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REGION DE NORD OUEST

DEPARTEMENT DU
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COMMUNE DE WUM



REPUBLIC OF CAMEROON

Peace – Work – Fatherland

MINISTRY OF
DECENTRALISATION AND
LOCAL DEVELOPMENT

NORTH WEST REGION

MENCHUM DIVISION

WUM COUNCIL

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



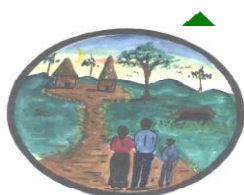
REPORT OF THE STUDY

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

CRCM	Citizen Report Card Mechanism
CDE	Camerounaise des Eaux
CDP	Council Development Plan
CMA	Medicalised Center
DLC	Decentralized Local Collectivities
EA	Enumeration Area
FCFA	Financial Corporation in Africa
GES	Growth and Employment Strategy
HC	Health Center
LD	Local Development
LSO	Local Support Organization
MINEDUB	Ministry of Basic Education
MINEFOP	Ministry of Employment and vocational training
MINESEC	Ministry of Secondary Education
MTEF	Mid-term Expenditure Framework
NIS	National Institute of Statistics
PNDP	National Community Driven Development Program
PTA	Parent Teacher Association
RBM	Results Based Management
SPSS	Statistical Package for social sciences
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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PREFACE

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

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

This CRCM will be instrumental in helping policy makers to obtain credible feedback on user perspectives regarding service delivery, monitor service-delivery effectiveness in the sectors, provide incentives for continuous improvement over time, and establish benchmarks to promote performance improvements as well as improve transparency and accountability for public service providers. It will also provide citizens with information that they can use to hold providers accountable for the efficient and equitable provision of services and will generate public support for positive reforms. Summarily, the CRCM is expected to strengthen the decentralization process in the council, by improving on the participation of the population as well as fostering good governance and accountability in the provision of services the local and public authorities. It will subsequently be a tool the council can use to empower participatory monitoring of our projects to ensure sustainability through transparency, accountability and informed decision-making.

The Mayor Wum Council

FOR AND BY DELEGATION

Alima G.
2nd Deputy Mayor

EXECUTIVE SUMMARY

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

The global objective of this study is to promote good governance at the local level, and increase the efficiency of public; make the voice of the vulnerable and marginalized population heard. Specifically, it aims at appreciating the population’s perception on public services in the targeted sectors (water, health, education and council services), building the capacities of councils, enabling them to capitalize on the lessons learnt and effect changes. The Civil society organization recruited to carry out the study in the Wum Council was Positive Vision Cameroon (PVC). 15 enumerators were recruited by PVC for the council. Upon recruitment, the 15 enumerators per council and council supervisors were trained and drilled on data collections and 10 out of the 15 enumerators were selected for the data collection proper. The selection was done based on the knowledge of the terrain and by merit.

Data was collected from the identified households through a questionnaire by the enumerators under the close supervision of the council supervisor, who were backstopped by experts from PNDP and the NIS. Upon collection of data, the questionnaires were forwarded to the NIS which carried out the analysis of the data. The result of the analysis was then forwarded back to the PVC for the council supervisors to build up a report for the council on the score card mechanism.

As concerns water, most households have access to springs/rivers, with less than 50% of the households to access to pipe borne water source. 57% of the households are actively using springs/rivers as their main source of water for household use which indicates that there is a high probability of the households in the Wum council suffering from water related health conditions. Public water sources in the council area are not available at all times, with just 57% having access to their main water source throughout the year and 88% having access at any time of the day. Only 1 out of 5 households express their tap water needs through the council, and just about 5% of breakdowns have been handled by them. Overall 70% are unsatisfied with tap water services in the council area and their major issues are number of water points, quality and distance.

It is worth noting that all the households have access to health services, with no household indicating lack of access to them. In addition, hospitals are the most solicited health service although access to them does not match up with the expressed desire to attain them. The households' preference for health services was also proportional to the qualifications of the head of the health service. Overall, 62% were dissatisfied with the health services available in the council. The major issues of discontent were distance to the health services, cost and quality of services rendered.

For education, not all the schools have a complete cycle. It is also worth noting that there is a very low rate of distribution of text books in the nursery and primary schools of the council area, although there is a high rate of availability of classrooms per class as well as benches for students to sit on. The density per class is found to increase with increase in the cycles (from nursery to secondary), and there is a high regularity of teachers across all the cycles. The fees paid per child in the different cycles is generally considered high by a majority of the households. The PTA is the most influential with a vast majority of the repairs in all cycles being carried out by them. Overall, the education services were the most appreciated among all the four services under scrutiny, with less than a quarter of the households expressing dissatisfaction in the educational services in all the cycles.

Council services are well appreciated by the households, with a vast majority attesting it was good and that it took a week or less to get their request for services met. At the same time, corruption was one of the highly noted causes of delay in the provision of services by the council. Only very few households attest involvement or being communicated of these actions. About half of the households are involved in village affirmed being involved or informed of the village programming and budgeting sessions, apart from which only a handful were involved in the other council activities. There is therefore the need for the council to put up mechanisms to ensure the flow of information to and from the households. More than half of the households were not satisfied with the council services. The major reasons of dissatisfaction included non-involvement of the households in the management of development activities by the council and poor visibility of the council's action on the households.

To address the problems identified in the study as per the four sectors in the study, a plan of action has been elaborated and it will be implemented in close collaboration with the stakeholders.

GENERAL INTRODUCTION

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

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

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

This study which is spearheaded by the National Community-driven Development Program (PNDP) should be considered as a step aimed at strengthening the populations’ involvement in the management of local public affairs. To this end, PNDP hired Positive Vision Cameroon (PVC), a local support Organization (LSO) to implement the Citizen Control Report Mechanism (CCRM) project for 08 councils (Belo, Tubah, Santa, Batibo, Wum, Bafut, Mbengwi and Fundong) that make up Zone 13 of the Project. Its’ analysis will contribute to strongly advocate for an increased mainstreaming of the populations’ needs at the grassroots level into the interventions of development actors/stakeholders throughout the council territory

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

The Scorecard process is in line with the laws and regulations in force. One legal instrument

that backs this process is the Prime Minister's circular n°003/PM of the 27th September 2016, bearing on the orientation of reforms in public finance for the triennial period 2016-2018, prescribing, and the support of Decentralized Local Collectivities (DLC) in the implementation of reforms in public finance. This particular circular prescribed the following for the preparation of the State budget of the 20th June 2017:

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

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

CHAPTER I

FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

1.1 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 which is very much in line with the objectives of the CRCM.

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. Part III of this same law on ‘Powers devolved upon councils’ section 16 states that powers to provide Drinking water supply shall be devolved upon councils. Section 19 is concern with the setting up, equipping, managing and maintaining council health centres in keeping with the health map of the council, as well as assisting health and social centres.

Section 20(a) of the same law states that the following power shall be devolved upon councils: in keeping with the school map, setting up, managing, equipping, tending and maintaining council nursery and primary schools and pre-school establishment;

– Recruiting and managing back-up staff for the schools;

- participating in the procurement of school supplies and equipment;
- Participating in the management and administration of State high schools and college in the region through dialogue and consultation structures.

1.2. PROMOTION OF LOCAL DEVELOPMENT

Local Development (LD) is the process by which public, business, and Non-Governmental partners work collectively to create better conditions for 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.

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. This duty is bestowed upon all councils by Law No. 2004/17 on the Orientation of Decentralization, Law N0 2004/018 of 22 July 2004 on Rules Applicable to Councils and Law No. 2004/19 on Rules Applicable to Regions. 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 Wum is agriculture. From farming and livestock 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. Wum 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 1.1: Contribution of the council to Local Economic Development

Sector	Activities of the inhabitants	Support provided by the Council
Education	Opening of lay private schools	Provision of PTA teachers Provision of didactic materials to schools Provision of scholarships to poor and needy
Health	Vaccinations, consultations, medicine stores management,	Provision of mutual health schemes to the council area, provision of health equipment to the health units
Water and Energy	Building of tanks, Boreholes, Wells, rural electrification	Protection of water sources, Training of water management committees Planting of water friendly trees Extension of tap 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 environmental	Provision of trash cans, Provision of public toilet facilities, Creation of dump sites, Provision of trees to fight land degradation environmental management campaigns

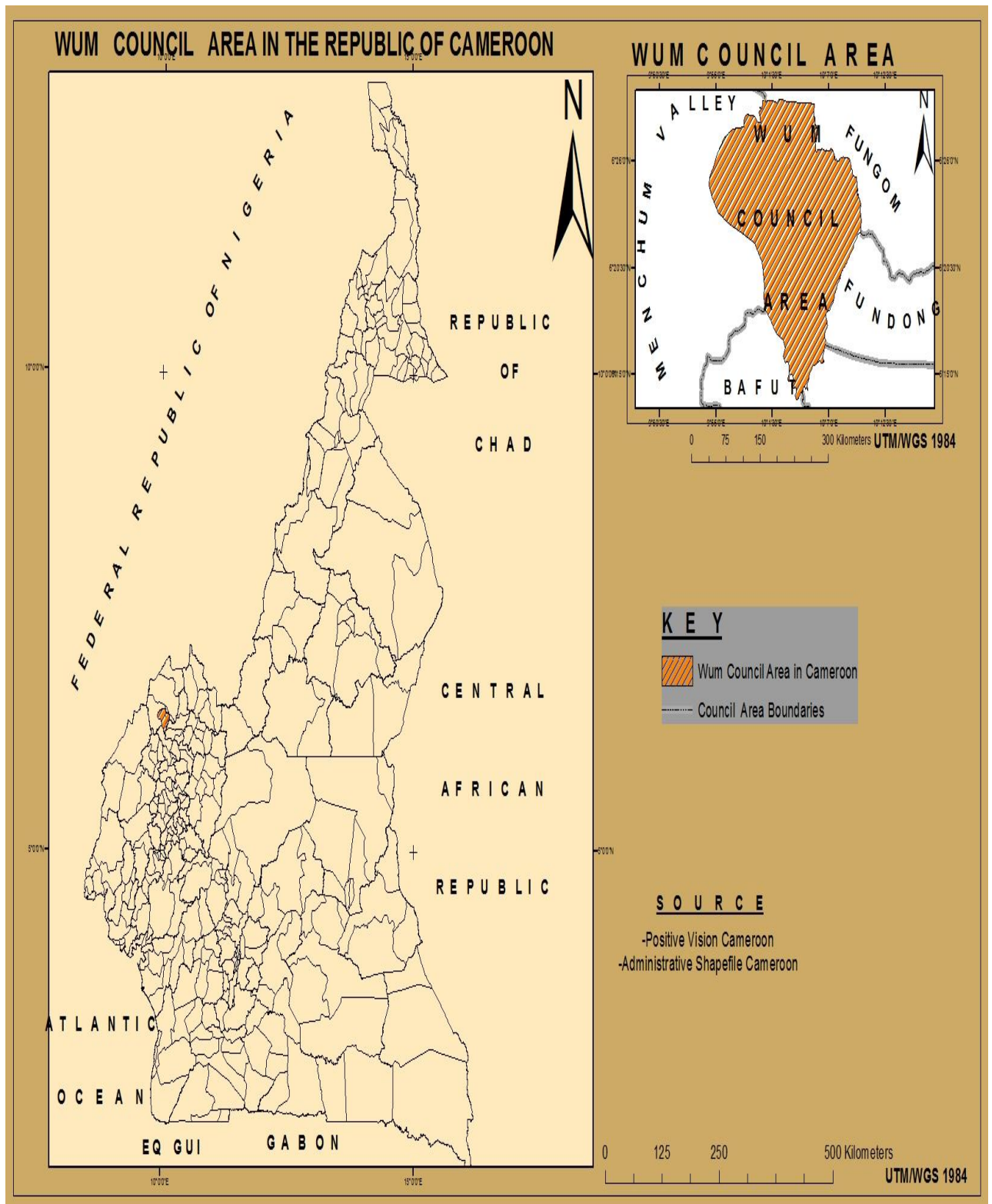
1.3 BRIEF PRESENTATION OF THE WUM COUNCIL

1.3.1 History and Administrative background of the Council

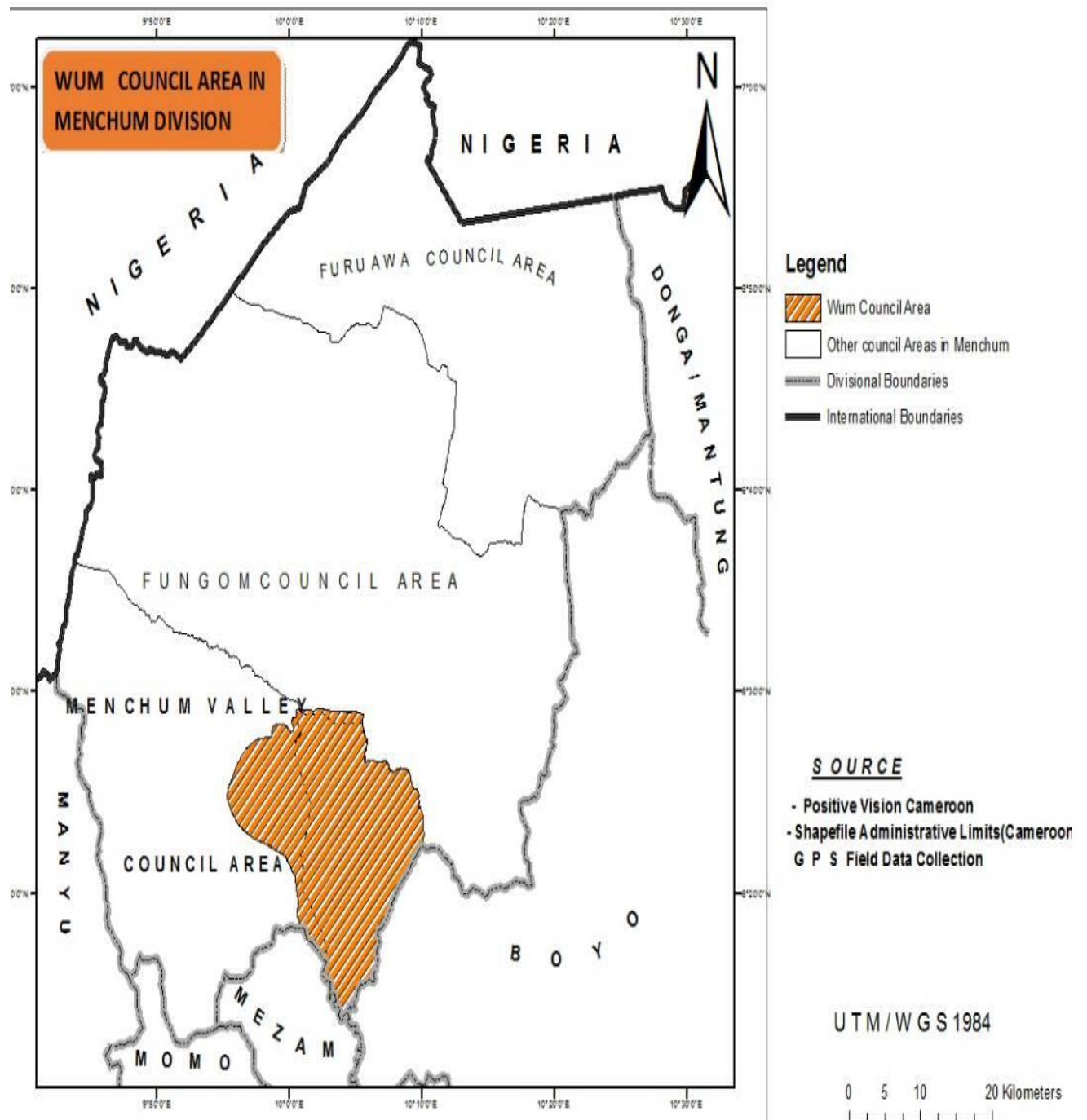
Wum council municipality lies between latitude 06°23 north of the equator and longitude 10°05 east of the Greenwich Meridian. At an altitude of 1000m above sea level, it is in an amphitheatre-like setting of hills rising up to 1240m above sea level. It shares boundaries with Fundong council area to the North; Fundong and Njinikom council area to the South-East; Bafut council area to the South; Menchum valley council area to the West. It is found about 83km from Bamenda the regional headquarter of the North West Region. It has a surface area of about 776.67km². There are four volcanic lakes within the Council Area namely - Lake Wum, Lake Illum, Lake Oshien and Lake Atue.

