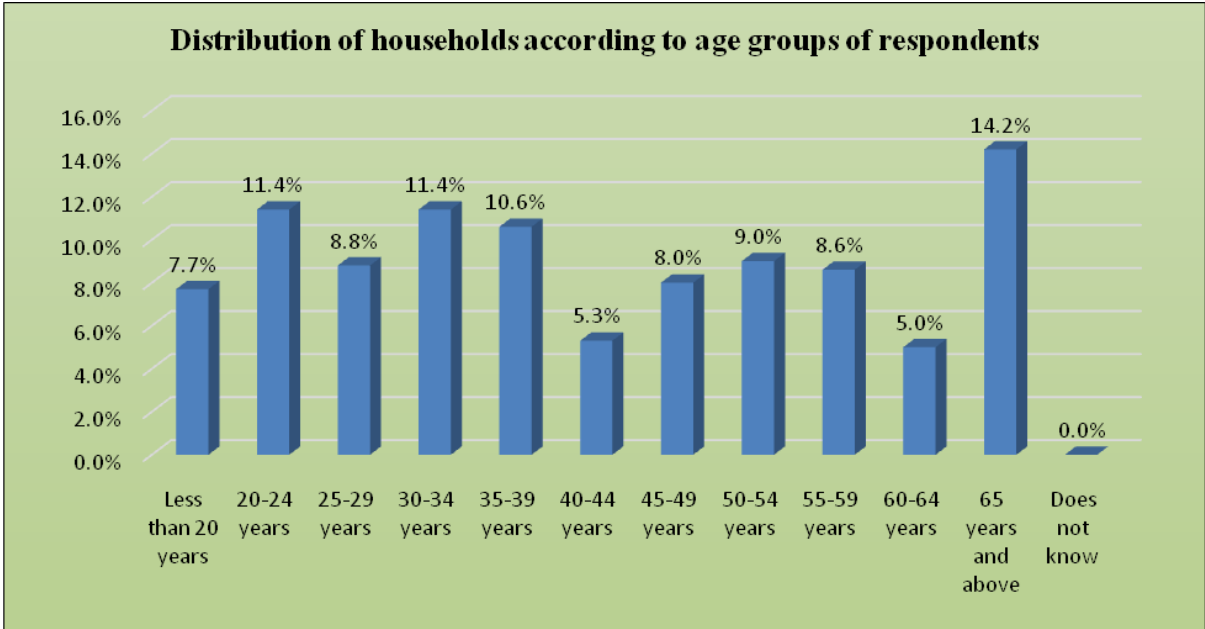
Gender nowadays is a very important aspect to be considered in data collection. This was captured during this study as both male and female were respondents to the questionnaire. During the study, the observation unit was the household and only one member from the household was interviewed who spoke on behalf of the entire household. The respondent was a member of the household who has enough information to speak on behalf of the household. So our respondents were either household heads (one recognised by authority as the household head) or any other member of the household. Within the context of this study the household refers to a person or a set of persons with or without family links, who live together under the same roof (house, compound etc.) and who generally share their meal together, put part or all of their incomes together in order to meet their needs. They recognize the authority of one person amongst them who is referred to as household head. To this effect both male and female opinion was captured during this study.

##### **3.1.1. Classification of respondents by age and sex group**

During the study, the characteristic of respondents was accessed in terms of age and sex. From the Figure below, it can be seen that the respondents in the Tubah council area were of varying ages. However, results showed that a greater proportion of the respondents in this area were of age 65 years and above registering 14.2% more than any other age group. This

indicates that a majority were adults that responded to the questionnaire and so we can count on their opinion and suggestions for change.

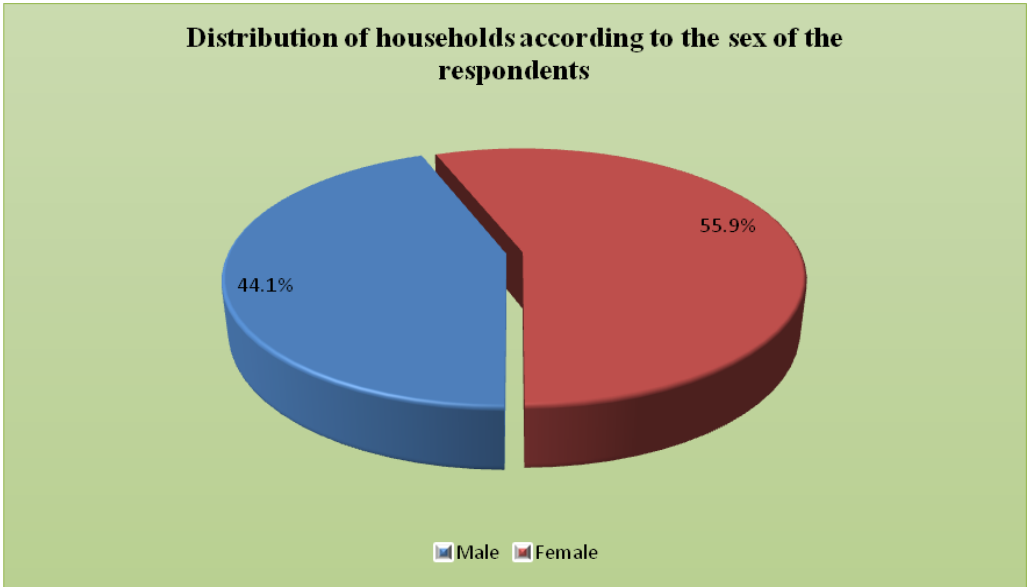
**Figure 1: Distribution of households according to age group of the respondents**



Source: Scorecard Study, November 2017

With respect to sex, the data on Figure 3 proved that a greater proportion of those who responded were women with a higher proportion of 55.9% of the households while men registered 44.1%. This is displayed on the figure below.

**Figure 2: Distribution of respondents according to the sex**

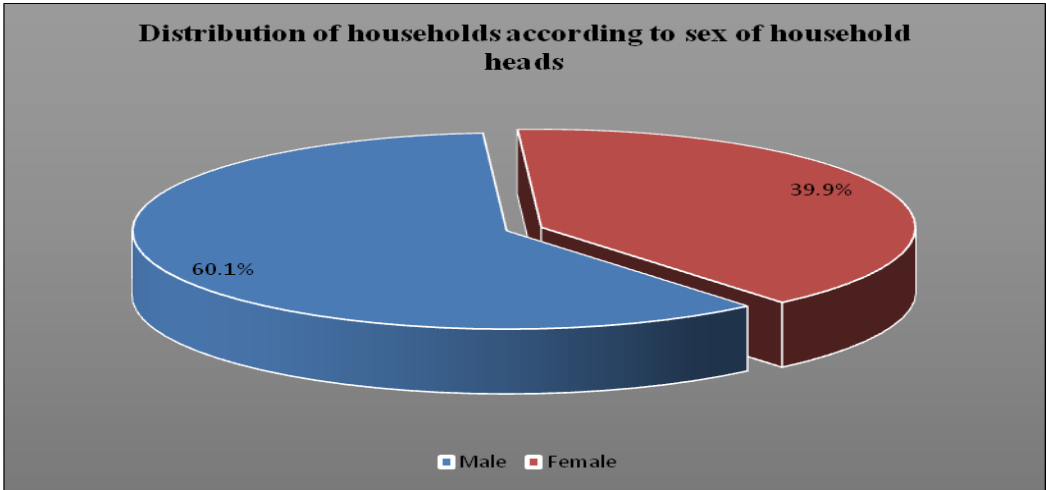


Source: Scorecard Study, November 2017

**3.1.2. Characteristic of household heads (age and sex)**

The characteristic of the household head was also considered during this study as it was important to find out the ages and sex of household heads. During this study both male and female were seen as household heads. However, results from the Figure bellow show that 60.1% of the household heads were males and 39.9 % were females.

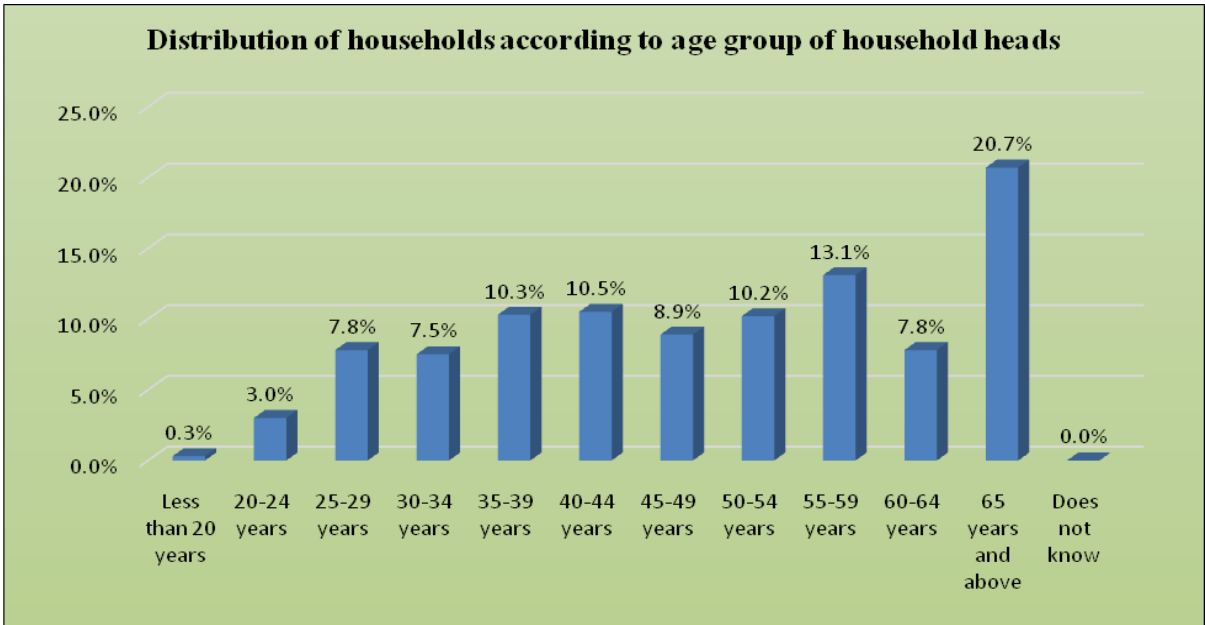
**Figure 3: Distribution of households according to sex of household heads**



Source: Scorecard Study, November 2017

As Regards the ages of household heads, 20.7% were household heads of age 65 years and above. This age group registered the highest percentage with respect to the other groups. This is evidence that in the cultural setting of this council area household heads are mostly men and of adult age as indicated by the proportions of age and sex.