Wum Council was created in 1948, and was first known as the Wum Native Authority (N.A.). The native authority jurisdiction covered Kom, Fundong, Furu-Awa, Beba-Befang and the Essimbi areas. The council office was constructed at Waindo (Up-Station) by the British colonial rulers (1950-1952). The council was there till 2007, when it was transferred to its present site at the central town. The name changed in 1964 from Wum Native Authority to Wum Area Council, with the Kom area carved out to form the Kom-Bum Area Council. The council was chaired by a District Officer and later by an elected chairperson. When the council became Wum Council in 1974, its management was put under the control of an appointed council administrator. In 1993, Wum Council was carved out into four councils for the four subdivisions in Menchum Division. The subdivisions were Fungom, Furu-Awa, Menchum Valley and Wum. The rural councils were Zhoa, Furu-Awa, Benakuma and Wum. But following Decree N°. 2004/18 of 22 July 2004, on the change of names of councils, the Wum Rural Council became Wum Council.

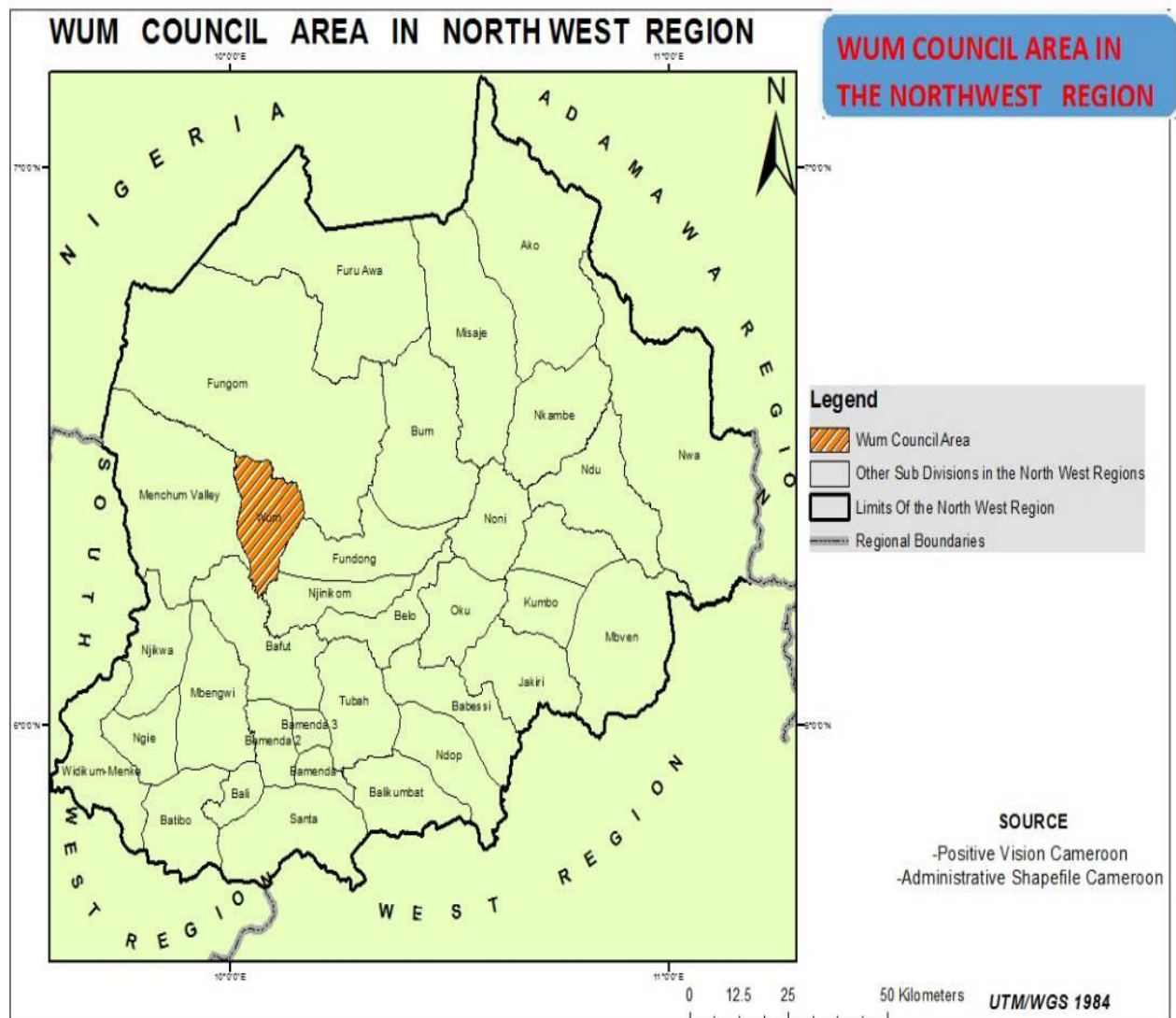
Map 1: Map of Cameroon Showing Wum Council



Map 2: Location of Wum council area in Menchum Division



Map 3: Location of Wum Council in the North West Region



1.3.2 Biophysical Milieu of Wum Council

Relief description: The municipality has an undulating land with uneven relief characterized by mountains and hills made up of forests and grassland suitable for grazing. It has rocky cliffs marked by the elevated Menchum River Water falls, several water bodies and swift running streams. All these add to the beauty of the municipality.

Hydraulic description: Wum municipality falls within the North West Plateau, full of running springs, streams and waterfall. Water bodies such as the Menchum Falls which is the highest in West Africa, swift running streams, rivers and lakes. Rivers such as Kebwen runs through most villages in the municipality, Menchum river, and Itiaku river. This helps village development associations (VDAs) provide water through the construction of catchment schemes, though most (Bangwe, Atue, Ketcha (Naikom), Ngouh (Zongetegha),

Magha, Cheregha etc. have no portable water. There are 04 Lakes; Lake Wum, Illum, Oshien and Atue. The municipality is also host the lone hot spring in Cameroon found at Itiaku. It is a great touristic attraction if developed. The Menchum fall is a huge potential for electricity.

Soil description: Soil types in the Wum municipality ranges from sandy, clay, silt and ferruginous, organic, loam and partly volcanic soils which permit the growing of a variety of agricultural products like maize, plantains, beans, groundnuts and cow peas which is a great potential for agricultural production in the entire council area.

Flora: Wum is within the Sudano - Savanna Zone covered mostly with grass and shrubs which favours the grazing of cattle and other ruminants. Forest patches are dotted in some villages such as in Atue and Itiaku and are used mostly for medicinal plants and are also habitats to many species of wild animals. The Kom-Wum reserved forest is the main forest in the municipality shared between Boyo and Menchum Division. It has a surface area of about 8029 hectares. The council also has a forest which stretches across the villages of; Waindo and part of Zonghofu. The forest has a potential for providing wood, timber and poles. Tree planting is common in this forest. Trees found in this forest include; *Entandrophragma cylindricum* (Sapele), *Meletia excelsa* (Iroko), *Triplochiton scleroxylon* (Obeche), *Prunus africana* (Plum), *Khaya ivorensis*, *Khaya grandifolia*, *Khaya anthotheca*, Mahogany, *Khaya senegalensis* etc. Illegal exploitation of trees and bushfires are the problems most affecting the forest.

Fauna: The Wum Municipality forest area is hosts to a good number of diverse species of wildlife such as antelope, hare, porcupine, cane rats, monkey, deer and chimpanzees. Buffalos and chimpanzees are near extinction because of poaching. Most of these animals are hunted by poachers for food or as an economic activity for livelihood.

Mineral resources: Sand, white and dark clay and stones are most mineral resources found in the sub soil of the Wum municipality. Sand is extracted from deposits along the rivers and stream especially in the villages of Ngoh-Kesu, Bangwe, Agulli, Naikom, Zonghofu, Menteng and Itiaku. Gravel and other volcanic material especially useful for road maintenance are extracted in Bangwe and Agulli villages. The extraction of sand is an activity which generates income for quite a number of persons. Most villages like Waindo, Magha, Naikom, Watuo, Wajung, Zonghotegha, Itiaku and Zonghogwo have stone pits and quarries which are not developed. However there is small scale stone exploitation taking place and the produce used for construction of houses, road maintenance and local construction of bridges. Clay is found mostly in marshy and swampy areas, though not really exploited for pottery purposes, it is used to mould bricks for construction.

1.3.3. Economic and Human Milieu

There are 19 villages that make up Wum Council; (Itiaku, Atue, Menteng, ,Aguli, Bangwe, Ko-oh, Bu, Ghidze, Waindo, Watue, Wajung, Zongetia, Zongekwo, Zongefu,Cheregha, Magha, Naikom, Kesu and Ngoh- Kesu). Wum has an estimated total population of 82,279 inhabitants. Women represent 37.52%, men represent 27.92%, children (boys and girls) represent 34.54% of the total population and the Mbororo indigenes have a total population of 3948 inhabitants representing 4.79% of the total population. The population density for Wum council is estimated at; 110.95/M²

Table 1.2: Population Distribution in the Wum Council Municipality

	URBAN	RURAL	TOTAL
Men	19091	3888	22979
Women	26545	4328	30873
Children	23966	4424	28390
TOTAL	69602	12640	82242

Source: Wum Central Council Development Plan 2017

Ethnic Groups and inter-ethnic relations

The population is a conglomerate of ethnic groups, which are the Aghems, Tikaris and Hausa/Fulani in Wum central and the Widikums in Agulli, Atwe, Menteng, Itiaku and Bangwe. There are also immigrants from other parts of the country especially from the divisions in the North West region and from neighbouring Nigeria with whom the municipality share boundaries. These immigrants are settled in Wum for either economic or social reasons. The Aghem originated from Munchi and assimilated some Tikar customs and the Bu people claim their origin from Tikar. Today, tribal distinctions are still very common in the municipality due to the enclave nature of the area.

Religion

The municipality is made up of Christians, Muslims and Animists. It is made up of denominations and the worship of spiritual sects. Roman Catholicism was the first denomination to reach Wum. This was in the early 1940's when the Church of St. Martins was built. The Presbyterians and the Baptists then followed and are the main denominations in the area. In recent years, one can find Pentecostal Churches in this municipality. Religion is playing a vital role in education and moral upbringing of the inhabitants of this municipality. Islam came into the municipality with the immigration of Fulanis and Hausas who constitute the Muslim population in Wum. A Mosque exists where Friday prayers are said. Churches in Wum have a joint ecumenical service once a year in the

stadium/grandstand. This has usually been a come-together in which every Christian and follower of Allah respects each other and listens to the Word of God.

Nevertheless, traditional African ceremonies and rituals continue. Groundnut peelings are always dropped by the roadside for good harvest and jujus continue to dance in funerals and traditional ceremonies. The tribal societies in this municipality continue to be influenced in the maintenance of social discipline and the keeping alive of the *lore* and culture of the people.

However, Christianity (Baptist, Catholic and Presbyterian etc.) account for about 70% of the religious population, while Muslims take about 20%, the rest practice traditional religion. Christianity discourages polygamy, from the 1987 census, 74% of marriages were monogamous while 20% were polygamy. Religious bodies and structures are also a driving force in the development of this municipality, especially in the domain of health and education in the hinterlands. (*Baseline Report CDP Wum 2017*)

CHAPTER II

METHODOLOGICAL FRAMEWORK OF THE SCORECARD STUDY

II.1. CONTEXT OF THE STUDY

The National Community Driven Development Program (PNDP) is a tool put in place by the Government with the help of its technical and financial partners in a bid to support local development and support councils in the decentralization process. After the first two phases which have been considered satisfactory, the government has instituted the third phase known as the consolidation phase. The Development objective of this third phase is 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. Amongst the different expectations of the 3rd phase of PNDP One of the targeted result indicators is “the number of councils which have put in place an operational mechanism for citizen control and access to information.”

To attain this targeted result, the “Citizenship Report Card Mechanism for public action” (CRCM) would be conducted. This CRCM operation can be defined as: all citizen action which aims amongst others to appreciate the pertinence of actions, projects, public services as well as the means allocated for them; controlling public action and/or obliging officials to be accountable to their citizens. As a reminder, the pilot phase of this similar study was carried out during the 2nd phase of PNDP in 10 councils all over the country (Kumbo council for the North-West Region) and it proved to be an efficient governing tool through which changes can be made in the councils. Following the result and the lessons learnt from the pilot phase, this study will now be carried out in collaboration with civil society organizations specialized in citizen dialogue mechanism on 159 councils all over the country, amongst which 15 councils have been earmarked in the North-west Region.

The councils selected to implement CRCM in the North-West Region are grouped into 02 zones: zone 12 and zone 13. Based on their independence and the knowledge of the rural milieu 02 Civil Society Organizations (Positive Vision Cameroon and COMINSUD) were retained following a very competitive selection to carry out the operation on the field. PVC was recruited to handle the study in Zone 13 made up of 8 councils, which are;

- Zone 13 comprises: Belo, Fundong, Wum, Bafut, Santa, Tubah, Batibo, Mbengwi.

On the other hand, based on their technical expertise, the National Institute for Statistics

(NIS) alongside PNDP intervened at the level of the conception and supervision of this operation on the field.

In a bid to have reliable information, a study would be carried out in 320 households per council to have their perception on the services offered in the sectors of water, health, education as well as council services

Technically:

Taking into consideration the sensitive nature of this operation, the sampling of the households on which surveys would be carried out as well as the analysis of the data resulting from the said surveys, requires that they strictly be based on a purely scientific methodology.

Piloting of the operation:

The success of this operation requires that the technical committee be sufficiently independent so that the results will be a true reflection of the populations' perception. They must equally be strong enough to support the council in effecting changes which shall be suggested as a result of the evaluation.

II.2. OBJECTIVE AND METHODOLOGY OF THE CRCM

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.

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

- 1- Putting in place a supervision and the technical committee for the operation.

- 2- Launching workshop (Regional and Council levels) and negotiation of the involvement of stakeholders.
- 3- Recruitment and training of the surveyors
- 4- Collection and typing of data
- 5- Treatment and analysis of data.
- 6- Elaboration of reports.
- 7- Diffusion of information, lessons learnt and negotiation for changes.

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

2.3.SAMPLING METHODOLOGY AND COLLECTION OF DATA

2.3.1. Drawing of samples

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

In the first sampling stage, 2,276 EAs (including 276 from the NWR) were drawn all over the national territory with a probability proportional to the number of households. In the second stage, a fixed number of households was selected in each of the EAs that were retained at first stage. This number ranged from 7 to 34 according to the EA sizes (in terms of number of households numbered during the ECAM or EC-ECAM 4 cartographies) in the NWR.

The national sample size of the CRCM 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 CRCM is an ordinary household (as opposed to collective households such as boarding students, military barracks, long-term patients interned in

hospitals, religious in convents/seminaries/monasteries/nunneries, prisoners, street children or children living in orphanages, etc.) residing in the national territory.