**Figure 4: Distribution of household according to age group of household heads**



*Source: Scorecard Study, November 2017*

From the analysis above, it can be seen that though majority of our household heads were male, our respondents were more of women. This part marks the end of the section that has to do with the description of our target population and will be followed by the presentation and discussion of the results of the study in the water sector.

## 3.2. Water Sector

Water is one of the most vital natural resources for life on earth as the saying goes “water is life”. The availability and quality of water always have played an important role in determining not only where people can live, but also their quality of life. Sustainable Development Goal (SDG) No.6 states that everyone on earth should have access to safe and affordable drinking water. Cameroon is playing its own role to attain this goal in 2030. It is in this light that the Scorecard study carried in the Tubah Council area of the North West Region Cameroon accessed the perception of households concerning water quality and availability.

In this chapter we would be presenting and analysing the responses of households with regards to the following areas: the availability, usage, cost, and quality of water.

### 3.2.1. Availability and usage of water services in Tubah Council Area.

In the Tubah Council Area, the households declared that there are five main sources of public water supply systems (Well equipped with a pump, open pit well, protected well, boreholes equipped with manual pump, spring/river and tap water or pipe born water ) available.

- **Well equipped with a pump:** It refers to a well equipped with a manual pump, the operation of which is likely to ease water sourcing during the supply process.
- **Open pit well:** An unprotected well is the one for which one or both of the following assertions are true: (1) the well is not protected from run-off waters; (2) the well is not protected from birds’ droppings and animal dungs.
- **Protected well:** A well protected from run-off waters by a shaft lining or a well casing constructed above the ground level and a platform that channels overflowing water. Furthermore, a protected well is covered a bid to remain out of birds’ droppings and animal dungs.
- **Boreholes equipped with a manually operated pump:** It is a deep well dug or bored in a bid to attain ground waters. Tube wells/boreholes are made up of tubes or pipes whose holes of a smaller diameter are protected from collapsing and infiltration. Water is channelled through a tube well or borehole by a manually operated pump.
- **Spring/ river:** A spring corresponds to a spot where water comes out of the ground in a natural way. As to a river, it corresponds to surface water. Water flows into a river, dam, lake, pond and irrigation canals from which it is directly drawn.
- **Access to potable water:** This modality takes into account water that has undergone a prior treatment process in a bid to become drinkable and which are later on channelled to the residential areas (CDE, CAMWATER...).

This subsection looks at the public water supply schemes that exist in the Tubah council area. Results from the field on the water supply schemes available in the Tubah council area are presented below. From the data displayed below, 85.3% of households reported that their village/neighborhood has Access to Spring/River while 90.4% of the households declared they have access to tap water (pipe borne water). According to them, these are the most common public water supply sources in these localities. Other available sources of public water supply systems as declared by the households include; protected well (2.1%), well equipped with a pump 0.6%, open pit well 1.2% and Boreholes equipped with manual pump 0.6%. It was evident from the opinions of households that, Spring/River (85.3%) and tap water or pipes borne water (90.4%) are the major public water supply systems available in most communities in the Tubah council area.

**Table 4: Proportion (%) of households in Tubah council per type of water system available.**

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)
0.6	1.2	2.1	0.6	85.3	90.4

*Source: Scorecard Study, November 2017*

#### **Proportion (%) of households in Tubah council per type of water systems used**

Water supply systems in the Tubah council can be perceived into two types; public and private. A water supply source is said to be public when its use is open to all at all-time whereas a private source is that whose use is restricted.

From the table below it can be seen that there are many sources of water supply systems in the council area, the households depend on public water supply systems as declared by 38.4% of the households. Out of the 38.4% of the households who indicated that they depend on public water supply systems, the majority depend on the spring/river source as indicated by 53.6%, for those using the public source, 43.8% are using tap water and Well with pump 2.5%. It is worth noting here that no proportion of the households makes use of open pit well, protected wells and boreholes.

From the table we can see that amongst those who declared that they use public water sources only 43.8% declared that they used the tap water which is the only potable source as pipe borne water is the acceptable water for drinking. This results stipulates that a majority of the households of this area are likely to suffer from water related diseases as they use unsafe sources of water.

**Table 5: Proportion of households in Tubah council with respect to the entity running their main source of water.**

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	tap water	Total
38.4	2.5	0.0	0.0	0.0	53.6	43.8	100.0

*Source: Scorecard Study, November 2017*

### 3.2.2. Cost and quality of water services

During the study questions were asked to capture the respondent's appraisal as to the quality and cost of water deriving from the main water supply source

#### Quality of water services

For water to be of good quality it must be free from odour, taste and smell. Households were asked questions to get their opinion with respect to the afore-mentioned qualities.

With regards to the quality of water as seen from the table below, a greater proportion of our households (57.5%) declared that the water they get from their main source is generally of good quality. Though a majority of the households declared water quality to be good, 31.5% declared that the quality was bad.

Considering the three main water qualities of odour, taste and colour, 80.2% of the household declared that their water has no odour, 75% said it has no taste and finally 55.8% declared that their water has no colour. Notwithstanding the fact that a greater proportion declared water quality to be good, 18.9% declared that the water they drink has an odour, 24.1% were of the opinion that the water they drink has taste while 34.2% declared the water has colour.

**Table 6: Proportion (%) of households in Tubah council per characteristics declared of the main water source used**

Water Quality			Water has an Odor			Water has a Taste			Water has a Color		
Good	Bad	Indifferent	Yes	No	I don't know	Yes	No	I don't know	Yes	No	I don't know
57.5	31.5	11.0	18.9	80.2	0.9	24.1	75	0.9	34.2	55.8	0,0

*Source: Scorecard Study, November 2017*



### 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 they pay on average, as well as how their appraisal of what they pay for the water.

From the table below, just a very small proportion of the households 12.7% indicated that they pay for the water they get from the public supply system in their locality.

This means that the remaining majority, of more than 85% of the households don't pay for water in their neighbourhoods. This is very affirmative, when compared to results from the previous section, that their major source of water supply is the spring/river

The few who use water from paid sources see what they pay for their water per month as not very reasonable which is represented by an insignificant value (\*)

**Table 7: Proportion (%) of households in Tubah Council according to their appreciation of the amount paid for using the principal public water source.**

Proportion (%) of households paying for water at the main public water source they are using	Average monthly expenditure (CFA Francs) for households who pay for water	Partitioning (%) of households, paying for water, per appreciation of the amount paid			Total
		High	Reasonable	Insignificant	
12.7	*	*	*	*	*

*Source: Scorecard Study, November 2017.*

### 3.2.3. Appreciation of water services

The objective here was to see how the households 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, 56.1% of the households using a public main water source declared that this source provide water for them throughout the year, while 96.6% held the opinion that they have access to this water sources 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.

Considering the distance and time they have to cover in order to fetch water, 57.9% of the households who get their water from public sources that are available throughout the year also declared that they use at most 15 minute to complete a round trip, 27.6% declared that they use between 15 and 30 minutes to fetch water and finally 9.5% said they use more than

30 minutes. This is an indicator for the need of more portable water point in the council area. This implies that 9.5% of the households still carry water far off from their homes as it takes more than 30minutes for them to fetch water. This is stressful given the importance of water to life.

**Table 8: Proportion (%) of households in Tubah 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	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
	On the spot	Less than 15 minutes	between 15 and 30 minutes	More than 30 minutes			
56.1	5.0	57.9	27.6	9.5	100,0	96.6	*

*Source: Scorecard Study, November 2017*

\*implies the data is insignificant

### 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 breaks down. From the Table below, 35.8% of the households made it clear that they have been declaring a breakdown in their public water supply source to those concerned. Of those who reported this breakdown, 40.3% perceived it takes less than a week for repairs to be done, 31.2% declared that those who do the repairs take between one week to a month, 18.9% opined that it takes between 1-3 months and finally 1.4% declared that it takes more than a month. 8.1% declared there has been no maintenance till date.

**Table 9: Proportion (%) of households in Tubah 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 excluded and three months	More than three months	Not yet	
35.8	40.3	31.2	18.9	1.4	8.1	100.0

*Source: Scorecard Study, November 2017*

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

The study looked at institutions/individuals who did repairs on the water supply source when it had a breakdown. Looking at the water maintenance table below, 48.1% of the households declared that the water management committee resolved the problem of water breakdown, 27% perceived repairs are done by elites of the area, 26.9% attribute it to the village/quarter head for the repairs, 4.7% and 4.9% declared repairs was done by the mayor and administrative authorities respectively and finally 9.9% opined other individuals did the repairs. Results showed that the Water Management Committee registered a greater proportion 48.1% as repairing the breakdown of the main public water source is concern, therefore empowering this management Committee will ensure competence in the management of water in the area.

**Table 10: Proportion (%) of households in Tubah council who have declared a breakdown of the main public water source**

Proportion (%) declaring that the breakdown declared was resolved by the:						
Mayor	State (government services)	Elite	Water Management Committee	Village/quarter head	Administrative Authorities	others
4.7	0.0	27.0	48.1	26.9	4.6	9.9

*Source: CRCM study, November council 2017*

### 3.2.6. Need expressed in terms of water supply

The perception of the households was also captured during the study to know whether they expressed a need in terms of water supply during a specified period and if they did, to whom they submitted their request, whether their need has been addressed or not and how long it took for such need to be addressed. The table below presents to us the percentage of those who have expressed a need for potable water in the last 6 months and their needs were met. From the table it can be seen that 16.3% of the households have declared a need for potable water. Out of these people, 59.6% expressed this need to the water management committee, 30.1% to the village/quarter head, 19.1% to some elites, 18% to the mayor and 2.4% did expressed this need to some other persons. For those who expressed these need for potable water in the last 6 months, 28.1% declared their needs were met.