2.3.2. Data collection

The 4,802 households sampled in the NWR were distributed among 276 sampled Enumeration Areas(EAs). Out of the total sampled households and EAs¹ in the Region, the “Name of Council” had “number of sampled households” households distributed among “number of sampled EAs” EAs. At the end of the conduct of the CRCM study, all EAs were covered and out of the “number of sampled households” sampled households drawn from this council area, “number of households identified and interviewed” households were successfully identified and interviewed, giving a coverage rate of “coverage rate in %”.

The table 3 below provides a breakdown of the number of EAs, sample households and households successfully interviewed by council in the North West Region.

Sample size and distribution of the sample

The choice of the sample size of a household survey such as the CRCM 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 survey estimates are and therefore the sampling errors are reduced.

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

¹An 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 3rd GPHC, the Cameroonian territory was divided into 17 800 ZD which constitute the basic units

Sample base and selection of clusters

The drawing of the CRCM 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 CRCM 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.

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.

Table 2.1: 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	94.0 %
Batibo	6	14	20	320	300	85.9 %
Belo	4	16	20	320	275	89.4 %
Fundong	0	20	20	320	286	90.6 %
Mbengwi	8	12	20	320	290	91.6 %
Santa	0	19	19	321	266	83.4 %
Tubah	2	7	9	319	294	90.6 %
Wum	14	5	19	321	294	82.9 %
Total	40	101	141	2560	2305	92.2 %

Source: CRCM, PNDP North West Region

2.3.3. Questionnaires and Manuals

The collection tool adapted from the first CRCM study conducted in the pilot Councils in 2016 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 PNDP and was open to any Cameroonian of any sex, having at least a GCE Advanced Level Certificate or a Baccalaureate or any other equivalent diploma, and whose places of origin should be the council of interest he/she intends to work. The pre-selection of the interviewers took place at the concerned local councils by a mixed commission made up of the Mayor, the PVC and PNDP.

The training of the pre-selected candidates for the final selection of interviewers or controllers for the fieldworks was done in 12 days where by 2 groups of persons were trained

for 3 days each in four different chosen centres:

- Bafut training centre: for the training of pre-selected candidates from the Bafut, 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 15 teams, with each team working in one of the 15 selected councils. In each council, a team was consisted of a council supervisor and 10 field agents (8 interviewers and 2 controllers) divided into two subgroups of 5 persons, with each subgroup headed by a controller. Each council had 7 days of field work for the data collection. The 7 days of field work for the Wum council started on 16/10/ 2017 and ended on 23/10/ 2017.

For various reasons, several households sampled could not be interviewed during the normal collection period and consequently, a catch up organized for the location and interviewing of those temporarily absent households. This activity was done from the 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 sensitization and awareness.*

The community sensitization and awareness phase is a very important activity in an investigation. It is decisive for community membership in collection operations. During the data collection of the CRCM 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 CRCM study. The actual entry started on December 04th, 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 CRCM study according to the tabulation plan established by PNDP.

CHAPTER III

MAIN RESULTS OF THE STUDY, CONCLUSION AND RECOMMENDATIONS FOR IMPROVEMENT

3.1. Presentation of the Sampled Population

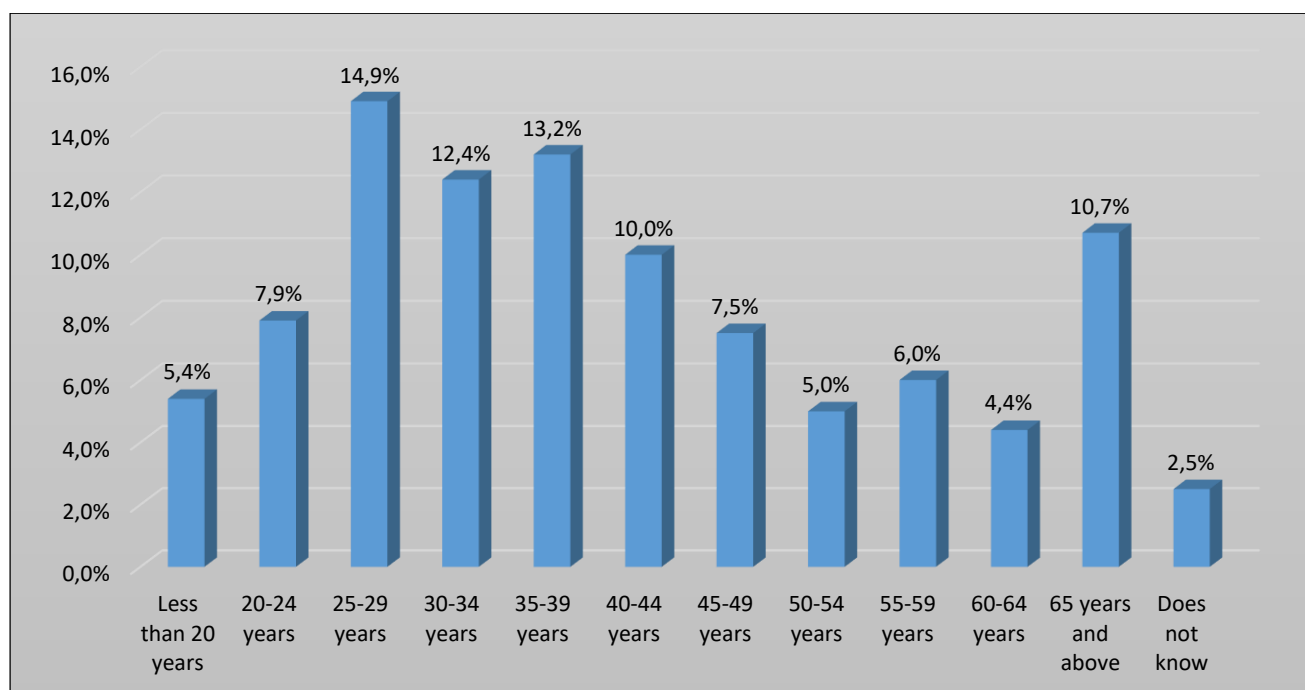
For development to be community-driven, all actors must fully participate at various levels. During the Scorecard survey, gender was adequately mainstreamed given that the survey targeted household or respondents who could either be male or female. Within the context of this work, a household refers 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. The household is an observation unit put in place to assess the sector/council achievements in the targeted sectors. Here the household head is considered to be the direct beneficiaries of services provided in the sectors involved with the survey and who have the mandate to evaluate the delivery of these services by the council. A respondent is the person who actually provides responses to the questions of the survey.

Both the respondents and household heads varied in age group and in gender, and information on these two variables were collected during the survey.

The results indicate that for the respondents of each households, the distribution of the respondents per age group was normal with the proportion increased with increase in age group till a peak at the 25-29 age group and the falling back progressively. Also, more than 70% were aged below 50 years. This is the active population that has the strength and capacity to carry out most of the household activities, making them more versed with the information needed for the different sectors. The age groups of less than 20yrs and those from the 50-54yrs up to the 60-64years were generally least represented since they are less active and will not be too versed with the information needed per sector involved in the study.

Most were of the age group of 25-29years constituting 14.9%, followed by those aged 35-39years. The third most important age group was that of 65 years and above and this can be attributed to the fact that this is a non-active age group who would always be around the house and so will likely be met during the study.

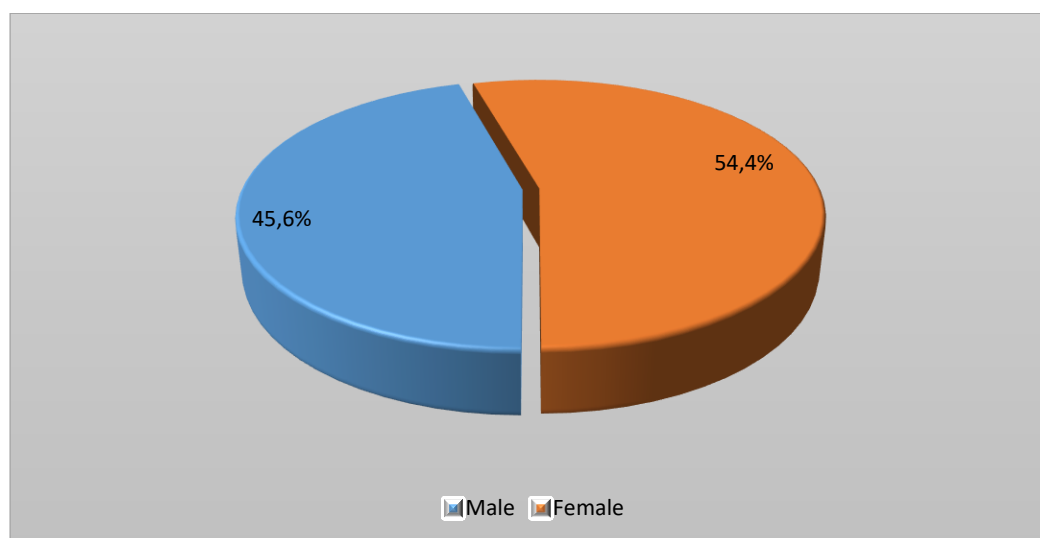
Graph 3.1: Distribution of households according to age groups of respondents



Source: Scorecard study Wum council, November 2017

As concerns the gender of the respondents, the results show that majority of the respondents were female with a proportion of 54.4% as compared to the male with 45.6%. This can be attributed to the fact that the woman is more involved in coordinating the use of most of the services in the sectors under review at the level of water. For example, they are most involved in fetching and using water in the household, taking children to the hospital for consultation and treatment as well as following up the education of their children at home. As such they are endowed with much more information in these sectors than the men.

Figure 3.1: Distribution of households according to the sex of the respondents

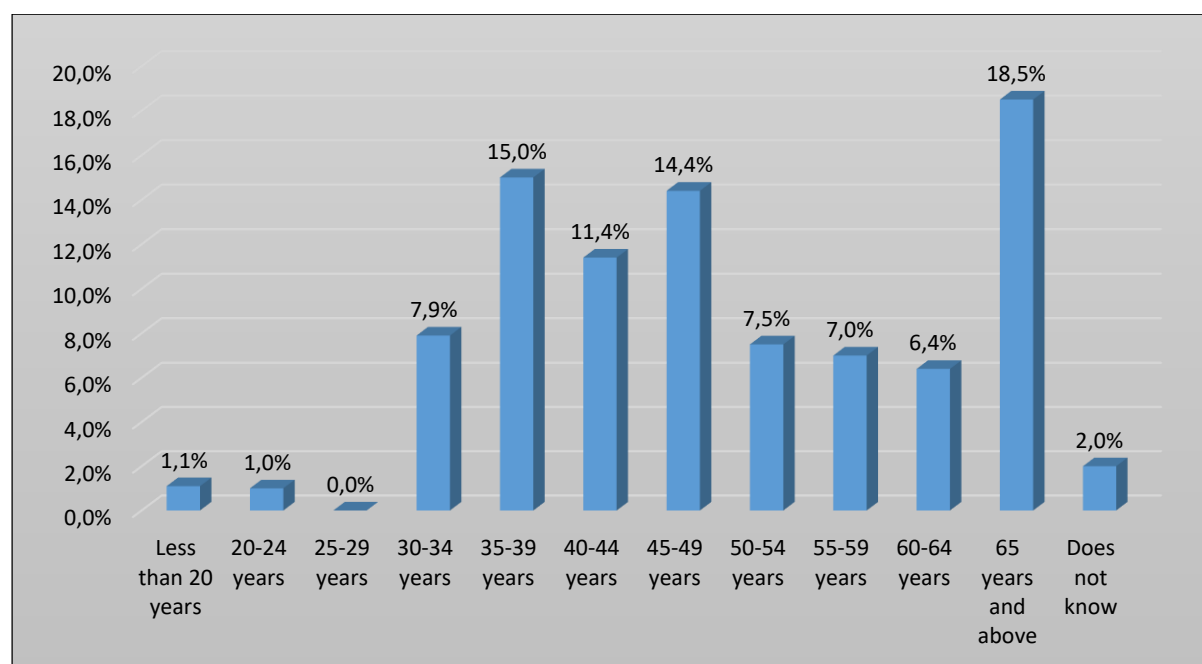


(Source: Scorecard study Wum council, November 2017)

As concerns the age of the household heads, the latter age groups were most represented, with those aged 35 years and above accounting for 88% of the household heads. This can be attributed to the fact that heading a household is relative to heading a family, which therefore comes with age. Also, household leadership is also relative to succession and the respect of the elderly in the community. People of higher ages will therefore have a better opportunity of heading the households, either through succession or through the influence age has in the social structure of the communities in the council area.

The 65yrs and above age group was most represented with 18.5% proportion followed by the 35-40yrs age group with 15.0%. The least represented were all the groups below 30 years of age with a combined proportion of 2.1%.

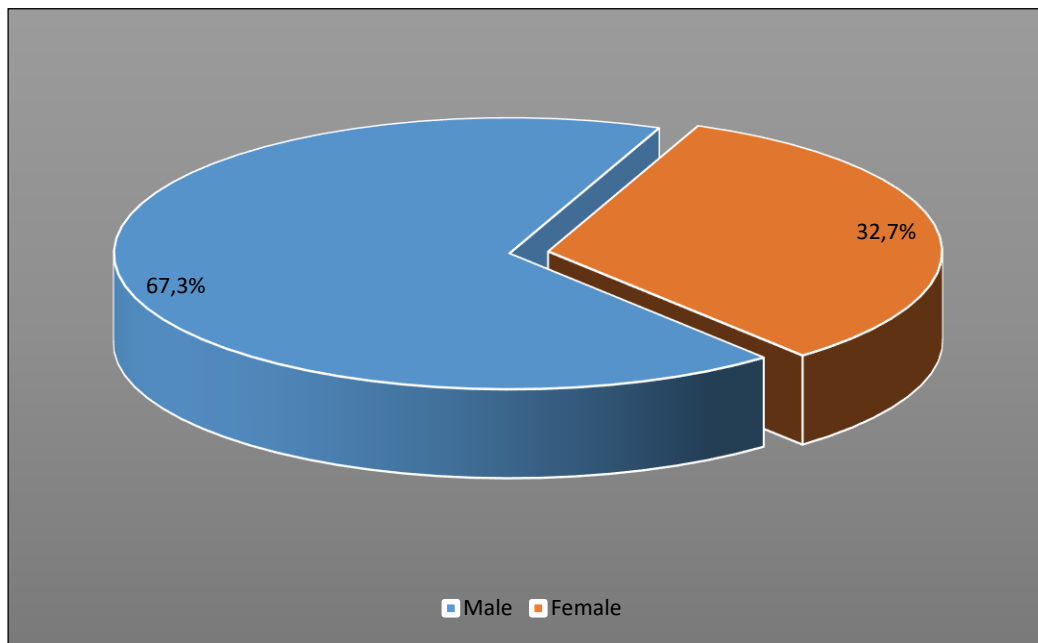
Graph 3.2: Distribution of households according to age group of household heads



(Source: Scorecard study Wum council, November 2017)

As concerns the gender of the household heads, majority were male with a proportion of 67.3% as compared to that of 32.7% for women. This is very representative of the social structure of the communities in the council area where the man is the head of the family and automatically has more chances of being the household head than the woman. Also, with succession being attributed to male offspring, the men have the upper hand in heading their households. The woman will be the household head mostly in cases where she is widowed, divorced, a single mother or when her spouse is lives in a different locality.