**Table 11: Proportion (%) of households in Tubah 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 (%) of household to whom the need where submit to:							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
16.3	18.0	0.0	19.1	59.6	30.1	0.0	0.0	2.4	28.1

*Source: Scorecard Study, November 2017*

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

During the study in the Tubah council area, the perception of the households was assessed to know whether they were satisfied with the water supply system within the area. Seven variables were considered during this exercise:

- Long distance of the water point,
- Poor water quality,
- Insufficient water points,
- Management of water points,
- Lack of/slowness of maintenance in case of break down,
- High cost of water provision and
- Others

These variables and proportions of households are better expressed on the table below. From the table below, 41.4% of households declared that they are not satisfied with the provision of potable water in their neighbourhood. Out of those who reported that they are not satisfied with water services rendered in their community, 61 % of them declared that their non-satisfaction is explained by the fact that the water points are insufficient, 56.4% said the management of water points were poor, 43.1% declared their dissatisfaction is related to far distances while 38.5% said the water quality was poor.

**Table 12: Proportion (%) of households not satisfied and reasons for non-satisfaction with the water provision in Tubah 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
41.4	43.1	38.5	61.0	56.4	26.6	5.7	12.6

*Source: Scorecard Study, November 2017*

### 3.2.8. Main Expectations in terms of water supply in Tubah council.

A proportion of 41.4% of the households expressed dissatisfaction in terms of the provision of water services and it was necessary to find out what they propose as expectations to improve their water need in Tubah council area.

The table below presents some expectations of the households in terms of water supply in the council area. According to the table below, 67.9% of the households said they need more water points, 53% were of the opinion that they need an improvement in water management, 39.5% said they wanted an improvement in quality, 37.3% talked of repair works should be carried out on the damage water points and 8% made mention of the fact that they wanted the price of the water dropped. This therefore ties with the reason of non-satisfaction with water supply where the majority expressed the need of more water points.

**Table 13: Proportion (%) of households in Tubah 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
67.9	53.0	37.3	39.5	8.0	11.0

*Source: Scorecard Study, November 2017*

### **3.2.9. Synthesis of the perception of services in the domain of water and suggested areas of improvement**

The analysis of results on water services showed that, there is a need for additional water points because of the households that make use of public sources of water. 53.6% of the households still carry water from springs and rivers and only 43.8% uses water from pipe borne water. This is also in line with the 61% of the households whose non satisfaction to water services was attributed to insufficient water points. The improvement of the management of water points is also a point of concern in the Tubah area as 48.1% of the households look up to Water Management Committee for repairs. There is therefore the need for empowering the Water Management Committee for better management of water services.

Just like water, health is a very important component of life. During the study, it was imperative to capture the opinions of households with regards service delivery in the health domain. The following section will be looking at the availability, usage, cost/ quality of health services offered in Tubah council area.

### **3.3. Health Sector**

Our health affects everything from how much we enjoy life to what work we can do. It is therefore very important to be in good health as Sustainable Development Goal No-3 is to ensure healthy lives and promote well-being for all at all ages. In Cameroon health services are provided by both the private and the public sectors and largely a responsibility of the government managed by the Ministry of Public Health. When talking local development, health cannot be left out as it constitutes one of the major sectors widely taken into consideration when making policy. In this chapter, we would be presenting and discussing the results of the study obtained from the field.

#### **3.3.1. Availability and usage of services in the health domain**

The study assessed the perception of the households regarding the nearest health unit, the average time taken to reach the nearest health unit, their preference in line with medical care, whether or not they have been to the nearest health unit within a specific period and their opinion about the head of the institution, the presence of minor medical equipment, provision of hospitalization rooms and number of beds available.

##### **3.3.1.1. Availability of services in the health domain**

Both public and private health care units are available in the Tubah council area. These include public hospital, public integrated health centres, private health care units, mission health services etc.

The perception of the households concerning the availability of health services and time taken to reach the nearest health unit is recorded on table and, Figures below.

The table below shows that 48.4% of households declared that their village/neighbourhood has Public integrated health centres and it's the closest to them, 28.5% declared that a Private health centres is available and closest to them while the remaining minority (23.1%) declared that Hospital/CMA is available and closest to them. This indicates that the public integrated health centre is the main available and the closest health facility to the households of the Tubah council area making it the most popular in the area in terms of availability and accessibility.

In terms of the time taken by a household member to a health facility, 40.1% of them take more than 30 minutes, and 28.6% take Between 15 and 30 minutes while 31.4% takes less than 30 minutes to reach the nearest health facility meaning that majority of the households of the area have to travel longer distances in order to get treated. This further indicates that

there are few of such integrated health centres, which are even the most popular health institution in the environment with so many people who depend on the few centres and have to cover long distances in order to benefit from such centres. More than thirty (30) minutes is quite long a time to take in order to reach a health facility especially when it has to do with emergencies.

**Table 14: Partitioning (%) of households per nearest health care unit and time taken to reach there, in Tubah council.**

Nearest health Centre			Total	Time taken to reach there			Total
Public integrated health center	Hospital/ CMA	Private health center		Less than 15 minutes	Between 15 and 30 minutes	More than 30 minutes	
48.4	23.1	28.5	100.0	31.4	28.6	40.1	100.0

Source: Scorecard Study, November 2017

### 3.3.1.2. Preferences of the household in terms of health care facilities

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, 46.7% of the households declared that, when they are in need of medical services they prefer integrated health centres, 32.7% prefer private health centres, and 19.7% perceived that they prefer a hospital/CMC. This indicates that integrated health centres are the most available but relatively inaccessible to the households because of the time taken to reach one.

**Table 15: Partitioning (%) of households per main choice of health solutions, in Tubah 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	
46.7	19.7	32.7	0.0	0.2	0.0	0.0	0.8	100.0

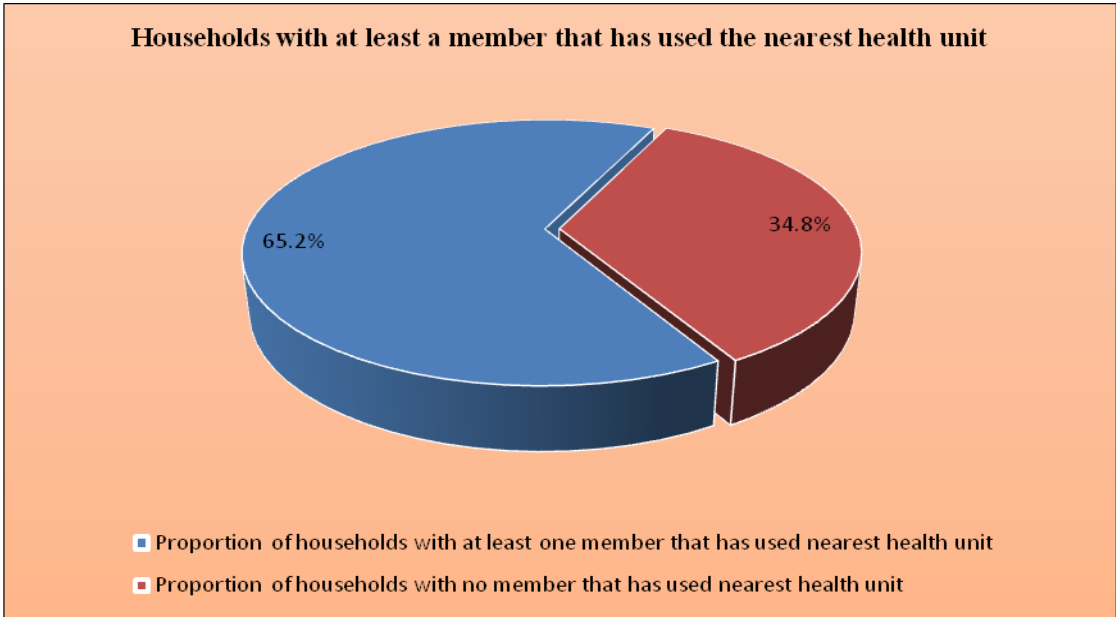
Source: Scorecard Study, November 2017

### 3.3.1.3. Attendance to the nearest health care unit

According to the information provided on Figures below, 65.2% of the households are using the nearest health care unit. This implies that 34.8% of the households do not go to the nearest health unit. Amongst the users of the nearest health care units, 50% declared the unit is headed by a medical doctor and 47% said it is headed by a nurse. This gives the general impression that these health care units are equipped with quality staffs.