Figure 3.2: Distribution of households according to sex of household heads



(Source: Scorecard study Wum council, 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

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

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

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

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

3.2.1. Availability and usage of water services

This section seeks to appraise the availability and use of water services by the households in the Wum municipality. Availability of water is very important because for one to use water, he/she needs to get access to it. The availability and use of water services was appraised using the different public water sources available for and used by the households in the council area. The sources can either be improved or not. According to the WHO standards, an improved drinking-water source is one that by the nature of its construction and design adequately protects the source from outside contamination, in particular by faecal matter. The underlying assumption is that improved sources are more likely to supply safe drinking-water than unimproved sources.

These water sources considered in this study include:

- **Well equipped with a pump:** This is a dug well that uses a pump as a means pulling up water. The well is usually covered and connected with a pump that pulls up water into a reservoir from where the users will access the water. It is an improved source of water for household use.
- **Open pit well:** This is a dug well without a cover to protect it. The means of carrying water here is by using a bucket attached with a rope, where the user can dip into the well to carry water and pull up. It is an unimproved source of water for household use.
- **Protected well:** It is similar to the open pit well but differs in the fact that it is covered for protection. It is an improved source of water for household use.
- **Boreholes equipped with manual pump:** a borehole is drilled by machine and is relatively small in diameter than a well. It can go deeper than a well and is attached a manual pump which the user uses to pump out water from the system. It is an improved source of water for household use.
- **Spring/River:** These are surface water sources which are flowing naturally in the environment. It is an unimproved source of water for household use.
- **Tap water (Pipe borne):** This is a water source that is distributed by the aid of pipes with a tap being the outlet for the users to fetch water. It is usually treated, cleaned or filtered and meets up local established drinking water standards.

Results from the study as concerns the availability of water show that more about 4 out of 5 households of Wum council have spring/river as a source of water, followed by the access to pipe borne water as indicated by about 1 out of 2 households. Well equipped with a pump was identified as a public source of water by 9% of the households, boreholes equipped with a manual pump by 3% of the households, open pit well by 2% and protected well by 1% of the households

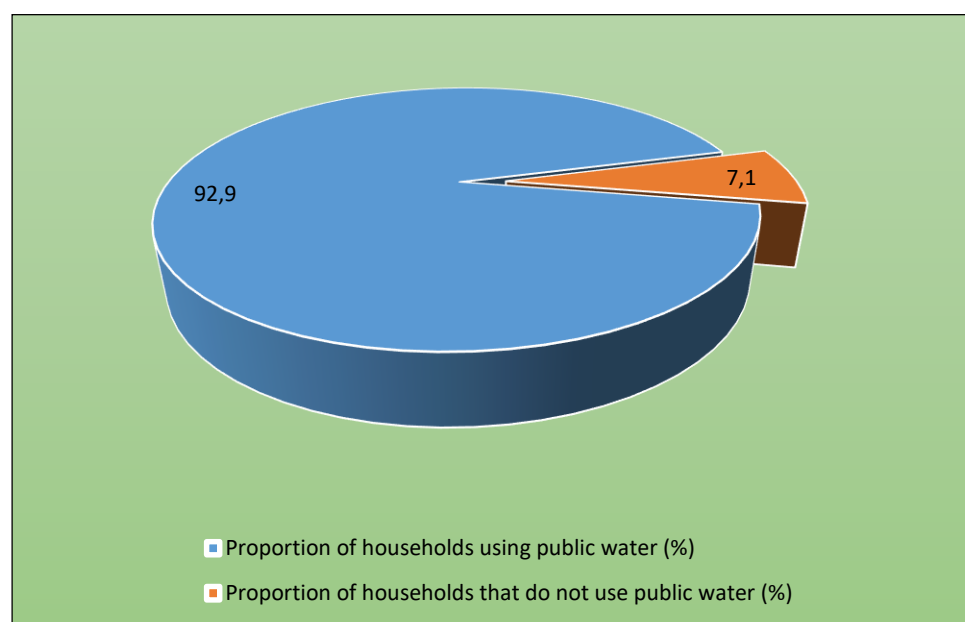
Table 3.1: Available public water sources to the population

Public water source system					
<i>Well equipped with a pump</i>	<i>Open pit well</i>	<i>Protected well</i>	<i>Boreholes equipped with manual pump</i>	<i>Spring/ River</i>	<i>Access to tap water (pipe borne water)</i>
8.6	2.3	1.3	3.0	82.9	48.9

Source: Scorecard study Wum council, November 2017

As concerns the use of water sources, about 98% of the households in the Wum council indicated using a public water source.

Figure 3.3: Use of public water sources in the Wum council



(Source: Scorecard study Wum council, November 2017)

Of these households, 57% used source/river as their main public water source, 30% used tap water, 11% used well with pump, 2% used boreholes with manual pumps and less than 1% using open pit wells. This shows that a majority of the households (57.2%) used unimproved sources of water as compared to 42.8% who used improved sources of water.

Table 3.2: Partitioning of households in Wum council per main source of water

Main public water source						
Well with pump	Open pit well	Protected wells	Boreholes with manual pump	Source/ River	Tap water adduction	Total
10.9	0.2	0.0	2.2	57.0	29.6	100.0

Source: Scorecard study Wum council, November 2017

3.2.2. Cost and quality of water services

According to the SDG No. 6 which concerns clean water and sanitation, it is stated that “Everyone on earth should have access to safe and affordable drinking water”. The concepts

that are concerned in this statement are the quality or safeness of water and the cost or affordability of water.

As concerns quality, the provision of drinking-water that is not only safe but also acceptable in appearance, taste and odour is of high priority. Water should be free of tastes and odours that would be objectionable to the majority of consumers. In assessing the quality of drinking-water, consumers rely principally upon their senses. Microbial, chemical and physical constituents of water may affect the appearance, odour or taste of the water, and the consumer will evaluate the quality and acceptability of the water on the basis of these criteria. Although these constituents may have no direct health effects, water that is highly turbid, is highly coloured or has an objectionable taste or odour may be regarded by consumers as unsafe and rejected. To a large extent, consumers have no means of judging the safety of their drinking-water themselves, but their attitude towards their drinking water supply and their drinking-water suppliers will be affected to a considerable extent by the aspects of water quality that they are able to perceive with their own senses. In extreme cases, consumers may avoid appealingly unacceptable but otherwise safe drinking-water in favour of more pleasant but potentially unsafe sources. Water that is appealingly unacceptable will undermine the confidence of consumers, will lead to complaints and, more importantly, could lead to the use of water from sources that are less safe.

It is therefore wise to be aware of consumer perceptions and to take into account both health-related guideline values and aesthetic criteria when assessing drinking-water supplies and developing regulations and standards. Changes in the normal appearance, taste or odour of a drinking-water supply may signal changes in the quality of the raw water source or deficiencies in the treatment process and should be investigated.

As such, the study sought to assess the households, who are the consumers, the quality of the water they consume, as well as the presence of an odour, taste or colour. The results show the characteristics of the main water source used by the households as shown in table below. As concerns the quality of the water, more than half of the households (59%) assess it to be of good quality, 34.9% of the households think it is of bad quality and 7% are neutral about the quality of the water. Majority of the households (67.2%) also confirmed that the water has an odour/ smell with 32% attesting it has no odour/smell. 68% of the households considered the water to have a taste with 30% saying it has no taste. In the same light, majority of the households (72%) confirmed that the water has a colour with about 27% attesting that it has no colour.

Table 3.3: Proportion (%) of households in Wum council per characteristics declared of the main water source used

Have a good quality			Does not have odour/smell			Does not have taste			Does not have colour		
Good	Bad	Indifferent	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
58.7	34.9	6.5	32.3	67.2	0.5	29.8	68.1	2.0	26.5	71.8	1.7

Source: Scorecard study Wum council, November 2017

Affordability (cost of using) of water has a significant influence on the use of water and selection of water sources. Households with the lowest levels of access to safe water supply frequently pay more for their water than do households connected to a piped water system. The high cost of water may force households to use alternative sources of water of poorer quality that represent a greater risk to health. Furthermore, high costs of water may reduce the volumes of water used by households, which in turn may influence hygiene practices and increase risks of disease transmission.

In this light, the study assessed the proportion of those who pay for water services, the average cost incurred by those who pay and their appreciation of the amount they pay. The results show that about 23% of the households in the Wum council pay for water at the main public water source they are using. This indicates a high affordability of water in the council area since above 3 out of 4 household access water services freely. Among the households that pay for water services, an average of 2134 FCFA is spent on average every month for water. 55% of these households believe the amount is high, 41% think it is reasonable and just 4% think it is insignificant. This indicates that for those who pay for water services, majority feel that the affordability is high, which can indicate the reason why majority of the households will prefer the free sources of water which are usually unimproved.

Table 3.4: Partitioning of households in Wum council following their appreciation of the amount they pay for using the main source of public water

Proportion (%) of households paying for water at the main public water	Average monthly expenditure (CFA Francs)	Partitioning (%) of households, paying for water, per appreciation of the amount paid
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source they are using	for households which pay for water			
		High	Reasonable	Insignificant
23.1	2 133.8	55.4	40.7	3.9

Source: Scorecard study Wum council, November 2017

3.2.3. Appreciation of water services

Water availability can be appreciated by the continuity in supply as well as the time taken to fetch the water.

Interruptions to drinking-water supply, either because of irregular sources or resulting from system breakdown, are a major determinant of the access to and quality of drinking-water. Any interruption of service is likely to result in degradation of water quality, increased risk of exposure to contaminated water and therefore increased risk of waterborne disease. Daily or weekly discontinuity results in low supply pressure and a consequent risk of in-pipe recontamination. Other consequences include reduced availability and lower volume use, which adversely affect hygiene. Household water storage may be necessary, and this may lead to an increase in the risk of contamination during such storage and associated handling. Seasonal discontinuity often forces users to obtain water from inferior and distant sources. As a consequence, in addition to the obvious reduction in quality and quantity, time is lost in water collection.

As per time used to fetch water, the WHO standards have 30 minutes for a round-trip as the yardstick to indicate access to water. Taking less than 30 minutes for the round-trip indicates access to water and taking more than 30 minutes indicates no access. Those with no access as per this criteria have a likely very low volume of water collected and face a very high risk of health related issues since both hygiene and basic consumption may be compromised.

Continuity (continuous availability) of water and time taken to fetch water for a round-trip were therefore assessed in this study. The results show that above half of the households with water from a public main source in the Wum council 57% have water from a main public source available throughout the year. Of all the households in the council, more than half 50% use less than 15 minutes to fetch water and back, 24% use between 15 and 30 minutes for the same exercise, 21% fetch water on the spot and less than 5 % use more than 30 minutes to go fetch water and back. Using the WHO time for round trip criteria, it is noticed that approximately 96% of the households can be said to have access to water with just about 4% having no access.

88% of these households having a public main source in this council have access to water

from the public source throughout the day. Also 65% of the households affirmed that their access to the public water source corresponds to their need for water.

Table 3.5: Continuity in water access and time taken to fetch water by households

Proportion (%) of households with water from public main source available throughout the year	Time taken to go fetch water and back				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		
57.3	21.0	51.0	23.8	4.3	88.0	(65.0)

Source: Scorecard study Wum council, November 2017

With breakdowns of the water sources being a major determinant of the continuous availability of water to the households, constant repairs are therefore a prerequisite to ensure all round availability of water. Failure to address breakdowns quickly will result in reduced continuous availability and vice versa.

In this light, the study tries to assess from the households, the rate of witnessed breakdowns in the past 6 months as well as the time taken to repair the breakdown.

From the results, it was noticed that 31.8% of the households indicated a breakdown of the main public water source during the past 6 months. This low proportion of households that witnessed water breakdowns indicates a low water shortage that may attest for the high rate of continuous water availability as noticed above. Of these households that experienced breakdown, 41% affirmed that it took less than a week to repair, 45% indicated between a week and a month to repair, 8% indicated between a month and 3 months to repair, and 6% indicated more than 3 months were used to repair the breakdown. Less than 1% of the households however indicated that they have not yet experienced a breakdown in their public water supply.

Table 3.6: Breakdown and repairs of the main public water source during the last six months

Proportion (%) of households who have declared a breakdown of the main public water source used in	Time taken for repairs				
	Less than a week	Between a week and a month	Between a month and three months	More than three months	Not yet

the course of the past six months (H10)					
31.8	40.8	44.6	8.4	5.5	0.8

Source: Scorecard study Wum council, November 2017

Administrative, local and traditional authorities as well as civil society organizations and other local actors often play an important role in managing water resources and drinking-water supplies. This includes general supervision as well as management and control of the water services in the locality activities in the catchment that may have an impact on source water quality and distribution. Their functions include repairs of the breakdown of the water services as well as issuing authorization of new users to get access to the water sources. As such, in the CRCM study, the role played by some designated administrative and local actors in the repairs of water systems as well as the distribution of water access to new users was assessed.

The results show that out of the households who experienced a breakdown in public water sources in the past 6 months, 38% of them indicated that the breakdown was repaired by a water management committee, 32% indicated repairs by an administrative authority and 26% by a village/quarter head. The elites were indicated to have done repairs by 8% of the households involved, the mayor/council by 5% and 1% by the state/ government services. 18% of the households indicated that repairs were carried out by persons/institutions other than those mentioned above.

Table 3.7: Institution/person repairing the breakdown of the main public water source

Proportion (%) declaring that the breakdown declared was resolved by the stakeholders						
Mayor	State (government services)	Elite	Water Management Committee	village/quarter head	Administrative Authorities	Others
4.6	0.9	8.3	37.9	25.6	31.7	18.4

Source: Scorecard study Wum council, November 2017

The role played by each of the designated actors in the distribution of water services was assessed through the expression of those in need of tap water services to them. The results show that in the last six months, about 1 out of 4 households in the Wum council expressed a need for tap water. Of these households that expressed the need for water, 33% expressed the need to the water management committee, 24% to the village/quarter head, and 22% to the

mayor/council. 19% of the households express this need to Camwater, 14% to elites, 3% to the state and to the administrative authority each. 24% of the households expressed the need for tap water to sources different from those mentioned above.

The needs for water were met in just 14% of the households where the need was expressed.

Table 3.8: Need expressed in terms of water supply

Proportion (%) of households which have expressed a need in tap water in the last six months	Amongst the households who have expressed a need, proportion (%) whose need was expressed								Proportion (%) of households whose need expressed for water was met
	To the Mayor	To the State (government)	To an Elite	To the Water Management	To the village/Quarter head	To the Administrative Authority	To Camwater/SNEC	To others	
24.4	21.6	2.7	14.2	33.3	24.4	2.6	19.2	24.4	14.3

Source: Scorecard study Wum council, November 2017

Table 3.9: Satisfaction of the need expressed in water supply

Time taken to satisfy their need expressed for tap water (H17)			Total
1=less than a month	2=between one and three months	3=more than three months	
*2	*	*	100,0

Source: Scorecard study Wum council, November 2017

3.2.4. Reasons for the non-satisfaction of the population

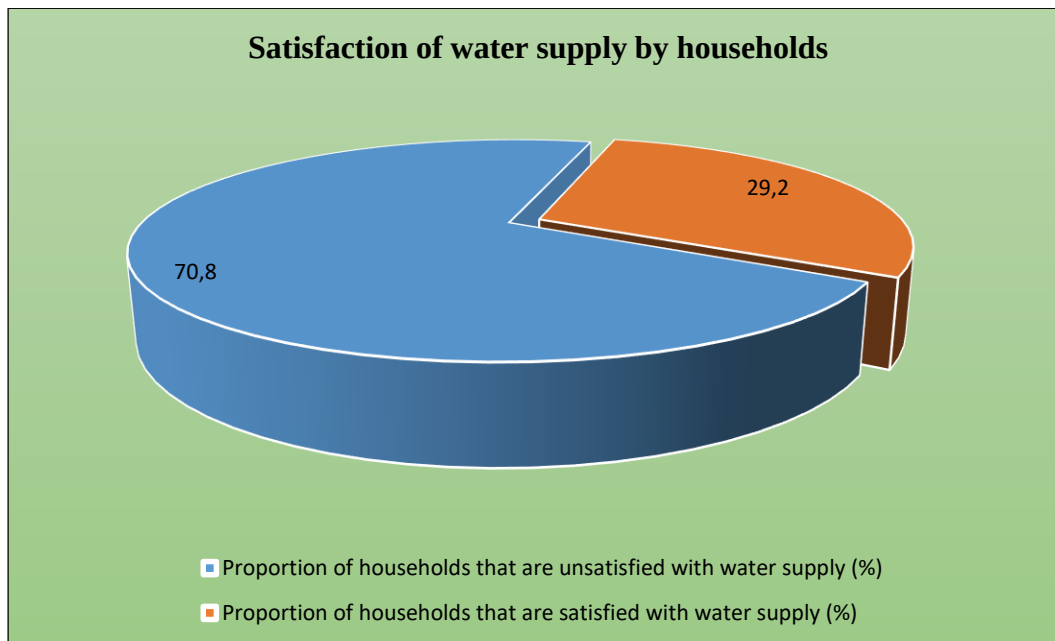
The CRCM study also had as objective to assess the general level of satisfaction of the households towards the services offered in domains under review. This is aimed at guiding stakeholders involved to ameliorate the conditions in the services so as to increase the households' satisfaction and hence well-being. As concerns satisfaction in the domain of water services, the results show that 71% of the households in the council were not satisfied with the provision of tap water in the council area.