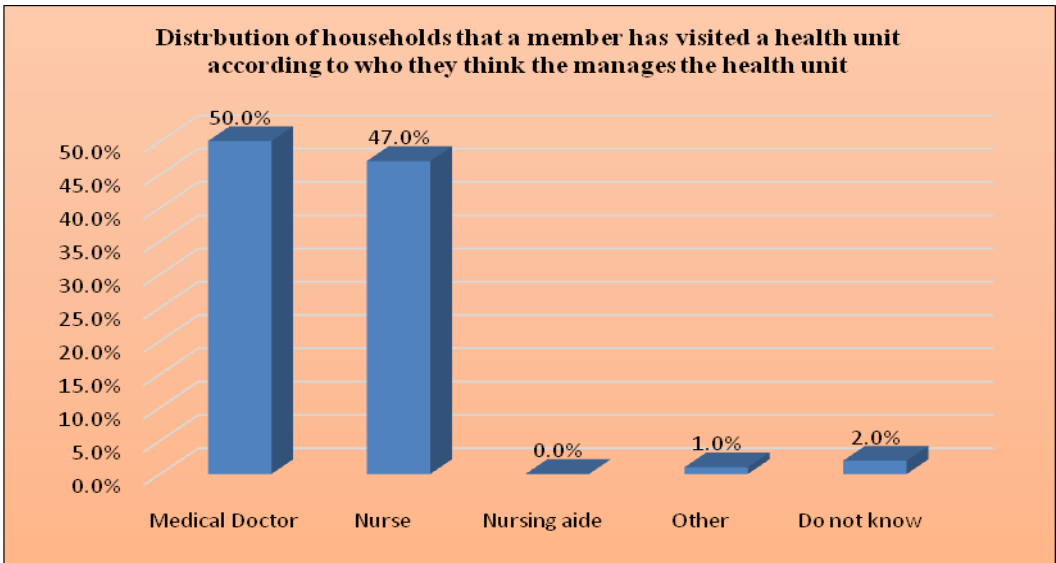


**Figure 5: Households with at least a member that has used the nearest health unit**



*Source: Scorecard Study, November 2017*

**Figure 6: Distribution of households that a member has visited a health unit according to who they declare manages the health unit**



*Source: Scorecard Study, November 2017*

**3.3.1.4. Characteristics of visited health care units**

With respects to the characteristics of the health care unit visited by a household member in course of the last six month, as shown on table below, 97.5% of the households said there were personnel present, 97.5% declared pharmacies existed, 97.1% were of the opinion that admission rooms were available, 94.8% made us to understand that basic materials were available, 90% of these very households claimed drugs were available and a minimal 25.7%

said the hospital had an average of 5-10 beds per room.

**Table 16: repartition (%) of the household according to their declaration of the characteristics of the nearest healthcare unit visited by a household member in the Tubah council area**

Characteristics declared by households about the nearest health center during their last visit					
Presence of personnel	Availability of basic material/equipment	Existence of hospitalization hall/rooms	Number of beds in the hospitalization halls/rooms	Existence of a pharmacy/pro-pharmacy	Availability of drugs
97.5	94.8	97.1	25.7%	97.5	90.0

*Source: Scorecard Study, November 2017*

### 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 the table below. A majority of households have paid a fee at the health unit they visited. On average, 1 out of every 2 households declared that they spent between 500 and 1000 FCFA as consultation fee during their previous visit to their preferred health unit, 41,2% of the households spent below 500 FCFA while only 12,6% paid consultation fees above 1000 FCFA during their visit at the health care unit.

With regard to the assessment of the amount of fees paid for consultation, a majority of households, 66.4% of those who have paid consultation fees believe that the amount is reasonable while 33.3% declared the amount was high.

**Table 17: Proportion (%) of households in Tubah council, whose members have paid consultation fees at the nearest health care unit and their appraisal**

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 FCFA	Total	High	Reasonable	Insignificant	
97.9	41.2	42	12.6	100.0	33.3	66.4	0.3	100

*Source: Scorecard Study, November 2017*

### 3.3.3. Appreciation of health services

Appraisal of health services was assessed in terms of how the medical staffs receive the households visiting the health unit. Reception is important because it determines the feeling of households and whether or not they will want to visit the health unit again. The study also captured the perception of the households whether reception in the health unit was good or bad with respect to the medical staff.

The table below shows the distribution of households according to the feeling that they have about the reception of the medical personnel. Among 97.9% of households who visited the nearest health unit, about 61.0% declared that the reception was good while 31.1% declared that the reception was averaged.

**Table 18: Proportion (%) of households in Tubah council attending the nearest health care unit according to the reception of the medical staff.**

Good	Average	Bad	Total
61.0	31.1	7.9	100.0

*Source: Scorecard Study, November 2017*

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

The study also captured the opinions of the households with regards to their level of satisfaction or non-satisfaction with the health services offered. Several reasons accounted for their non-satisfaction among which were; far distance to access the health care units, poor quality of services provided, insufficiency of health care units, defaults related to the health care unit staff, poor management of health care units, insufficient drugs, poor quality of equipment and high cost with regards to health care access. There was equally need to find out if the nearest health care unit provided appropriate solutions to most of the health problems faced by households.

According to the table below, 66.4% declared that their health problems are being solved in their nearest health care unit. While 32.8% declared they were not satisfied with the services rendered. Of these 32.8% who said they were not satisfied, 50.3% gave reason for their non-satisfaction as far distance to access the nearest health units, 47.9% declared they were not satisfied with the quantity/quality of equipment, 46.7% opined poor quality of services rendered was the reason for their non-satisfaction, 32.1% perceived the poor management of health units, 31.6% declared insufficiency of drugs while 31.3%, and 17.1% declared high cost and

weaknesses from the staff as reason for their non-satisfaction respectively. 40.2% of the households attributed their non-satisfaction to the insufficient number of health units.

**Table 19: distribution (%) of households in Tubah council whose members are not satisfied with the services rendered by health care unit, according to reasons of dissatisfaction.**

Proportion (%) of households who declared that the majority of their health problems have being solved by the nearest health unit	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
66.4	32.8	50.3	46.7	40.2	17.1	32.1	31.6	47.9	31.3	22.1

Source: Scorecard Study, November 2017

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

Households expressed some expectations in relation to improving on healthcare services as indicated on the table below. 1 out of 2 households declared that additional healthcare units should be created. This suggestion ties very much with the fact that they have to trek for long just to benefit from health services. 54.9% of the households suggested that the health care units should be equipped while 30.2% hold the opinion that new staff should be transferred to the health unit. 35.6% expressed the need that there should be provision or supply of drugs to the health care unit.

**Table 20: 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	Transfer of a staff member	Equipped health care units	Others
50.8	35.6	30.2	54.9	16.5

Source: Scorecard Study, November 2017

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

From the opinion of households that were targeted for this study, 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.

Just like health, education is a central aspects of humans. This explains why, during the Scorecard study, the education sector (basic, secondary and vocational training) was given adequate attention as it was necessary to capture the perceptions of the households with regards the availability, cost/quality, their general appreciation of services rendered in this domain as well as their dissatisfactions and expectations. The following section gives a vivid idea of services rendered in the domain of education in Tubah Council area.

### **3.4. Education Services**

To ensure inclusive and equitable quality education and promote lifelong learning opportunities for all is SDG No.4. This is what Cameroon is striving for to ensure quality education for all at all levels. In Cameroon many levels of education do exist to implement education for all. This part of the report captured the opinion of the households on three levels of education (Nursery, primary and Secondary) and vocational training.

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

The availability of three levels of education were observed during this study (Nursery, Primary and Secondary) using the variables as seen on the table below for the academic year 2016/2017. The table shows that 93.7% of households declared that their village/neighborhood has a Nursery school and a household has an average of 1 pupil attending this nursery school. In terms of the distance travelled by pupils who attend the nursery school, 79.7% of them cover less than 1 km, and 15.8% cover a distance between 1 and 5km and finally 4.5% cover a distance of more than 5km.

Primary schools are the most common in the villages of the Tubah council area as declared by 99.3% of households. On average, a household has at least 2 children attending primary school and in almost all households, 84.4% of these pupils travel less than 5km to go to school, 13.2 % between 1-5km and 1.4% travel more than 5km to get to school.

With respect to secondary schools, 95.1% perceived that there exist secondary schools in their village/neighborhood. Overall, a household residing in this community has an average of 02 students in secondary school. As for the distance travelled and the time taken by high school students to reach their school, 26.5% of the households opined that their students travel less than 1km to get to school. It should be noted however, that 58.3% of households said the students travel between 1-5km before going to school and finally, 15.3% declared they travel above 5km for studies.

A distance of more than 5km to be travelled by students as declared by 15.3% of the households before attending a secondary school is relatively long. A call for concern to bring secondary education nearer to the households in this area.

**Table 21: Partitioning (%) of households in Tubah council, whose children have access to education, per type of educational cycle.**

Available Cycle	Proportion of households whose member declared the existence of an educational cycle.	Average number of children from the household attending the nearest school	Average distance covered by the children to go to school				Average time spent by the children to reach the school on foot
			Less than 1KM	Between 1 and 5 KM	More than 5KM	Total	
Nursery	93.7	1.3	79.7	15.8	4.5	100	24.9
Primary	99.3	2.2	84.4	13.2	1.4	100	23.0
Secondary	95.1	1.9	26.5	58.3	15.3	100	56.9

*Source: Scorecard Study, November 2017*

### **3.4.2. Characteristics of school infrastructure.**

The study captured the perception of the households on the infrastructure existing per cycle of school in the Tubah council area. From the table below, it can be seen that, 99.7% of the households declared that the school attended by their children have a complete cycle for the primary school, 98.7% also declared that they have a complete first cycle while 85.4% declared same for a complete second cycle. As concerns whether the cycles have classrooms per class level, 89% declared that classrooms are available per class level for the Nursery, 98.1% did same for the primary while 95.9% reported in line with the secondary schools. The availability of benches for children to sit was highly appreciated as declared by 93.5% for the nursery school, 99.5% for primary schools and 98.5% for secondary school. As regards textbooks 30.4% and 11.6% for the nursery and primary schools respectively declared that textbooks are distributed for use.

**Table 22: Proportion (%) of households in Tubah council according to the characteristics declared about the school attended per educational 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			89	93.5	30.4
Primary		99.7	98.1	99.5	11.6
Secondary	1 <sup>st</sup> cycle	98.7	95.5	98.5	
	2 <sup>nd</sup> cycle	85.4			

*Source: Scorecard Study, November 2017*

### **3.4.3. Appreciation of services in the domain of Education per cycle**

The appreciation of the quality of the teaching received by the pupils/students can be strongly dependent on the number per classroom and the presence of the teachers. Thus, during the data collection of the Scorecard study, questions were asked about these two variables of the quality of education in the council area. It should be recalled that in Cameroon, an average of 30 pupils per classroom is recommended for the nursery and primary schools while 60 students per classroom is recommended for and secondary schools. From the Table below, 37.3% of households with pupils in the nursery school revealed that their children are less than 30 in class, 38.4% said their children are between 30 and 60 and 3% said they are above 60 in class.

For those of the primary, 12.3% of households with pupils in the primary school revealed that their children are less than 30 in class, 59.2% said their children are between 30 and 60 and 9.3% said they are above 60 in class.

With respect to the secondary level, 5.5% of households with students in the secondary school declared that their children are less than 30 in class, 47.5% said their children are between 30 and 60 and 26.8% said they are above 60 in class.

With regards to the presence of teachers in school, the regularity of teachers was highly appreciated by the households with 81.1%, of the households declaring that the teachers were regular for the nursery schools, 82.9%, declared that the teachers were regular for the primary schools while 86.4% observed same for the secondary schools.



**Table 23: Proportion (%) of households in Tubah 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 Tubah council whose children are going to school and are in classrooms with an average number of pupils.				Proportion (%) of households in Tubah council according to the appraisal of the teacher's presence in classroom.			
	Less than 30	Between 30 and 60	above 60	DNK	Regular	Averagely regular	Irregular	DNK
Nursery	37.3	38.4	3.0	21.3	81.1	15.9	0.0	3.0
Primary	12.3	59.2	9.3	19.2	82.9	15.7	1.4	0.0
Secondary	5.5	47.5	26.8	20.2	86.4	11.2	2.4	0.0

Source: Scorecard Study, November 2017

#### 3.4.4. Cost and quality of services in the education sector per cycle

Access to education is not yet free in the education system in our country, as shown on the table, all households have paid a fee for education in all cycles. On average in Tubah council area, households spend annually 96,656FCFA for the education of their children in the primary school, 24,414 FCFA for the education of members of their household in the nursery school and 32,093 FCFA for secondary education.

With regard to the assessment of the amount of fees paid per education cycle, the majority of households declared that they are high. 54.4% of households opined that the amount they pay as fee in the nursery school is high against 40.2% of households who declared the amount to be reasonable.

For primary education, 1 out of 2 households 46.8% declared that what they pay as fee is high while 52.6 % of householders perceived this amount reasonable. It should be noted, however, that a very small segment of the Tubah household estimates that these amounts are insignificant 2.4%.

For secondary school services, 7 out of 10 households 64.3% had the opinion that the amount of fees paid in secondary schools is high and the remainder of the 3 out of 10 households declared it to be reasonable 35%. No household finds the amounts of fees paid in secondary schools to be insignificant.

**Table 24: Partitioning of households in Tubah 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
Nursery	98.5	24,414	54.4	40.2	2.4
Primary	100.0	96,656	46.8	52.6	0.6
Secondary	100.0	32,093	64.3	35.0	0.0

*Source: Scorecard Study, November 2017*

#### **3.4.5. Declaration of households with regards to who does repairs of the school infrastructure when there is a need.**

The data presented on the table below concerns the perception of household in the Tubah council area about persons responsible for the repair of their school infrastructures when they get bad. From the responses of parents who have children in the nursery, primary and secondary schools, 89.3%, of households having children in the nursery schools declared that when there is a problem with school infrastructure it's the PTA that repairs it 94.6%, of households having children in the primary schools declared that when there is a problem with school infrastructure it's the PTA that repairs it. 90.7%, of households having children in the secondary schools declared that when there is a problem with school infrastructure it's the PTA that repairs it.

Considering the Mayor (council) as far as contribution to school infrastructure repair/maintenance work is concerned, only 0% of households for the nursery, 1.5% of household for the primary and 1.4% for the secondary school declared that the council is responsible for all repair works. Only a very small proportion of households, at most 1 household out of 10 at each level, declared that repairs or maintenance work in the school their children attend is done by the village development organization, respective ministries of education and elites of the community.

These findings indicate the importance of the PTA in all the levels of education as repairs of damaged infrastructure is concerned.

**Table 25: Proportion (%) of households in Tubah council declaring that the damaged classrooms were repaired per stakeholder type**

Educational cycle	portion (%) of households declaring that damaged classrooms were repaired by					
	The PTA	Mayor	A village organization	MINEDUB/MINESEC /MINEFOP	The Elites	Others
Nursery	89.3	0.0	0.0	0.0	0.0	0.0
Primary	94.6	1.5	0.5	0.5	1.0	0.5
Secondary	90.7	1.4	0.0	0.7	0.7	0.7
Vocational training	*	*	*	*	*	*

Source: Scorecard Study, November 2017

*\*the asterisk imply the data is insignificant*

#### 3.4.6. Appreciation of services in the domain of education per cycle

The table below shows that in four households, at least one member declared that they are not satisfied with the education services offered in primary School, 17.7% and secondary School 17.1%. With regard to the Nursery, this proportion is 5.8%.

Among the reasons for dissatisfaction declared by the households in relation to education services, the high cost of schooling (68.2%) is in terms of importance the first in secondary school, followed respectively by the remoteness (61%), the insufficiency (27.4%), and inadequate number of schools (25.1%), inadequate classrooms (27.4%) and staff-related failures (35.9%). It should be noted that households are less aware of the poor results (16.7%) and the distribution of textbooks in the school (27.1%).

Talking about the primary school, the reasons for non-satisfaction were, the high cost of schooling (61.2%), followed respectively by the remoteness (13.1%), the insufficiency (28.3%), inadequate number of schools (20.1%), inadequate classrooms (22%) and staff-related failures (46.3%), poor results (30.5%) and no distribution of textbooks (44.3%)

**Table 26: Satisfaction in Terms of educational 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 classrooms	Insufficiency equipment	Insufficiency of schools /vocational training centers	Insufficiency of teaching staff	The non-distribution of school textbooks	Poor results	High tuition fees	Others
Nursery	5.8	*	*	*	*	*	*	*	*	*
Primary	17.7	(13.1)	(22.0)	(28.3)	(20.1)	(46.3)	(44.3)	(30.5)	(61.2)	(5.6)
Secondary	17.1	(61.0)	(27.4)	(37.8)	(25.1)	(35.9)	(27.1)	(16.7)	(68.2)	(6.8)
Vocational training	0.2	*	*	*	*	*	*	*	*	*

Source: Scorecard Study, November 2017 \*the asterisk imply the data is insignificant

### 3.4.7. Main expectations in the services rendered in the domain of education per cycle

Given the satisfaction with the education services in the different cycles of education, the data collection of the Scorecard study also helped to capture the information on the expectations of the households in relation to the education services. It is clear from this analysis that, irrespective of the cycle, households expect to have lower fees as reported in the secondary (23.3%), primary (26.9%), and nursery school (11.1%). This trend is in perfect agreement with the results of the analysis of the reasons for non-satisfaction.

The households declared that there is need to improve the supply of infrastructure, addition of classrooms (11.4%), addition of schools (4.7%), a closer school (21.9%), add equipment (14.3%) is more related to the secondary cycle. While improving the supply of human resources (adding staff) is of more priority in primary (22.1%).

**Table 27: Proportion (%) of households in Tubah 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 training center	Recruit more teaching staff	Distribute school textbooks	Improve the quality of the results	Reduce the costs	Others
Nursery	4.9	5.6	5.6	3.5	6.6	5.6	1.8	11.1	2.6
Primary	9.7	18.2	12.9	7.3	22.1	20.2	9.0	26.9	3.7
Secondary	21.9	11.4	14.3	4.7	12.9	7.9	4.5	23.3	4.0
Vocational training	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.2	0.2

*Source: Scorecard Study, November 2017*

### **3.4.8. Synthesis of the perception of services in the domain of education and suggested areas of improvement.**

From the results of the study it can be seen that all educational cycles are present in the Tubah council area with available infrastructure (classrooms and benches) and regularity of teaching staff. However, the households still opined that secondary schools should be created near the households as 15.5 % of the households declared that their children cover more than 5km to attend a secondary school. They also perceived that the cost of schooling was relatively high hence an indicator that the cost should be reduced.

Away from the education sector, Councils in Cameroon today have been given the power to promote and foster local development following the law on decentralization. The following section aims at capturing data about the council services delivered, the household's appraisal of such services, as well as the involvement of the population in the functioning of the council.

## **3.5. Services Offered By the Council Institution**

In Cameroon, decentralization constitutes the legal, institutional and financial means through which regional and local authorities operate to foster local development with the active involvement of the population. Through the devolution of powers to local entities, local development could be enhanced and a contribution made to the fight against poverty. Through decentralisation, some services and competences have been handed over to the local council and we will be presenting our findings in this section as per the information obtained from the field concerning some services offered by the Tubah council.

### **3.5.1. III.5.1 Availability and usage of council services**

The Tubah council renders services to the households like establishment of birth, marriage, Death certificates, certification of official documents, building permits, etc. What services are offered and who has requested a council service within the past 12 months are some the question that were asked on the field to capture the perception of the households on how they use the services of the council.

From the information presented on the table below, at least a household reported that he/she had requested at least one, some or all of the following service(s) within the past 12 months: Issuance of a birth certificate, Certification of official documents, Building permit, Death certificate, Marriage certificate, Certificate of Residence, Approval/Validation of localization plans, Request for Information and other services. The very first indicator (from this declaration from households) is that if someone had requested for a service from the council, such a service exists. In other words, households reported that the Tubah council Issues birth certificates, certifies official documents, grant Building permits, issues Death certificates and Marriage certificates, and Certificates of Residence, Approves/Validates localization plans, provides information and other services.

In specific terms, the most requested council service as indicated by most households is the birth certificate as reported by 22.5% of households. Of the 22.5% who had requested a service from the council within the past 12 months, 86.1% declared that the service was good. The second service after birth certificates that the households requested is the certification of official documents. Of the 8.6% of the households that requested for the certification of official documents at the council, 88.9% of declared the service was good.

With regards to the time lapse for those who requested for birth certificates, 24.3% declared they spent less than one day for the service to be rendered, 46.4% spent between a day and a week, 19.6% spent between a week and a month and 9.7 % spent between one month and three months.