Amongst these unsatisfied households, the most indicated reason for dissatisfaction was the insufficiency of water points as indicated by 65% of the households, followed by poor water quality, indicated by 53% of the households and far distance of the water points indicated by 48% of the households. Lack/slowness of maintenance in case of breakdown, poor management of water points and high cost of provision are other reasons of dissatisfaction as indicated by 25%, 24% and 21% of the households respectively. Apart from the above

² * indicates that the data analysed involves less than 30 households in the sample and is insignificant

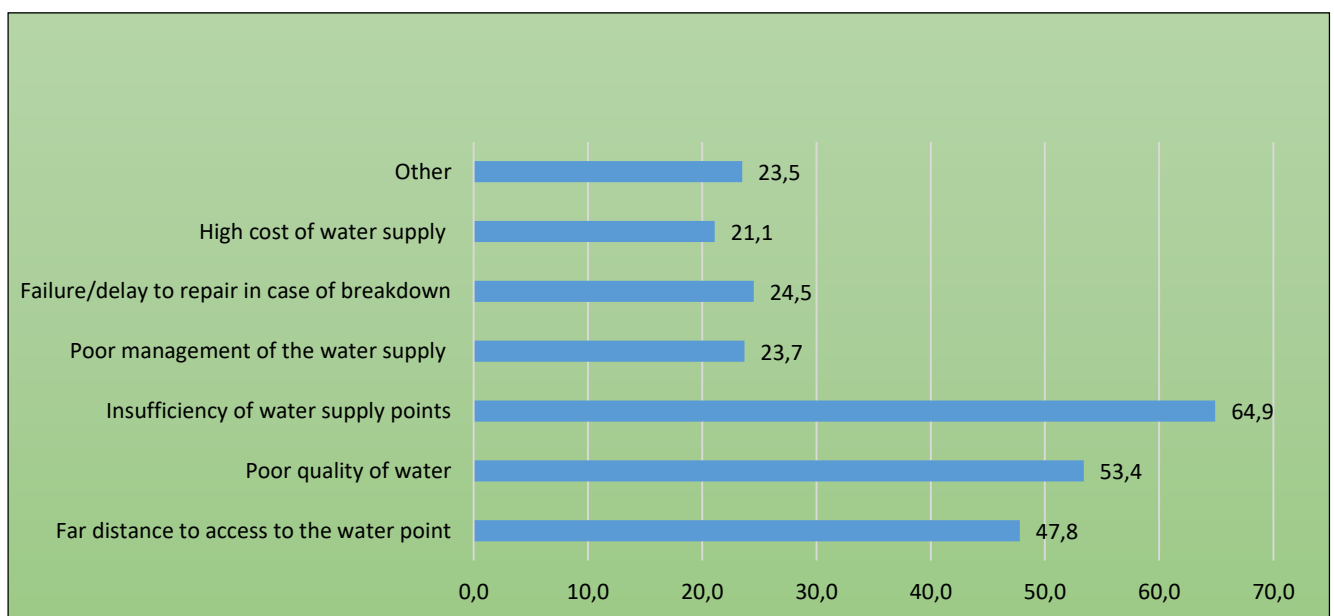
mention reason, 24% of the households indicated other reasons of dissatisfaction.

Figure 3.4: Satisfaction of water supply by households



(Source: Scorecard study Wum council, November 2017)

Figure 3.5: Distribution of households that are unsatisfied with water supply according to their reasons of dissatisfaction (%)



(Source: Scorecard study Wum council, November 2017)

3.2.5. Main expectations in the services rendered in the domain of water

As concerns the expectation of the interviewed households of the council in water supply, 65% of the households desired more/additional water points, 42% desired an improvement in the quality of water in the existing water points and 36% desiring an improvement in terms of the management of the existing water points. Carrying out of repair works on damaged water points was desired by 24% of the households and the reduction of prices to access water was desired by 18% of the households. 26% of the households desired expectations other than those that have been mentioned above.

Table 3.10: Expectations in terms of water supply in Wum council.

Proportion (%) of households whose expectation of water provision is : (H20)					
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
64.5	36.2	23.8	41.8	18.1	26.7

Source: Scorecard study Wum council, November 2017

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

The information collected in the study as concerns the domain of water shows that a rate of above 4 out of 5 households have access to springs/streams which is a less appropriate source of water for household use compared to the pipe borne water source, with less than 50% of the households to access to it. Additionally, 57% of the households are actively using springs/streams as their main source of water for household use. This indicates that there is a high probability of the households in the Wum council suffering from water related health conditions. This therefore indicates that there is a need for improvement in the availability of tap water sources to the households of the council area.

Furthermore, the public water sources in the council area are not available at all times, with just 57% having access to their main water source throughout the year and 88% having access at any time of the day. As such it is necessary for access to water in the council to be stepped up so that the households can have access to water all year round and throughout the

day. This can be done by increasing the public water sources of the council (especially tap sources) and ensuring the maintenance of these water sources so that the households can access them at all times.

Despite the fact that the fact that a high proportion of the households are using non-tap water sources, we find that only about 22% have solicited for tap water sources. This can be attributed to the fact that most of the households believe that the water sources are of good quality (with respect to taste, colour and odour), or that the tap water sources are far off or that it demands some finances. It is therefore very necessary to sensitize the households on the importance of tap water sources to their wellbeing over other sources especially in relation to health.

The analysis of the data collected in the council also shows the important role played by the water management committees in the distribution and maintenance of tap water in the council area. Water management committees received the most demands for tap water from the households, as well as were identified as those who did the most repairs of tap water breakdowns. It is therefore necessary to empower these management committees through capacity building and financial assistance, since they have a better outreach to the households as concerns water distribution and maintenance than the other stakeholders.

The council also needs to step up its involvement in the distribution and maintenance of tap water to the households. Only 1 out of 5 households express their tap water needs through the council, and just about 5% of breakdowns have been handled by them. As the main local development institution, it is necessary for the council to be more involved in tap water distribution, which has been indicated as a delicate situation in this council.

Overall 70% are unsatisfied with tap water services in the council area and their major issues are number of water points, quality and distance. It is therefore recommended that as mentioned above that water tap points should be increased in the council area so that the people can have access to quality water at all times and at close distances.

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 Wum council area.

3.3. HEALTH SECTOR

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

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

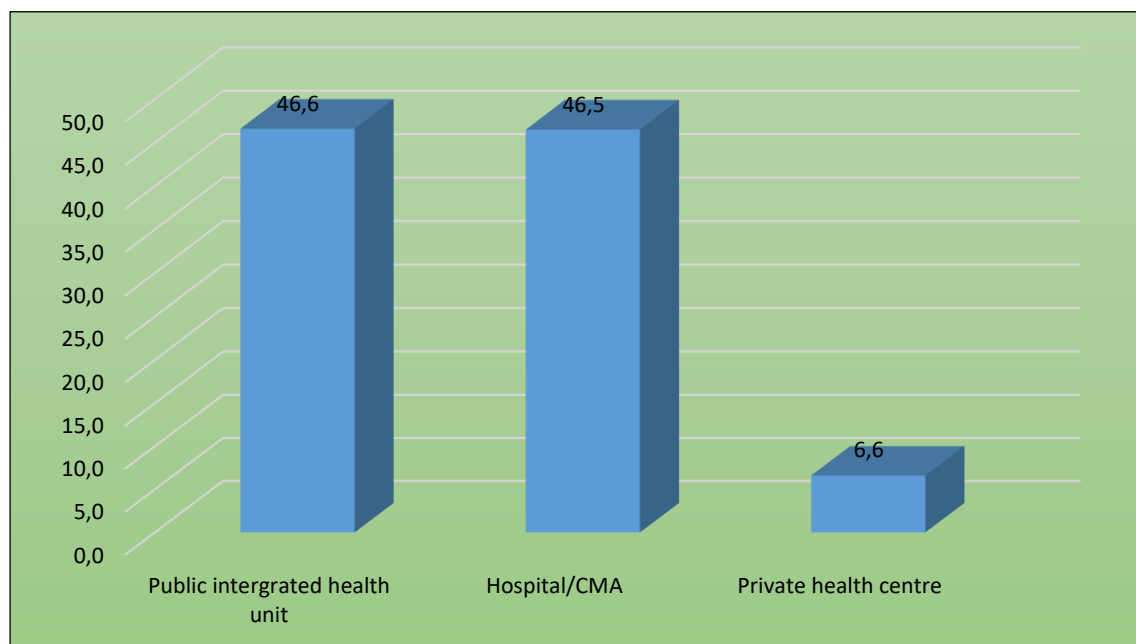
3.3.1. Availability and usage of services in the health domain

Availability of health services in a locality is a good determinant of the use of health services by the households. For the households to be able to get access to health services, these services need to be existent and at suitable distances away from the households. Availability determines the ease at which patients can have access and use of the health services.

The availability of health services in the Wum municipality was assessed in the CRCM study using the different types of health institutions nearest to the households as well as the distances from the households to the health institutions in minutes. Three health services were used for the study; the Public Integrated health centre (public), Hospital/Sub-Divisional Health Centre (both public and private) and the private health centre.

The results obtained from this study as concerns the availability of the health services indicate that the Public integrated health centre and the Hospital were the closest health care units to the households of the Wum council with close to 1 out of 2 households in the council attesting this for both cases. The Private health centres were the least available health units of the council with just 7% of the households affirming the closeness to them.

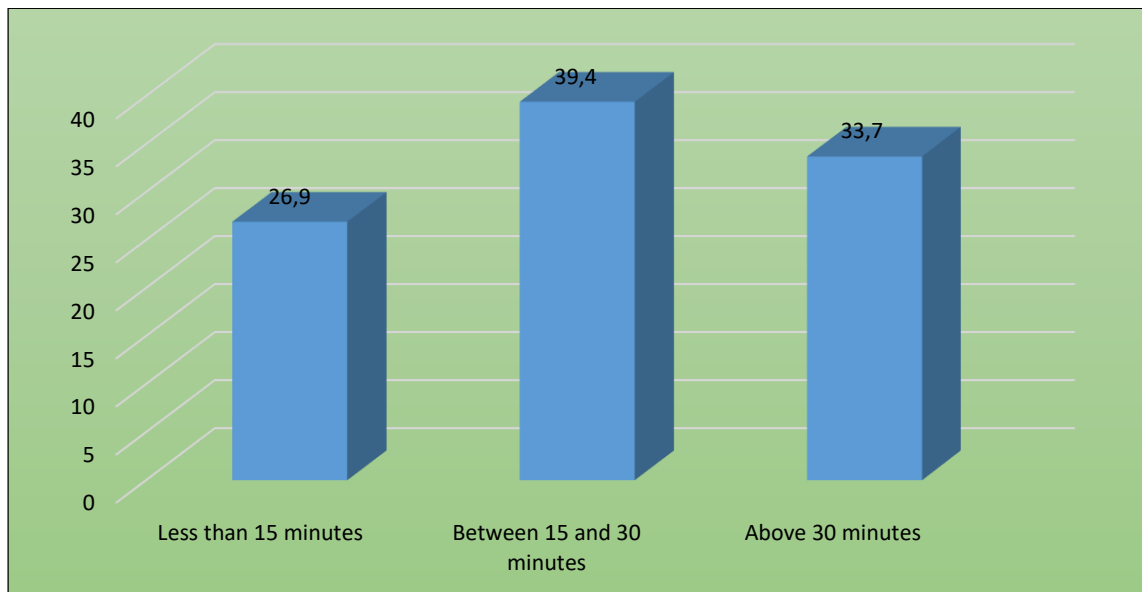
Graph 3.3: Distribution (%) of households according to the nearest health unit



(Source: Scorecard study Wum council, November 2017)

As concerns the average time taken from each household to the nearest healthcare institution, most of the households took above 15 minutes to reach the health centre, with 39% using between 15 and 30 minutes and 34% using more than 30 minutes to reach there. Only 1 out of 4 households affirmed taking less than 15 minutes to reach the closet health care unit of their village/quarter. This indicates that about 66% have close access to the healthcare institutions (30 minutes and less) meanwhile about 34% have little or no access to the institutions (above 30 minutes).

Graph 3.4: Distribution (%) of households according to the average time taken for a household member to get to the nearest health unit.



(Source: Scorecard study Wum council, November 2017)

The use of healthcare facilities in the municipality a good indicator of the quality of the services as well as the satisfaction of the users towards these services. The presence of the services in the council area is not the only prerequisite to ensure use of the health services. Distance needs to be backed by services that can be appreciated by the households. The request for the different health services is a good indicator of where the people prefer to receive consultations and treatment. In this study, the preference of the households per the different health services for treatment was therefore assessed. Results show that the most preferred health care unit by the households was the Hospital, with more than 1 out of 2 households choosing this option, which was closely followed by the public integrated health centre, which was the choice of 1 out of three households in the council. Private health centres were preferred by 1 out of 10 households and 1% of the households preferred to carryout treatment at home .self-medication. Traditional healers, medical stores kiosks and other sources were all very less preferential in the council area with each being the choice of less than 1% of the households.

Table 3.11: Partitioning (%) of households per main choice of health solutions, in Wum council.

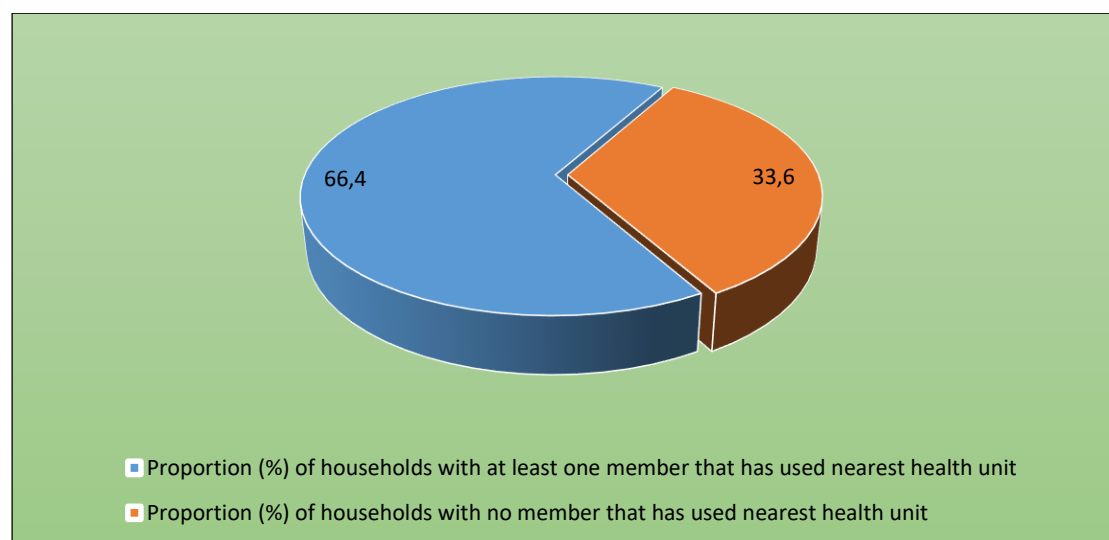
Preferences of the household in terms of health care facilities							
Public integrat ed health center	Hospital/ CMA	Private health center	Traditional healers	At the medical store/kiosk	Go to a medical staff member	Treat at home/self-medication	Other s
34.4	52.4	10.1	0.9	0.8	0.0	1.0	0.4

Source: Scorecard study Wum council, November 2017

Attendance of the nearest health care unit was also assessed in this study. Despite the fact that a health care unit can be situated close to a household, there are other factors that can push the household members to seek for medical attention in health care units further away from them. This can be the quality of the services, the type of services administered as well as the cost of the services. The use of the nearest health care units was assessed for the past 12 months following the head of the used units so as to determine the preference of the households.

Above 3 out of 5 households in the Wum council have had members who had been to the nearest health care unit in the last 12 months.

Figure 3.6: Households with at least a member that has used the nearest health unit

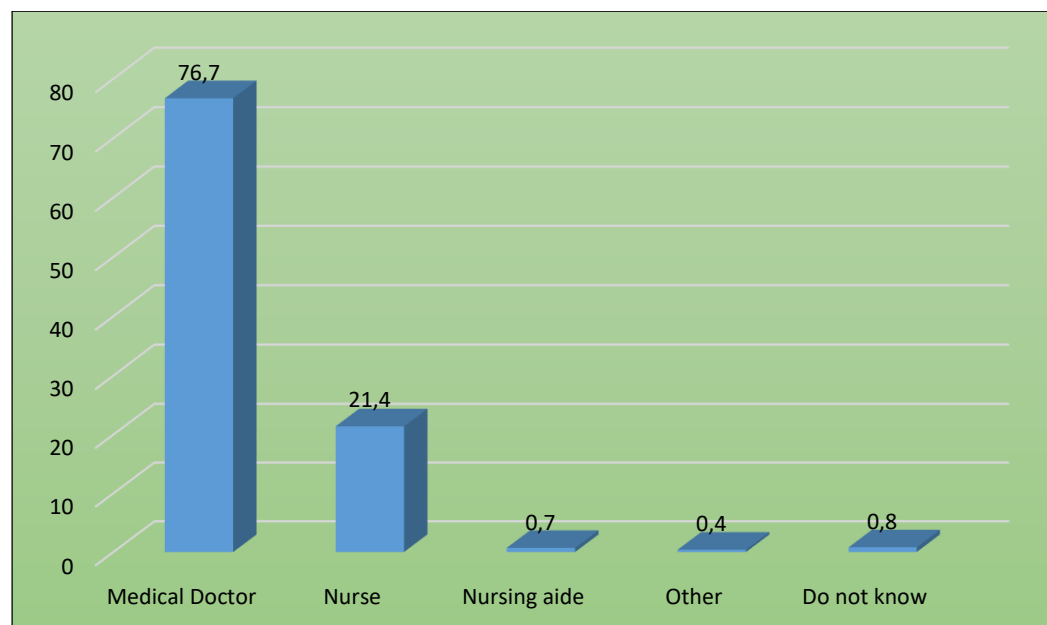


(Source: CRCM study Wum council 2017)

Of these nearest health centers, about 3 out of 4 households affirmed that they were headed by a Medical Doctor and 1 out of 5 affirmed they were headed by a Nurse. Nurse aiders and

other health workers each headed less than 1% of these nearest health centers. The trend indicates that the preference of the households per health service increase with respect to the increase in the level of professional qualification of the head of the services.

Graph 3.5: Distribution of households that a member has visited a health unit according to who heads the health unit



Source: Scorecard study Wum council, November 2017

3.3.2 Cost and quality of health services

The cost and quality of healthcare services are two very important variables in the assessing of health care services.

Healthcare quality is the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Healthcare quality should be safe, effective, timely, efficient, equitable and people-centered. In the CRCM study, the quality of the health services in the nearest health care units was assessed using the perception of the households on the presence of personnel, the availability of basic material, the existence of hospitalization rooms and number of beds in them, and the existence of a pharmacy and the availability of drugs in them for the past 12 months.

As concerns the availability of some facilities in the nearest health care units, above 80% of the households that visited them in the last 12 months affirmed all the characteristics that were examined in the collection of data. 96% of the households confirmed the presence of

personnel in the health care units and 90% confirmed the availability of basic material and equipment. 97% of these households also affirmed the existence of hospitalization rooms in these closest health care units, where about 87% had knowledge of the presence of beds in these rooms; with 25% attesting less than five beds, 35% for between 5 to 10 beds and 28% for more than 10 beds.

As concerns the presence of a pharmacy in the health care unit, 88% of the households confirmed this information, with about 82% confirming the availability of drugs in the pharmacy of the health care units.

Table 3.12: Characteristics of visited health care units

Characteristics declared by households about the nearest health centre during their last visit									
<i>Presence of personnel</i>	<i>Availability of basic material/equipment</i>	<i>Existence of hospitalization hall/rooms</i>	<i>Number of beds in the hospitalization halls/rooms</i>					<i>Existence of a pharmacy/pro-pharmacy</i>	<i>Availability of drugs</i>
			<i>Less than 5 beds</i>	<i>Between 5 and 10 beds</i>	<i>More than 10 beds</i>	<i>Don't know</i>	<i>Total</i>		
95.8	89.6	96.6	25.1	34.5	27.5	12.9	100	87.9	82.3

Source: Scorecard study Wum council, November 2017

As concerns the cost of health care services, a high cost of medical care threatens a vital aspect of the effective delivery of medical care—patient trust in their physician and continuity of care. Exposing patients to more of the costs could lead to greater scepticism and less trust thereby making health-care delivery less effective. This could push them to either seek for other health units that may have longer distances, or to seek for non-professional medical attention, which is not checked can be risky and detrimental to the health of the patient.

As seen on Table 15, the members of about 98% of the households had paid consultation fees at the nearest health care units. Most of them 3 out of 4 had paid between 500 and 1000FCFA for consultation fee. 23% had paid more than 1000FCFA for consultation and only 5% had paid amounts less than 500FCFA for consultation.

Out of these households, half of them thought the amounts paid as consultation fee was reasonable, 49% thought it was high and a meagre 1% though it was insignificant.

Table 3.13: Appraisal of the amount paid in the health care unit

Proportion (%) of households that paid consultation fees at the nearest health care unit	Average amount paid for consultation fees (FCFA) (S10)				Partitioning (%) of households paying consultation fees, per appreciation of amount paid (S11)			
	Less than 500 FCFA	Between 500 and 1000 FCFA	More than 1000 F CFA	Total	High	Reasonable	Insignificant	Total
97.9	4.5	72.4	23.1	100.0	49.2	50.1	0.7	100.0

Source: CRCM study Wum council 2017

3.3.3 Appreciation of health services

Customer satisfaction is the most important parameter for judging the quality of service being provided by a service provider to the customer. Positive feedback from the customer leads to the goodwill of service providers in the market, whereas negative feedback makes it shrink. This theory is also applicable to health care providers. Nowadays, patients are aware of their rights in terms of health care services and the quality of health care services being delivered to them. In this light, the CRCM study assessed the perception of the households in the Wum council concerning their appreciation of the quality of health services as concerns reception by the medical staff.

Out of the households whose members had visited the nearest health care units, 68% rated the reception of the staff of the health care unit to be good. About 1 out of 5 of the households rated the reception to be average and 11 % of the households rated the reception to be poor.

Table 3.14: Proportion (%) of households in Wum council attending the nearest health care unit according to the reception of the medical staff.

Partitioning (%) of households attending the nearest health care unit, according to the reception of the medical staff: (S14)			
<i>Good</i>	<i>Average</i>	<i>Bad</i>	Total
68.3	20.4	11.3	100.0

Source: Scorecard study Wum council, November 2017

3.3.4 Reasons for the non-satisfaction of the population

Table 17 shows that 6 out of 10 household in the Wum council had at least one member who declared that majority of the health problems in their village/quarter had been solved. Contrarily, 53% of the households indicated dissatisfaction with the health services rendered by the health care units within the council. Of these dissatisfied households, 52% indicated far distance to the health care unit to be the reason for their dissatisfaction, 50% indicated high cost of accessing the services as their reason and 46% highlighted poor quality of the provided services as their reason for not being satisfied. Other reasons included insufficiency of drug as indicated by 39%, insufficiency of existing health care units as indicated by 36%, poor quality and insufficiency of equipment as indicated by 35%, poor management of the health care units as indicated by 33% and defaults related to the staff of the health care unit as indicated by 24%. Other reasons were accounted for by 30% of the households as the causes for dissatisfaction with the health services offered.

Table 3.15: Solving of health problems in the village and reasons of dissatisfaction

Proportion (%) of households whose at least one household member declared that majority health problems in the village have being solved	Proportion (%) of households not satisfied with health services rendered	Amongst the households not satisfied, proportion (%) whose reason for their non-satisfaction is :								
		Far distance to access the health care units	Poor quality of services provided	Insufficiency of existing health care units	Defaults related to the health care unit staff	Poor management of the health care units	insufficiency of drugs	Poor quality/insufficiency of equipment	High cost with regards to health care access	Others
62.2	52.7	51.7	45.5	36.4	23.6	33.2	39.3	34.9	50.0	29.7

Source: Scorecard study Wum council, November 2017

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

As shown on Table 18, the most desired expectation of the households as concerns health serviced was additional health care units, with close to 1 out of 2 households indicating this. Equipping the health care unit was the next most desired expectation as indicated by 38% of the households, which was closely followed by the provision / supply of drugs as indicated by 30% of the households. The least desired expectation was the transfer of a staff member with 21% of the households desiring this. 43% of the households gave expectations other than those mentioned above.

Table 3.16: Expectations in terms of health services in Wum council.

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
49.6	30.3	20.8	37.5	42.8

Source: Scorecard study Wum council, November 2017

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

It is worth noting that all the households interviewed had access to health services, with no household indicating lack of access to them. In addition, hospitals are the most solicited health service although access to them does not match up with the expressed desire to attain them. It is therefore necessary to locate an additional hospital in the council area, which will ease access of the households to this most desired health facility.

The households' preference for health services were also proportional to the qualifications of the head of the health service, with more preferring doctors, followed by nurses and nurse aides. This indicates that the households are sensitive to the qualifications of the health personnel put at their disposal. As such, it is necessary to increase the number of qualified and trained personnel in the health services of the council which will surely boost the attendance of the health services by the households.

Overall, 62% were dissatisfied with the health services available in the council. The major issues of discontent were distance to the health services, cost and quality of services rendered. It is therefore suggested that more health services be added to the council area including a hospital. This will increase the proximity of the households to the health services. Also, more qualified personnel should be hired, as well as an increase in equipment and services such as pharmacies. This will go a long way to improve on the health services rendered to the households.

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 Wum Council area.

3.4. EDUCATION SECTOR

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

The CRCM study carried out in 2017 assessed the perception of the households as concerns education services through the availability and usage of education services per cycle, the cost and quality per cycle, the appreciation of the services by the households, the reasons of dissatisfaction of education services and recommendations to ameliorate these services by the households. The cycles involved in the study are the nursery, primary, secondary and vocational cycles.

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

Availability of Education services determines the access of the services to the households. Availability would determine the distance of the educational services by the households which is a factor that affects the effective use of this services by the households.

The first variable assessed under the availability of educational services in all the cycles was the presence of a cycle in the village or quarter where the household is. For nursery education level, households declare that their village/quarter has a nursery school and each household has an average of 1.4 children schooling in this education level. As concerns the distance covered by the children schooling at the nursery level, in 79% of the households, they cover less than 1km, and in 19% of the households, they cover between 1km and 5km to go to school. On foot, the average time spent by a child to get to nursery school is 22 minutes.

As concerns primary education, primary schools are the most present in the villages and quarters in the Wum council area as declared by 97% of the households. An average of 3.7

children per household school at the primary level and in most of the households (57%), the children cover distances less than 1km followed by 43% of the households covering distances between 1km to 5km. The average time spent on going to primary school on foot is 29 minutes.

About 4 out of 5 households (82%) declare that there is a secondary school in their village/quarter with 1.9 children from each household schooling in this cycle. A vast majority of the households (94%) have children covering distances less than 5km to secondary school with an average time of 43 minutes used on foot to get to school.

Table 3.17: Type of Educational cycle and professional training

	Proportion of households belonging to a village with an educational cycle	Average number of children from the household attending the nearest school	Average number of children from the household attending the nearest school				Average time spent by the children to reach the school on foot
			Less than 1 km	Between 1 km and 5 Km	More than 5 km	Don 't know	
Nursery	89.7	1.4	78.8	19.1	1.1	1.0	22.1
Primary	96.8	3.7	56.6	43.0	0.0	0.4	29.2
Secondary	81.5	1.9	26.6	67.8	5.2	0.4	42.5

Source: Scorecard study Wum council, November 2017

The characteristics of the schools are another important variable that could determine the enrolment of the households for the school services. The characteristics such as complete cycle, available classroom per class level, availability of benches and distribution of text books were assessed in the CRCM study. These characteristics affect the quality of the education services rendered in the schools and will therefore be determinants on the enrolment rate of households.

The results of the study on these characteristics show that a vast majority of the households affirmed (97%) that their children are attending a complete primary. This was similar for the secondary 1st cycle with 99% of the households affirming it was complete. As for the secondary 2nd cycle, 8 out of 10 of the households confirmed that it was complete.

About 9 out of 10 households attested that the nursery, primary and secondary school attended by their children has a classroom per class level. As concerns the availability of benches for all the children, about 9 out of 10 households confirmed it was available in the nursery and primary schools attended by their children, meanwhile 97% affirmed it was available in the secondary school attended by their children.

None of the responding households confirmed the distribution of textbooks in the secondary schools attended by their kids while 3% and 6% of the households affirmed this for the nursery and primary schools respectively.

Table 3.18: Characteristics of school infrastructure

	Has a complete cycle	The secondary 1st cycle is complete	The secondary 2nd cycle is complete	Has a classroom per class level	Availability of benches for all pupils to sit on	Distribution of school textbooks in the school
Nursery	0.0	0.0	0.0	87.4	90.5	3.1
Primary	97.1	0.0	0.0	87.2	87.5	5.7
Secondary	0.0	98.7	80.9	92.1	96.9	0.0

Source: Scorecard study Wum council, November 2017

Another variable that is important in the availability and use of educational services is the number of children per classroom. The average number of children per class can affect the quality of the services rendered by the teachers. Smaller densities indicate that there is adequate follow up of pupil/student performance and this will decrease with increase in the density of children per class.

In addition to the class density, the teacher's presence in class was also assessed. This variable also affects the quality of the services rendered in the school and can have an effect on the enrolment of the children in the council area.

This variable was assessed in the CRCM study and the results show that for households with children in the nursery level of education, 1 out of 2 households affirmed that there are less than 30 pupils per class, about 1 out of 4 households attesting for between 30 to 60 pupils, and 1 out of 20 households attesting for above 60 pupils per class. As concerns the availability of teachers in class for this level of education, 98% of the households affirmed regularity of the teachers, with none of the households signalling any irregularities in the availability of teachers.