For the 8.6% who requested for the certification of official documents, 87.0 declared they spent less than a day to have the service rendered and 13.0% declared they spent between a day and a week.

**Table 28: Proportion of households in Tubah 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	22.5	86.1	24.3	46.4	19.6	9.7	0.0	0.0
Certification of official documents	8.6	88.9	87.0	13.0	0.0	0.0	0.0	0.0
Building permit	1.6	*	*	*	*	*	*	*
Death certificate	1.7	*	*	*	*	*	*	*
Marriage certificate	3.5	*	*	*	*	*	*	*
Certificate of Residence	0.7	*	*	*	*	*	*	*
Approval/Validation of localization plans	1.0	*	*	*	*	*	*	*
Request for Information	3.1	*	*	*	*	*	*	*
Others	1.0	*	*	*	*	*	*	*

*Source: Scorecard Study, November 2017. \*the asterisk imply the data is insignificant*

### 3.5.2. Delays in obtaining a service in the Council

It is worth mentioning that for all the services requested, at least one person declared that the time was long or too long. However only those who declared for the issuance of birth certificates attributed the long time to the following variables (unavailability of council staff/absent, absence of working material, etc) as seen on the table below.

Of the 8% who declared the time to be long or too long to have a birth certificate, 50.7% attributed the long time to the unavailability of council staff/absent, 17.5% attributed it to the absence of working material, 22.7% attributed to corruption and 9.1% attributed the long time to other factors.

It was also important to access whether households gave a tip for the services to be rendered. This was captured during this study and 10.4% of those who requested for birth certificate declared they gave a tip for the service to be rendered.

**Table 29: Proportion (%) of households whose members consider that the time taken to obtain a service in the council was lengthy or too lengthy and reasons for such.**

Services	Proportion (%) of households who consider that the time taken to be served is long or too long	Cause of time to be lengthy or very lengthy for a service to be rendered					Proportion (%) of households who have paid a tip to obtain the services
		Unavailability of council staff /absent	The absence of working material	Corruption	Other factors	Total	
Issuance of a birth certificate	8.0	50.7	17.5	22.7	9.1	100	10.4
Certification of official documents	1.2	*	*	*	*	*	1.1
Building permit	1.2	*	*	*	*	*	1.2
Death certificate	0.7	*	*	*	*	*	0.7
Marriage certificate	0.3	*	*	*	*	*	1.9
Certificate of Residence	0.0	*	*	*	*	*	0.0
Approval/Validation of localization plans	0.3	*	*	*	*	*	0.3
Request for Information	0.1	*	*	*	*	*	0.3
Others	0.2	*	*	*	*	*	0.2

*Source: Scorecard Study, November 2017. \*the asterisk imply the data is insignificant*

### 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 study table, 27.5% of households declared that within the past 12 months they have been involved in the support of the village/quarter in development projects, on a similar note, 19.6% declared to have participated in village/quarter planning 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 communication on the council annual budget only 1.6% of the households opined to the fact



that it is communicated. This is also same as concerns communication on income and expenditures of the council only 2.0% declared being aware. However, when it comes to activities like involving the village/ quarter in programming and budgeting sessions, 20% declared they were involved. On the other hand, 9.9% of the households declared to have participated in village assemblies.

From the findings the local population is not really part of the planning process in the councils especially when it comes to issues related to communication on annual budget, income and expenditures of the council.

**Table 30: Dissemination of information on Council actions and household involvement in the Council's activities**

Proportion of household who declared that they have been involved or were informed on the council activities					
Participation in village assemblies	Communication on the council annual budget	Communication on income and expenditures of the council	Support the village/ quarter in development actions	Involving the village/quarter in planning	Involving the village/quarter in programming and budgeting sessions
9.9	1.6	2.0	27.5	19.6	20.0

*Source: Scorecard Study, November 2017*

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

From the table below, 39.3% of the households of Tubah council area declared dissatisfaction with regards to the council services offered. Of this number, 88.5% declared that there was poor visibility of the council action on the population, 80.5% said they were not happy with the non-involvement of the populations in the management of development activities by the council, a further 21.4% said processing users request was too cumbersome, 11% claimed the absence of council executives made him dissatisfied and finally 16% put up other reasons.

**Table 31: Proportion (%) of households in Tubah council whose members are unsatisfied with the council services and reasons of dissatisfaction vis-à-vis Council services**

Proportion (%) of households in Tubah council whose members are unsatisfied with the council 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
39.3	21.4	80.5	29.4	88.5	11.0	16.9

*Source: Scorecard Study, November 2017*

### 3.5.5. Main expectations in the services rendered by the council

Certain expectations were declared by the households to the council as seen from table 35.

Concerning the closeness of the council to the populations, 51.4% of the population declared that the council need to either bring its services closer to the households or invite the households to come closer to its services. 56.6% of the households declared that the council should improve on its communication as far as its development actions are concerned. While 62.3% opined that the council should work on its involvement of the populations in the decision-making process, 55.6% called for transparency in council management and finally 21.3% declared other reasons.

**Table 32: Proportion (%) of households in Tubah 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
62.3	56.6	55.6	51.4	21.3

*Source: Scorecard Study, 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 households mainly request the establishment of birth certificate (22.5%), certification of official documents (8.6%) and marriage certificate (3.5%). It has also been noticed from the data displayed that the households are not involved in decision making process in the area and when it comes to activities like that of the council's 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, 80.5% of the households opined 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 negligible proportion (1.6% and 19.6%) declared they were involved. If the households are 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 households fully involved in the activities of the municipality.

**Table 33: Synthesis of problems in the Domain of Water in Tubah**

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Water	Insufficiency of water supply points	Identification of sites for the construction of catchments/boreholes.		
		Construction of new water points and boreholes in all quarters		
	Poor management of existing water points	Put in place or Revamp water management committees for each water point		
		Supervision of the management committee by the Council and DD MINEE TUBAH		
		Organization of quarterly community work to maintain the various water points		
	Poor quality of water	Sensitization of the population on the importance of maintaining water quality		
		Technical inspection of sites and purification equipment		
		Monthly community work of clean and purify the water points		
	Far distance to water points	Strategic siting of new water points to ensure that the distance is conducive to all households		
		Provision of additional public stand taps at all quarters in the municipality.		

**Table 34: Synthesis of problems in the Domain of Health in Tubah**

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Health	Insufficiency of existing health care units	Lobby with Tubah MP for the creation of health care units		
		Feasibility studies for the creation of new health units by DMO/Council TUBAH		
		Creation of new health care units in the municipality		
	Far distance to access the health care units	Ensure Strategic localization of future created health care units in the municipality		
		Make use of community health workers/ partner to get to the population for health access		
		Subsidise transportation of sick to health care units through partnerships with transporters to carry the sick at lower cost		
		DMO TUBAH to make available a weekly visiting Doctor and outreach programmes/centres		
	Poor quality/ insufficient equipment	Provision of more equipment to the health care units of the municipality		
		Constant routine checks to monitor the state and effectiveness of the equipment		
	Insufficiency of drugs	Partner with transporters who can collect drugs from the administrative head quarter to the health unit		
		Ensure regular supply of drugs		
	High cost of access to health care	Creation of mutual health institution and sensitization of the households to join.		
		Subsidization of health care costs		

**Table 35: Synthesis of problems in the Domain of Education**

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Education	Insufficiency of teaching staff	Recruitment and payment of PTA teachers		
		Provide more staff		
	High tuition	Ensure reduction of PTA fees by subsidizing PTA projects		
		Enforce the law on free tuition in nursery and primary public schools		
	Far distance to access educational services	Strategic positioning of future created schools		
	Insufficiency of classrooms	Construction of temporal classrooms, provision of local building material and labour		
		Construction and equipping of classroom blocks		
	Insufficiency of schools	Creation of new schools with complete cycles		
	Non distribution of textbooks	Improve management of minimum package to schools.		
		Lobby for the provision of books from NGOs (like Book Aid International)		
		Creation and construction of school libraries		

**Table 36: Synthesis of problems in the Domain of Council service**

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Council	Non-involvement of the population in the management of development activities	Representatives of the population should visit the council and invite council executive during development meetings		
		Co-opt representative of various villages during council development planning workshops		
	Poor visibility of the Council action on the population	Inform the council about village plans.		
		Allocate projects to villages proportionately		
		Support village actions morally, financially and materially.		
	Default inherent to Council staff	Continuous follow up and monitoring of the behaviour of council staff to ensure satisfactory performance		
		Put in place a suggestion box for the public.		
		Sanctions to staff who act unethically.		
		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		
		Provide capacity building opportunities for council staff.		
		Make the procedure for obtaining documents clear and simple		

## CHAPTER IV

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

Table 37: Action plan for the water sector

**STRATEGY OF THE SECTOR (WATER): 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
<b>Water</b>	<b>To make potable water available and affordable to all in the Tubah council area within 5 years</b>	1.To develop and Improve accessibility to portable water	Provision of additional water points	Number of villages with portable water supply	From council reports and field observation	Increase in number of potable water taps or sources for community use.	Potable water is available and affordable in the community	ongoing	The population, technical service of the council, VDC	DD MINEE MEZAM NGOs Member of parliament	Not available



		2. To improve on management of water points	Revamp the water management committee	Number of committee put in place in the council area, periodic meetings	Councils report Minutes, Attendance sheets	High level of commitment, training of members	Management committees exist in all quarters, Periodic meetings are held,	ongoing	The population, technical service of the council, VDC	DD MINEE MEZAM NGOs Member of parliament	
		3. To improve quality of water	Periodic cleaning and treatment of water points	Number of water management committee members trained per village, mobilization is done in all quarters	Councils report Minutes, Attendance sheets, field visits	Adequate financial and material support from the community	Quality of water is improved, cleaning of water sources and treatment is frequent	ongoing	The population, technical service of the council, VDC	DD MINEE MEZAM NGOs Member of parliament	
		4: To repair all damaged water points.	Recruitment of technicians and creation of water committee in quarters	New and bigger pipes are purchased	Report from DD MINEE, Mezam Council Report Field visits	Adequate financial and material support from the community	All damaged water points are repaired in time	ongoing	The population, technical service of the council, VDC	DD MINEE MEZAM NGOs Member of parliament	