For households with children attending the primary level, most of the households (54%) affirmed that the number of pupils per class is between 30 and 60, with 27% of the households affirming it is above 60 per class. As concerns the availability of teachers, about 4 out of 5 households affirmed the regularity of the teachers, meanwhile 13% rated them to be averagely regular and 3% rated them to be irregular.

As concerns households with children attending secondary school, about 3 out of 5 of the households confirmed that the class population was above 60, 1 out of 5 households affirming between 30 to 60 per class and 1 out of 20 households attesting below 30 per class. As concerns availability of teachers, 84% of the households rated it as regular, 12% as

averagely regular, and 4% as irregular.

Table 3.19: Proportion (%) of households in Wum council whose children are going to school and are in classrooms with an average number of pupils.

	Average number of pupils per class			
	Less than 30	Between 30 and 60	above 60	Don't Know
Nursery	51.9	23.8	5.2	19.1
Primary	6.4	53.6	27.4	12.6
Secondary	4.6	19.1	59.5	16.9

Source: Scorecard study Wum council, November 2017

Table 3.20: Proportion (%) of households in Wum council according to the appraisal of the teacher's presence in classroom.

	Appreciation of the frequency of the presence of teachers in class (%)			
	Regular	Averagely regular	Irregular	Don't Know
Nursery	97.9	2.1	0.0	0.0
Primary	83.1	13.4	3.4	0.0
Secondary	84.4	11.6	3.9	0.0

Source: Scorecard study Wum council, November 2017

3.4.2 Cost and quality of services in the education sector per cycle

The cost of education services is a good determinant of enrolment. Higher costs may tend to affect household income negatively, thereby leading to the dropping out of school or enrolment in cheaper schools that may be far off from home. It was therefore necessary in the CRCM study to assess the cost of education services per cycle and the appreciation of the costs by the households in Wum council area. From the results of the study, all the households attested that they paid the required fees for education which is reflective of the fact that education in the country as of date is not free in all the levels. The average amount paid per child for nursery education was estimated at 26.694 FCFA, with 62% of the households with children in this level attesting that it was high and 38% stating it is reasonable. For the Primary level, the average amount per child was estimated at 9.794 FCFA, with a majority of the households (51%) of the opinion that the amount is reasonable, and 47% attesting it is high. As for the secondary level, the average amount is 32.631 FCFA

with 67% thinking its high, and 32% stating it is reasonable.

Table 3.21: Appraisal of the amount paid per education level

	Proportion (%) of households having paid the required fees for education	Average school fees expenditure spent throughout a school year per child (CFA Francs)	Partitioning (%) of households paying fees required per appreciation of the amount paid			
			High	Reasonable	Insignificant	Not concerned
Nursery	100.0	26.694	61.7	38.3	0.0	0.0
Primary	100.0	9.794	47.2	51.4	0.5	0.8
Secondary	100.0	32.631	66.8	32.3	0.0	0.9

Source: Scorecard study Wum council, November 2017

3.4.3 Appreciation of services in the domain of education per cycle

The state of the classrooms is very essential to the quality of education received but the pupils/students. Maintenance of these classrooms is therefore very essential. Therefore administrative, local and traditional authorities as well as civil society organizations and other local actors are often involved in the maintenance of the classrooms so as to ensure the quality of education received by the children.

The information collected in the study as concerns the actors who are involved in the maintenance of classrooms from the Wum council area shows that the PTA does a vast majority of classroom repairs in all three educational levels as confirmed by the households at rates of 8 out of 10 for nursery and 9 out of 10 for both primary and secondary levels.

For nursery education level, the council was second most important, with 12% followed by the elites with 11% acknowledgement, closely followed by MINEDUB and other sources with 10% acknowledgement each. The least important was the village organization with a 7% acknowledgement.

For primary education level, MINEDUB and other sources were acknowledged as second most important, with 17% each followed by the council with 10% acknowledgement and closely followed by elites with 8% acknowledgement. The least important was the village organization with a 7% acknowledgement.

For secondary education level, MINESEC and other sources were acknowledged as second most important, with 24% each followed by the council and elites with with 7%

acknowledgement. The least important was the village organization with a 6% acknowledgement.

Table 3.22: Proportion (%) of households in Wum council declaring that the damaged classrooms were repaired per stakeholder type

	Proportion (%) of households declaring that the damaged classrooms were repaired by:					
	The PTA	Mayor	A village organisation	MINEDUB/MINE SEC/MINEFOP	Elites	Others
Nursery	83.0	11.5	7.2	9.9	10.8	9.9
Primary	94.2	9.6	6.8	16.5	8.0	16.5
Secondary	93.7	7.1	5.7	23.7	7.0	23.7

Source: Scorecard study Wum council, November 2017

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

As concerns dissatisfaction of the households in the domain of education per cycle, 12% of the households of the Wum municipality with children schooling in the nursery level were not satisfied with the educational services. Of these unsatisfied households, 66% were not satisfied due to the non-distribution of text books and 63% were not satisfied due to the high tuition fees. Insufficiency of schools, far distance to the schools and insufficient teaching staff were other prominent reasons of dissatisfaction highlighted by more than 3 out of 10 of the unsatisfied households.

As concerns primary level education, 24% of the households were not satisfied with the educational services. Of these unsatisfied households, 82% were not satisfied due to the non-distribution of text books and 62% were not satisfied due to the high tuition fees. Insufficiency of teaching staff, insufficient classrooms, insufficient schools, insufficient equipment far distance to the schools and poor results were other prominent reasons of dissatisfaction highlighted by more than 3 out of 10 of the unsatisfied households. Overall the proportion for reasons of dissatisfaction of services in all the education cycles was relatively highest for the primary level.

As concerns secondary level education, 24% of the households were not satisfied with the educational services. Of these unsatisfied households, 80% were not satisfied due to high school fees. Far distance to the schools, non-distribution of text books and insufficiency of teaching staff were other prominent reasons of dissatisfaction highlighted by more than 3 out of 10 of the unsatisfied households.

Table 3.23: Proportion (%) of households in Wum council according to the level of satisfaction and the reasons of dissatisfaction. in terms of education services.

		Amongst the households not satisfied. proportion (%) whose reason of dissatisfaction is :								
	Proportion (%) of households not satisfied with educational services	Far distance to access educational services	Insufficiency of classrooms	Insufficiency of equipment	Insufficiency of schools /vocational training centers	Insufficiency of teaching staff	The non-distribution of school textbooks	Poor results	High tuition fees	Others
Nursery	11.5	(33.0) ³	(20.8)	(22.7)	(36.5)	(31.2)	(65.8)	(15.0)	(62.7)	(12.9)
Primary	24.4	36.3	40.5	39.0	39.4	50.8	81.9	35.7	61.8	10.2
Secondary	23.5	41.0	18.2	19.0	25.9	32.2	36.9	17.3	79.7	14.1
Vocational training	1.5	* ⁴	*	*	*	*	*	*	*	*

Source: Scorecard study Wum council, November 2017

*Asterisk imply the value is insignificant

3.4.5 Main expectations in the services rendered in the domain of education per cycle

As concerns the expectations of nursery education in the Wum council, 1 out of 10 households solicited for distribution of school textbooks as well as reduction of the cost of nursery education. Other important expectations included, Building of more classrooms 7%, having a school located nearby 7% and creating more nursery schools 5%.

For primary education, distribution of school textbooks, and reduction of cost were the most desired expectations as expressed by 29% and 21% of the households respectively. Other important expectations for primary education included recruitment of more teaching staff 19%, building of more classrooms 17%, locating a primary school nearby 17% and improving the quality of results 15%.

For secondary education, reductions of cost were the most desired expectations as expressed by 23% of the households. Other important expectations for primary education included recruitment of more teaching staff 16%, locating a primary school nearby 14%, distribution

³ A figure in brackets () indicates that the data analysed involves 30-45 households in the sample, and is of little scientific significance

⁴ * indicates that the data analysed involves less than 30 households in the sample, and is considered insignificant

of school textbooks 14% and provision of additional equipment 10%.

For vocational training, the proportions of households as per the expectations were all very low with only 2% of the households desiring additional equipment and the rest having proportions below 1%.

Table 3.24: Proportion (%) of households in Wum council. per type of expectations in the domain of education and per educational cycle.

Proportion (%) of households whose expectations in the domain of education are									
	To have a school located nearby	Built more classrooms	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	6.7	7.2	4.9	5.3	4.4	10.3	3.9	10.0	2.6
Primary	16.9	17.3	11.7	12.5	19.0	28.6	15.3	20.6	5.1
Secondary	14.0	9.4	10.2	8.7	15.5	13.5	9.0	23.1	7.0
Vocational training	0.4	0.7	1.8	0.4	0.4	0.3	0.0	0.8	0.3

Source: Scorecard study Wum council, November 2017

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

The analyses show that not all the schools have a complete cycle. This entails that some of the children of the households at some point relocate to other schools in order to complete their education in a particular cycle, or that some children will have to enroll in schools that are not close by in order to be in a school with a complete cycle. This can be noticed in the secondary level, whose second cycle is the most incomplete, thereby inducing a walking distance that is close to twice that of the other cycles (nursery and primary).

It is also worth noting that there is a very low rate of distribution of text books in the nursery and primary schools of the council area, although there is a high rate of availability of classrooms per class as well as benches for students to sit on. The density per class is found to increase with increase in the cycles (from nursery to secondary), and there is a high regularity of teachers across all the cycles.

The fee paid per child in the different cycles is generally considered high by a majority of the households. There is therefore a need for the stakeholders to try to foster policies that will ensure a decrease in these fees and boost the school attendance by children in the council.

As concerns the maintenance of school infrastructure in the council, the PTA is the most influential with a vast majority of the repairs in all cycles being carried out by them. In this light, it is very necessary to empower the PTA of the schools in the council area through capacity building and financially, so that they can become more efficient and effective in managing the schools. It is also worth noting the low involvement of major stake holders such as the Ministries and the Council, who need to step up their involvement in the running of the schools so as to ensure that education in the council, is at its best.

Overall, the education services were the most appreciated among all the four services under scrutiny, with less than a quarter of the households expressing dissatisfaction in the educational services in all the cycles. Despite this, a lot of efforts still have to be put in the main areas of dissatisfaction which are the distribution of books and the fees.

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

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

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

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

3.5.1 Availability and usage of council services

The request for some services from the council by the households was assessed in the CRCM study. This is a variable that could indicate the availability of the council to render specific services as well as the quality of these services that would pull the households towards the council to achieve the services.

The results of the study showed that 3 out of 10 households in the Wum council requested Issuance of a birth certificate. Of the households that requested for this service, 87% attested that the service was good. As concerns the time spent to obtain this service, 46% affirmed it took less than a day meanwhile 43% said it took between a day and a week, and 8% said it took between a week and a month. 3% confirmed that it was ongoing and less than 1 % said it took more than 3 months.

About 1 out of 10 households requested Certification of official documents. Of these households, 9 out of 10 affirmed that it was a good. 3 out 4 households said it took less than a day to obtain the service, 1 out 5 households affirmed it took between a day and a week, and one out of 20 households had the service on-going.

As concerns the other services offered by the council, Building permits were requested by 1%, death certificates and marriage certificates were both requested by 2% each meanwhile 3% requested information with 1% demanding other services.

Table 3.25: Request for a service in the Council

<i>Services</i>	<i>Proportion of households which have requested for a service in the last 12 months</i>	<i>Proportion of households which are of the opinion that the reception for the said service was good</i>	<i>Time spent to obtain the services</i>						
			<i>Less than a day</i>	<i>Between 1 day and a week</i>	<i>Between a week and a month</i>	<i>Between one month and three months</i>	<i>More than three months</i>	<i>Ongoing</i>	<i>Total</i>
Issuance of a birth certificate	28.3	87.2	45.6	43.2	7.6	0.0	0.9	2.6	100.0
Certification of official documents	9.4	(91.4)	(74.3)	(21.3)	(0.0)	(0.0)	(0.0)	(4.3)	(100.0)
Building permit	1.0	*	*	*	*	*	*	*	*
Death certificate	2.2	*	*	*	*	*	*	*	*
Marriage certificate	1.9	*	*	*	*	*	*	*	*
Certificate of Residence	0.0	*	*	*	*	*	*	*	*
Approval/Validation of localisation plans	0.0	*	*	*	*	*	*	*	*
Request for Informations	2.7	*	*	*	*	*	*	*	*
Others	0.9	*	*	*	*	*	*	*	*

Source: Scorecard study Wum council, November 2017

*Asterisk imply the value is insignificant

A variable that could affect the services rendered by the council to the households is delays. Delays in obtaining services from the council could cause some dissatisfaction of the households towards these services, thereby pushing the households away from requesting the services. This slows down the achievements of services by the households which does not reflect the reason for decentralization which is to improve on the services for the households in order to increase their livelihood and thus development.

The delays in obtaining the council services as well as possible causes was assessed in the CRCM and the results show that as concerns the amount of time spent to obtain an issuance of a birth certificate by the council, 1 out of 10 of the households in the council thought it was too long. Among these households, Corruption was identified as the most contributing factor to this long time of issuing the birth certificates as indicated by 43% of the households. 19% of the households attributed the long time to obtain the service to unavailability or absence of council staff, 17% attributed it to the absence of working material, and 18 % to other factors. 9% of the households also indicated that they had to pay a tip in order to get a birth certificate issued to them.

As concerns the lengthiness of time spent to obtain the other services, 2% of the households thought it was lengthy to obtain certification of other documents, 1% attested this for death certificates, and less than 1% for marriage certificates, information and other services.

As concerns the payment of tips to obtain the services, 2% of the households paid for certification of official documents, 1% for death certificates and 1 % for information. Less than 1 % attested paying tips to obtain building permits and other services.

Table 3.26: Delays in obtaining a service in the Council

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
		<i>Unavailability of council staff / absent</i>	<i>The absence of working material</i>	<i>Corruption</i>	<i>Other factors</i>	<i>Don't Know</i>	
Issuance of a birth certificate	10.4	(18.7)	(16.6)	(42.6)	(18.1)	(4.0)	8.7
Certification of official documents	2.3	*	*	*	*	*	2.3
Building permit	0.0	*	*	*	*	*	0.7
Death certificate	1.0	*	*	*	*	*	1.0
Marriage certificate	0.4	*	*	*	*	*	0.8
Certificate of Residence	0.0	*	*	*	*	*	0.0
Approval/Validation of localisation plans	0.0	*	*	*	*	*	0.0
Request for Informations	0.8	*	*	*	*	*	1.1
Others	0.5	*	*	*	*	*	0.5

Source: Scorecard study Wum council, November 2017

*Asterisk imply the value is insignificant

The study further sought the perception of the households as concerns the participation of the households in the council's action. This was assessed following the involvement of the households via information dissemination and involvement of the household members in the development activities of the council. This is a good means to enable the evaluation of

present participatory efforts of the council, so it can be ameliorated upon for better participation of the households.

The results as concerns the involvement of the households in council activities, a majority of over 1 out of 2 households in the council affirmed that their quarter/village has been involved in or informed of the programming and budgeting sessions of the council, and close to 1 out of 3 households affirmed this for the council's support of their village in development action. 17% and 15% of the households affirmed being involved in or informed of their village/quarter's involvement in planning and the communication on the income and expenditure of the council, meanwhile 11% and 6% affirmed same for participation in village assemblies and communication on the council's annual budget respectively.