		5: To identify and harness water sources in villages	Inventory of water points and identification of new ones	Number of new water catchments	Report from DD MINEE, Mezam From council reports and field observation	Many undeveloped water sources are found in the communities	Many water sources are found and developed in the communities	ongoing	The population, technical service of the council, VDC	DD MINEE MEZAM NGOs Member of parliament	
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*Source: Scorecard Study, November 2017*

**Table 38: Action plan for the water sector**

**STRATEGY OF THE SECTOR (HEALTH): Quality and accessible health care delivery to all persons in Cameroon without discrimination whatsoever.**

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
<b>Health</b>	<b>To ensure quality and affordable health care to all in Tubah council area by 2023</b>	1: 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 Tubah From council reports and field observation	Many health care units are available and closer to the households .	Many health care units are available and there is an improvement in the quality of health	ongoing	VDC, the council, The member of parliament	Ministry of public health, DMO Tubah	Not available
		2. To provide more equipment	Lobby for the provision of equipment to all health units	Number and quality of equipment provided	Councils report Management committee report, DMOs report	Adequate equipment's are made available	There is an improvement in the quality of health	ongoing	The population, Mayor, technical service of the council, VDC, management committee	Ministry of health, Member of parliament, DMO Tubah	

		3: 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	Increase in number of staff available, community health workers are provided	More staff are available and willing to handle cases of illness promptly	ongoing	The population, technical service of the council, VDC, management committee	Ministry of public health, DMO Tubah NGOs Member of parliament	Not available
		4: To provide more drugs.	Construction of a pharmacy, Recruitment of pharmacy attendants in the villages, provision of drugs	New pharmacies are constructed and equipped with drugs	Report from DMO Council Report Field visits	Adequate drugs are supplied to the health care unit	Drugs are provided in the health care unit at affordable cost	ongoing	The population, technical service of the council, Mayor VDC, management committee	Ministry of health, Member of parliament, DMO Tubah	Not available

*Source: Scorecard Study, November 2017*

**Table 39: Action plan for the water sector**

**STRATEGY OF THE SECTOR (EDUCATION): 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
<b>Education</b>	<b>To ensure greater access to quality and affordable education to all in the Tubah council area by 2023</b>	1: To create more schools and have schools located closer to the households	Lobby for the creation and construction of more schools	Number of schools created	Report from IBE Tubah/ DDSE Mezam From council reports and field observation	Many nursery, primary and secondary schools are available	All school cycles are available and there is a reduction in time taken to reach the nearest school	ongoing	VDC, the council, The member of paliament,PTA	Ministry of Basic/ Secondary education,IBE E Tubah, DDSE Mezam	Not available
		2: To provide more classrooms.	Construction of a more classrooms	New classrooms are constructed and equipped	Report from DDSE Mezam/ IBE Tubah, Council Report, Field visits	More available classrooms	More available and equipped classrooms with permanent material and children learn in conducive condition	ongoing	The population, technical service of the council, Mayor VDC, management committee,PTA	Ministry of Basic/ Secondary education, IBE Tubah DDSE Mezam	Not available

		3. To provide more equipment	Lobby for the provision of equipment to all schools	Number and quality of equipment provided	Councils report Management committee report, IBE/DDSE report	Adequate equipment's are made available	There is an improvement in the quality of education	ongoing	The population, Mayor, technical service of the council, VDC, management committee, PTA	Ministry of Basic/ Secondary education, IBE Tubah, DDSE Mezam, NGO	Not available
		4: 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 Mezam/ IBE Tubah	Increase in number of staff available, PTA teachers employed	More staff are available and committed to teach in the various schools	ongoing	The population, technical service of the council, VDC, PTA, Mayor	Ministry of Basic /Secondary education IBE Tubah/ DDSE NGOs Member of parliament	Not available
		5: To distribute school textbooks	Lobby for a Mass distribution of textbooks	Number and quality of textbooks provided	Report from DDSE Mezam/ IBE Santa, Council Report, Field visits, testimony of parents	More and varied textbook are made available,	Children have access to textbook and the quality of results is improved	ongoing	The population, technical service of the council, Mayor VDC, management committee, member of parliament, PTA	Ministry of Basic/ Secondary education, IBE Tubah, DDSE Mezam, NGOs	Not available
		6. To reduce the cost of access	Reduction in cost of access to education, provision of scholarship	Number of new cases enrolled after reduction,	Enrolment registers, reports of school authorities, minutes of PTA meeting	More pupils and students have access to learning	More awareness and increase in literacy	ongoing	School authorities, IBE/DDSE pupils/ students, NGOs	Ministry of Basic/ Secondary education, IBE Tubah, DDSE Mezam	Not available

Source: Scorecard Study, November 2017

**Table 40 : Action plan for the water sector**

**STRATEGY OF THE SECTOR (COUNCIL SERVICES): To bring administration closer to the population, ensure peace and order and empower the council to take greater 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
<b>Council services</b>	<b>To bring local administration closer to the population and empower the council to take greater charge of their own development in line with decentralization by 2023</b>	1: To involve the population in decision making of the council.	Invite the population during 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	ongoing	The Secretary General	Mayor PNDP	Not available

		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	ongoing	The SG of the council  The population	The Mayor PNDP  DD communication  DD P&T	Not available
		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	ongoing	The municipal treasurer Council finance officer Council cahier The SG	Divisional treasury, Other financial services	Not available



		4: To increase population's access to decentralised services	Opening of special civil status centres, Employment of registrars, Creation of mobile registration centres	Number of special civil status centres created, Number of registrars employed Number	Area view of the special centres, field visits, list of newly recruited employees	Communities are willing to host the centres,	Increase access of the population to decentralised services,  Increase number of households benefiting from decentralised	ongoing	technical service of the council, Mayor	PNDP MINAD T	Not available
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*Source: Scorecard Study, November 2017*

## **CHAPTER V. CONCLUSION AND MAIN RECOMMENDATIONS**

### **5. 1. Conclusion**

This study was concern with identifying and analyzing some of the major challenges faced by the population of   municipality 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 study indicate that the Tubah municipality experiences some problems that hinder it from developing properly and its citizens to live a life that is up to their expectations. Some of the issues raised in these sectors include but not limited to;

- Poor quality of water
- High cost of accessing water
- Undeveloped water sources
- far off water sources
- Inadequate water sources
- 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

## **5.2. Recommendations:**

The SCORECARD was a good way of assessing people's perception and it is recommended that it should subsequently be used for similar study for better results.

Following the results of the study, the following should be addressed in the Tubah council area as far as the four sectors are concerned.

- It is recommended that the authorities' in charge of the water service should make available affordable public taps with a good management system and improved water quality in many areas so as to tackle the challenges expressed.
- Creation of more health centres closer to the people with additional staff and equipment
- Build more academic institutions around the people and subsidize the cost of schooling 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.

**Table 41: Program for the Dissemination of Results and Presentation of an Action Plan**

DATE	VENUE	ACTIVITY	EXPECTED RESULTS	PERSONS RESPONSIBLE
	PVC and Tubah Council	Administrative and Pedagogic Preparation	A contact meeting is done and the date for the restitution workshop has been agreed upon, invitation letters are prepared and sent out, all logistics for the workshop are prepared (workshop program, writing materials, study report printed and distributed)	CRCM supervisor for Tubah,  CDO  All Stakeholders
	Tubah council	Organisation of a workshop with stakeholders to restate, review and validate the report of the study	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	Scorecard Supervisor Tubah  CDO  All Stakeholders
	PVC	Writing of report	A report which captures the key observations made by participants of the restitution workshop is written.	Scorecard Supervisor Tubah
	PNDP	Submission of final Report / technical validation	A final report is submitted to PNDP for technical validation	PVC /PNDP

## PICTURE GALLERY

**Picture 1: Council Level Launching of the Scorecard**



**Picture 2: Field/practical exercise to train enumerators**



## ANNEXES

### Annexe 1: List of the stakeholders involved in the study

- 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
- Representatives of CSO.
- Household representatives
- Traditional Authorities
  
- Economic cooperators' representatives
- The Council Executive ;
- The Civil Society Organisation ;
- The Administrative Authorities ;
- The Traditional Authorities ;
- Religious Authorities ;
- Economic operators ;

## TUBAH COUNCIL

1. Team Leader: SHEI WILLIAM KANJO
2. Coordinator Support : CHEYEH Julius NGWAN

S/N	NAME	FUNCTION
1	<b>Mme. ALUMBA NGUMBI Eveline</b>	<b>Council Supervisor</b>
2	Fouozong k. Mireille	Enumerator
3	Mabuh Shella	Enumerator
4	Fola Carine F.	Enumerator
5	Ngweh Agnes	Enumerator
6	Fonyuy Grace B.	Enumerator
7	Munega Gildas	Enumerator
8	Abam Vanessa	Enumerator
9	Baleri Laura	Enumerator
10	Gumuh Melissa M.	Enumerator
11	Fondikum Terence	Enumerator

## Annexe 2: Questionnaires of the Scorecard study

MINISTERE DE L'ECONOMIE, DE LA  
ECONOMY, PLANNING AND REGIONAL  
ET DE L'AMENAGEMENT DU TERRITOIRE



PLANIFICATION MINISTRY OF  
DEVELOPMENT

SECRETARIAT GENERAL GENERAL SECRETARY

PROGRAMME NATIONAL DE DEVELOPPEMENT

NATIONAL COMMUNITY DRIVEN  
DEVELOPMENT PROGRAM

PARTICIPATIF

CELLULE NATIONALE DE COORDINATION

NATIONAL COORDINATION UNIT

### *Citizen Report Card*

*Assessment of public services within the Council of .....*

<b><u>Section I. BACKGROUND INFORMATION</u></b>			
<b>A01</b>	Region _____		_ _
<b>A02</b>	Division _____		_ _
<b>A03</b>	Council _____		_ _ _
<b>A04</b>	Batch number _____		_ _
<b>A05</b>	Enumeration Area Sequential number		_ _
<b>A06</b>	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	<b>Date of beginning of the survey</b>	_ _ _ / _ _ _ / _ _ _ _ _
A18	<b>Date of end of the survey</b>	_ _ _ / _ _ _ / _ _ _ _ _
A19	Name of the enumerator _____	_ _
A20	Name of the council's supervisor _____	_ _
A21	<b>Data collection result</b> 1=Complete Survey 4=Absence of a qualified respondent 2=Incomplete Survey 5=Empty house or no house responding to the 3=Refusal given address (If the answer is different 96= Any other reasons (to be specified) nd 2, the from 1 a questionnaire should come to an end)	_
A22	<b>Assessment of the quality of the survey</b> 1=Very good 2=Good 3=Average 4=Poor 5=Very poor	_

## **CODES**

### **A13**

- 1 = Household Head 3 = Son/Daughter of the Household head or of 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 6 = No relationships with household head or with his/her his/her spouse spouse 7= Maid

<b><u>Section II. POTABLE WATER</u></b>		
<b>H01</b>	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	1=Yes 2=No Well equipped with a pump  _ Open pit well  _ Protected well  _ Boreholes equipped with a manually operated pump  _ E. Spring/ river  _ F. Access to tap water (pipe borne water)  _ 
<b><u>Section II. POTABLE WATER</u></b>		
<b>H01a</b>	Is your main water supply source run by a public or owned by a private entity? 1=Public 2=Private If 2 H14 →	_
<b>H02</b>	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	_
<b>H03</b>	What is the quality of the said water? 1=Good 2=Poor 3=Indifferent	_
<b>H04</b>	Does this water have an odour? 1=Yes 2=No 8= Does not know.	_
<b>H05</b>	Does this water have a taste? 1=Yes 2=No 8= Does not know.	_
<b>H06</b>	Does this water have a colour? 1=Yes 2=No 8= Does not know.	_



<b>H07</b>	Do you pay something to get this water? 1=Yes 2=No If no → H08		_
<b>H07a</b>	If yes, how much do you spend on average per month? (give an amount in FCFA)		_ _ _ _ _ _ _
<b>H07b</b>	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant		_
<b>H08</b>	Is this water available throughout the year? 1=Yes 2=No		_
<b>H09</b>	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		_
<b>H10</b>	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.		_
<b>H10a</b>	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		_
<b>H10b</b>	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 : _____	_   _   _   _   _   _   _   _
<b>H11</b>	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes H13 →		_
<b>H12</b>	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice		_
<b>H13</b>	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		_
<b>H14</b>	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		_
<b>H15</b>	To whom did you submit your request/needs? (several answers are possible)  Other?	1=Yes 2=No .Mayor (Council) .State .An elite .The Water Management Committee .The village/quarter head .the Administrative authorities G .CAMWATER/SNEC/CDE X . Other stakeholders : _____	_   _   _   _   _   _   _   _   _
<b>H16</b>	Has your need been met? 1=Yes 2=No If no → H18		_
<b>H17</b>	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 3=Over three months 2=Between one and three months		_
<b>H18</b>	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. →		_
<b>H19</b>	State the reasons of your non--	1=Yes 2=No	
<b>Section II. POTABLE WATER</b>			

	satisfaction with regard to water supply in your village (several answers are possible).  Any other reason?	Far distance to access to the water point Poor quality of water Insufficiency of water supply points Poor management of the water supply Failure/delay to repair in case of breakdown High cost of water supply X. Any other reasons to be specified : _____	__   __   __   __   __   __   __
<b>H20</b>	What are your expectations in terms of supply of potable water? (Several answers are possible).  Any other expectation?	1=Yes 2=No Additional water points ; Improvement in terms of management of the existing water points; Repair works should be carried out on the damaged water points ; Improvement of the quality of the existing water points ; E. Reduction of price ; X. Other expectations to be specified : _____	__   __   __   __   __   __

<b>Section III. HEALTH</b>		
<b>S01</b>	Which is the nearest health care unit to your household? 1= Public integrated health Centre    2= Hospital/CMA    3= Private health Centre	__
<b>S02</b>	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	__
<b>S03</b>	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)	__
<b>S04</b>	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	__
<b>S05</b>	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	__
<b>The last time a member of your household is taken care of in such a health care unit,</b>		
<b>S06</b>	Were the medical staffs present?    1=Yes    2=No	__
<b>S07</b>	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	__
<b>S08</b>	Is your health care unit (CMA or Hospital) provided with hospitalization rooms?    1=Yes    2=No If no → S10.	__
<b>S09</b>	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.	__
<b>S10</b>	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	__
<b>S11</b>	How do you appraise the said amount?    1=High    2=Affordable    3=Insignificant	__
<b>S12</b>	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	__
<b>S13</b>	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	__
<b>S14</b>	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	__
<b>S15</b>	Is this health care unit provided with a pharmacy/pro-pharmacy?    1=Yes    2=No    If no → S17	__

<b>S16</b>	Are drugs always available? 1=Yes      2=No      8=Do not know		__
<b>S17</b>	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		__
<b>S18</b>	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		__
<b>S19</b>	State the reasons of your nonsatisfaction with regard to health services provided within the health care unit you attend? (several answers are possible)  Any other reason?	1=Yes    2=No A. Far distance to access the health care units B. Poor quality of services provided C. Insufficiency of existing health care units D. Defaults related to the health care unit staff E. Poor management of the health care unit F. Insufficiency of drugs G. Poor quality of/Insufficiency of equipments H. High cost with regard to health care access X. To be specified) : _____	__   __   __   __   __   __   __   __
<b>S20</b>	What are your expectations with respect to health care services?  Any other expectations?	1=Yes    2=No A. Additional health care units B. Supply of drugs C. Transfer of a staff member D. Equipped health care units X. Other to be specified _____	__   __   __   __   __

<b>Section IV. EDUCATION</b>					
	<b>Education cycle →</b>	<b>Nursery</b>	<b>Primary</b>	<b>Secondary</b>	<b>Vocational training</b>
<b>E01</b>	Is your village/quarter provided with an education cycle « Name of the said cycle »? 1=Yes    2=No	__	__	__	__
<b>E02</b>	How many children from your household attend the nearest school? (name of the cycle) (write down the number in front of each cycle)	__ __	__ __	__ __	__ __
<b>E03</b>	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	__	__	__	__
<b>E04</b>	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)	__ __	__ __	__ __	__ __
<b>E05</b>	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes      2=No		__	1st cycle  __	2nd cycle  __
<b>E06</b>	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				__
<b>E07</b>	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	__	__	__	__

<b>E08</b>	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	__	__	__	__
<b>E09</b>	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	__	__		
<b>E10</b>	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	__ __	__ __	__ __	__ __
<b>E11</b>	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in	__	__	__	__
	which the children from your household are enrolled? 1=Regular 2=Averagely regular 3=Irregular				
<b>E12</b>	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)
<b>E13</b>	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	__	__	__	__
<b>E14</b>	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 →	__	__	__	__
<b>E15</b>	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	__	__	__	__
<b>E16</b>	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?	__   __   __   __   __   __   __	__   __   __   __   __   __   __	__   __   __   __   __   __   __	__   __   __   __   __   __   __
<b>E17</b>	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. →	__	__	__	__
<b>E18</b>	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	_	_	_	_
	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>E19</b>	B. Build more class-rooms	_	_	_	_
	C. Add additional Equipments	_    _	_    _	_    _	_    _
	D. Create more school/vocational training center	_	_	_	_
	E. Recruit more teaching staff	_	_	_	_
	F. Distribute text books	_	_	_	_
	G. Improve the results	_	_	_	_
	H. Reduce the costs	_	_	_	_
	X. Others (specified) _____	_	_	_	_

**Section V. COUNCIL SERVICES**

Council Services ↓	<b>C01</b> 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  following service →	<b>C02</b> How were you received during your last time at the council? (Choose only one answer) 1=Well 2=Indifferent 3=Bad	<b>C03</b> 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 → <b>C04</b>	<b>C03a</b> Since when did you ask for this service? (in day)	<b>C04</b> How do you assess this waiting time? 1=Reasonable 2=Long 3=Very long  If C04=1 → C06	<b>C05</b> If C04=2 or 3, If the time were deemed so long, what could be the problem according to you? 1=Unavailability of staff / absent  2=Absence of working material  3=Corruption  4=Other factors (to be specified) _____	<b>C06</b> Did you have to pay a tip in order to obtain the said service?  1=Yes 2=No
Issuance of birth certificates	__	__	__	__ __	__	__	__
Certification of official copies of documents	__	__	__	__ __	__	__	__
Building permit	__	__	__	__ __	__	__	__
Death certificate	__	__	__	__ __	__	__	__
Marriage certificate	__	__	__	__ __	__	__	__
Certificate of residence	__	__	__	__ __	__	__	__
Approval of localisation plans	__	__	__	__ __	__	__	__
Information	__	__	__	__ __	__	__	__
Other (to be specified) _____	__	__	__	__ __	__	__	__
<b>C07</b>	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						__
<b>C08</b>	Is any member of your household informed about the amount of the annual budget of your council? 1=Yes 2=No						__

<b>C09</b>	Is any member of your household informed about the expenditures and incomes of your council during the previous fiscal year? 1=Yes 2=No	__
<b>C10</b>	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	__
<b>C11</b>	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know	__
<b>C12</b>	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know	__
<b>C13</b>	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	__
<b>C14</b>	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 Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...) 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) _____	__   __   __   __   __   __
<b>C15</b>	What do you expect from the council team? (Several answers are possible). Any other expectation? 1=Yes 2=No 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 X. Any other expectation (to be specified) : _____	__   __   __   __   __   __

### Annexe 3: Municipal order putting in place the steering committee of the Citizen Control for Public Action operation in the council