Table 3.27: Dissemination of information on Council actions and household involvement in the Council's activities

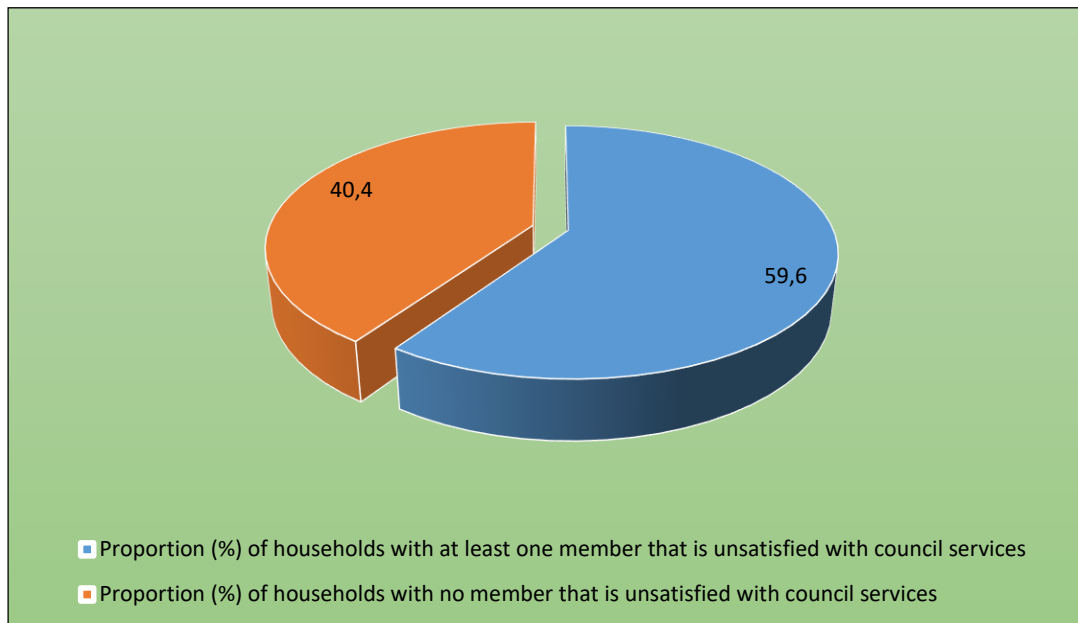
Proportion of household who declared that they have been involved or were informed on the council activities					
<i>Participation in village assemblies (C07)</i>	<i>Communication on the council annual budget (C08)</i>	<i>Communication on income and expenditures of the council (C09)</i>	<i>Support the village/quarter in development actions (C10)</i>	<i>Involving the village/quarter in planning (C11)</i>	<i>Involving the village/quarter in programming and budgeting sessions (C12)</i>
10.6	6.4	14.8	31.8	16.7	53.3

Source: Scorecard study Wum council, November 2017

As on seen on table 5.4 above, about 3 out of 5 of the households in the Wum council affirmed their dissatisfaction with the council's services. Out of these households, non-involvement of the households in the management of development of the development activities by the council, as well as poor visibility of the council action of the people were both highlighted as the reason for dissatisfaction by 3 out of 4 of the households. Cumbersome procedures with regard to the processing of users' requests and defaults inherent to the council staff were the next most important reasons of dissatisfaction with 23% and 19% respectively. 18% of the households said same for the unavailability of the council

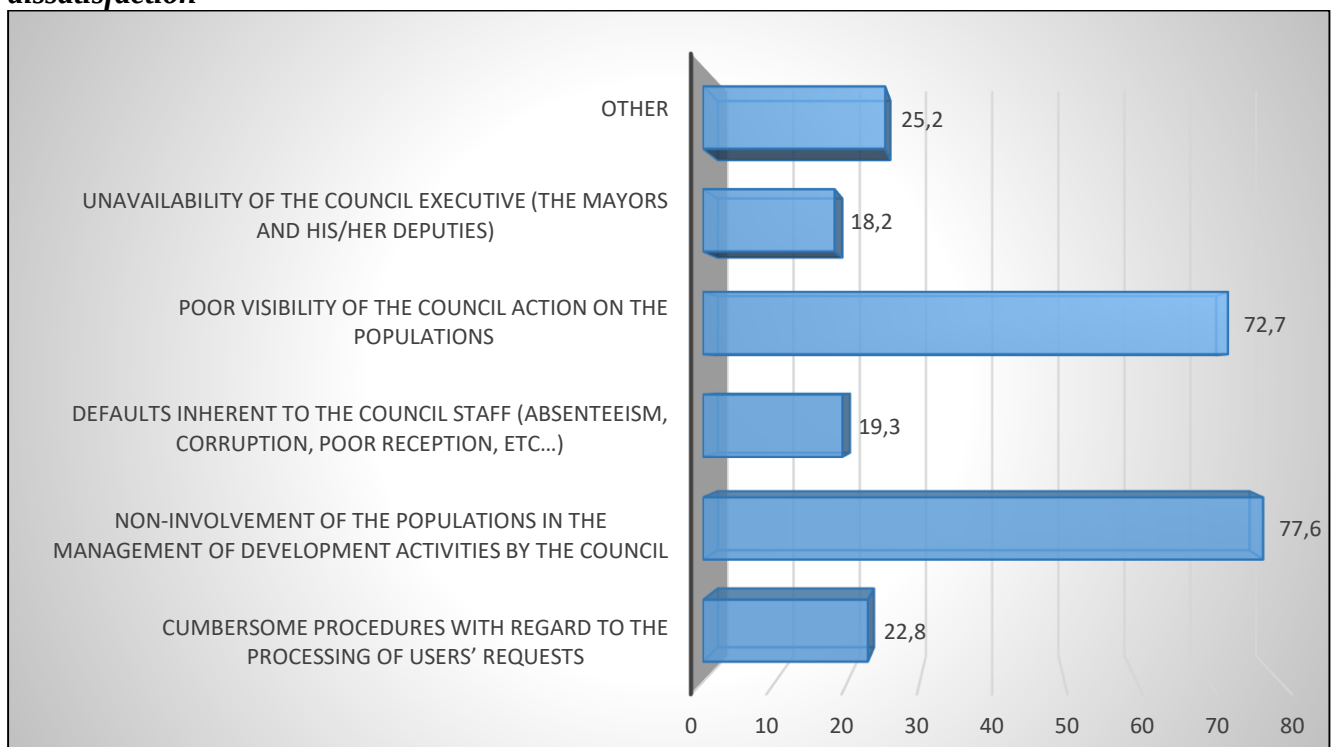
executive; meanwhile 25% had other reasons for their dissatisfaction for council services.

Figure 3.7: Households and satisfaction of council services



(Source: Scorecard study Wum council, November 2017)

Figure 3.8: Distribution (%) of unsatisfied households according to their reasons of dissatisfaction



(Source: Scorecard study Wum council, November 2017)

3.5.5 Main expectations in the services rendered by the council

As concerns the expectation of the households of the Wum council in terms of council services, 65% of the households indicated an increase involvement of the households in the decision-making process, meanwhile, 55% indicated increased communication by the council as far as its development actions are concerned. 53% of the households demanded closeness of the council to the households and 41% demanded more transparency as far as management by the council is concerned. Other expectations were highlighted by 33.4% of the households in the Wum council area.

Table 3.28: Expectations of households in terms of council services in Wum council

Proportion (%) of households whose expectations in terms of council services are :				
Increased involvement of the households 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 households	Others
64.8	55.4	41.0	52.6	33.4

Source: Scorecard study Wum council, November 2017

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

Globally, council services are well appreciated by the households, with a vast majority attesting it was good and that it took a week or less to get their request for services met. At the same time, corruption was one of the highly noted causes of delay in the provision of services by the council. As such measures need to be taken to ensure that corruption is effectively reduced at the level of the council so as to give the most satisfactory services to the households.

As concerns community participation in council activities, only very few households attest involvement or being communicated of these actions. About half of the households are involved in village affirmed being involved or informed of the village programming and budgeting sessions, apart from which only a handful were involved in the other council activities. This can be due to the fact that there is a lack of flow of information from the

council to the households. There is therefore the need for the council to put up mechanisms to ensure the flow of information to and from the households. This can be done through the media, through constant information in the various quarter or villages by the respective councillors, etc.

Overall, more than half of the households were not satisfied with the council services. The major reasons of dissatisfaction included non-involvement of the households in the management of development activities by the council and poor visibility of the council's action on the households. All of these can be suitably addressed if there is ample communication between the council and the households and this goes further to reiterate the need of setting up better communication mechanisms.

3.6. Conclusion and main Recommendations

The following conclusions and recommendations have been noted in the four sectors investigated in this study.

Water

The fact that most of the households use non-tap water sources indicates that there is a high probability of the households in the Wum council suffering from water related health conditions. It is therefore recommended the availability of tap water sources to the households of the council area should be improved upon.

Furthermore the households do not have access to public water sources at all times. As such it is recommended that access to water in the council to be stepped up so that the households can have access to water all year round and throughout the day. This can be done by increasing the public water sources of the council (especially tap sources) and ensuring the maintenance of these water sources so that the households can access them at all times.

Despite a high proportion of non-tap water users in the council area, a very small percentage solicits for the installation of tap water. This may be attributed to financial or distance constraints, or the fact that the households are ignorant about the ills of using non-tap water sources. It is therefore very necessary to sensitize the households on the importance of tap water sources to their wellbeing over other sources especially in relation to health.

The water management committees have proven to be indispensable in the distribution and maintenance of water as they receive the most demands for water and do the most repairs when breakdown occurs than the other stakeholders. It is therefore recommended to create water management committees where lacking and empower these management committees through capacity building and financial assistance.

A very small proportion of demands of water and repairs of breakdown is handled by the council, who is the main local development institution. It is therefore recommended that the council should be more involved in tap water distribution, which has been indicated as a delicate situation in this council. The council also needs to step up its involvement in the distribution and maintenance of tap water to the households.

Most of the households unsatisfied with tap water services in the council area had as major issues the number of water points, quality and distance. It is therefore recommended that as mentioned above that water tap points should be increased in the council area so that the people can have access to quality water at all times and at close distances.

Health

It is worth noting that all the households have access to health care services, with no

household indicating lack of access to them. In addition, healthcare centres and hospitals are the most solicited health service although access to them does not match up with the expressed desire to attain them. It is therefore necessary to locate additional healthcare units in the council area, which will ease access of the households to desired health facilities.

The households of the council area also preferred qualified health professionals seen by their increase affiliation with increase in professional qualification of the health worker. As such, it is recommended to increase the number of qualified and trained personnel in the health services of the council which will surely boost the attendance of the health services by the households.

The major issues of those discontented with the health services in the council area were distance to the health services, cost and quality of services rendered. It is therefore recommended that more health services be added to the council. Also, more qualified personnel should be hired, as well as an increase in equipment and services such as pharmacies. The supply of drugs should also be improved upon. All these will go a long way to improve on the health services rendered to the households.

Education

The analyses show that not all the schools have a complete cycle and those with complete cycles are sometimes far from the pupils/students. As such it is recommended that the new schools be created and those with incomplete cycles be completed. These schools should also be equipped with the classrooms, benches and other equipment required for the sound learning of the children.

It is also worth noting that there is a very low rate of distribution of text books in the nursery and primary schools of the council area. This may affect enrolment negatively and as such it is recommended that the distribution of textbooks to schools be stepped up.

The fees paid per child in the different cycles is generally considered high by a majority of the households. There is therefore a need for the stakeholders to try to foster policies that will ensure a decrease in these fees and boost the school attendance by children in the council.

There is also need for the more teachers in the schools in the council area which attests to the fact that there is a strong desire for the improvement of the quality of results of the children in the schools. It is therefore recommended that actions be taken to ensure the recruitment of more staff in the schools as well as actions to ensure an increase in the quality of results produced in the schools.

As concerns the stakeholders in the education sector the PTA is the most active and there the low involvement of stake holders such as the Ministries and the Council. It is recommended

that the PTA of the schools should be empowered and that the other major stakeholders should step up their involvement in the running of the schools so as to ensure that education in the council is at its best.

Council Services

Globally, council services are well appreciated by the households, with a vast majority attesting it was good and that it took a week or less to get their request for services met. At the same time, corruption was one of the highly noted causes of delay in the provision of services by the council. As such it is recommended to take measures to ensure that transparency is effectively improved upon and the people's access to the services provided at the level of the council be increased so as to give the most satisfactory services to the households.

As concerns community participation in council activities, only very few households attest involvement or being communicated of these actions, which is due to lack of adequate communication and lack of involvement of the households. It is therefore recommended that the council steps up efforts to increase the participation of the households in decision making. It is also recommended that actions be taken to ensure communication of information from the council to the households through mass media channels (radio, social media etc.) and the constant information of the quarters and villages of the council by their respective councillors.

CHAPTER IV

ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORT CARD MECHANISM FOR PUBLIC ACTION IN WUM COUNCIL

4.1 SYNTHESIS OF PROBLEMS IN DIFFERENT DOMAINS OF THE STUDY

Synthesis of problems in the Domain of Water in Wum

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Water	Insufficiency water catchments	Identification of best location sites for the construction of catchments in quarters		
		Construction of new catchments and boreholes in all quarters in need		
	Poor quality of water	Construction of more good quality water points (taps and boreholes) to reduce the population's rate of using poor quality sources.		
		Improve water quality better management		
		Sensitization of the population on management and protection of water sources		
		Technical inspection of sites and purification		
		Organization of communities to regularly clean and purify their catchments		

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

Synthesis of problems in the Domain of Health in Wum

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Health	Insufficiency of existing health care units	Creation and construction of new health care units		
		Site selection for the construction of future health care units		
		Organization of informal health care practitioners so as to boost healthcare in the municipality		
	Far distance to access the preferred health care units	Bring health care units closer to the population		
		Promoting low cost transportation of sick individuals to the health care units		
		Promoting village/quarter visits by health personnel		
		Ensuring strategic location of future healthcare units		
	Poor quality/ insufficient equipment	Provision of more quality equipment to healthcare units		
		Lobby with NGOs and other organizations for the provision of more equipment		
		Financial and material assistance towards the provision of adequate healthcare equipment		
		Frequent monitoring of the healthcare equipment to ensure		

		they are in a good state and effective		
	Inadequate provision of drugs	Ensure regular supply of drugs to healthcare units		
		Partner with transporters who can collect drugs from the administrative head quarter to the health unit		
		Creation of more pharmacies in the municipality		
		Creation of small pharmacies in each quarter for the distribution of drugs		
	High cost of access to health care	Reduction in the cost of treatment		
		Creation of mutual health institution and sensitization of the households to join		
		Lobby for partnership with organizations for the subvention of the cost of healthcare to the poor		
		Financial assistance and fostering of policies for subvention of health care cost		
	Poor quality of services rendered	Improved services rendered by personnel		
		Posting of qualified staff		
		Ensure local evaluation of community health workers to make them step up service delivery		
		Training of community health workers.		

Synthesis of problems in the Domain of Education in Wum

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Education (provision of budget sustainability of school infrastructure)	Insufficiency of teaching staff	Provision of more teaching staff		
		Recruitment and payment of PTA teachers		
		Ensure presence of staff posted to the educational institutions		
	High tuition	Reduction and regularization of fees in all schools		
		Enforce the law on free tuition in nursery and primary public schools		
		Ensure parents are not exploited in secondary schools through creation of a means of feedback to identify defaulters by putting in place a management committee		
		Subvention school projects to help reduce the amount of PTA		
	Far distance to access educational services	Ensure strategic localization of future schools		
		Complete the cycles of schools, especially in the rural areas		
	Insufficiency of classrooms	More classrooms be constructed		
		Construction of temporal classrooms, provision of local building material		
		Construction and equipping of classroom blocks		

	Insufficiency of equipment	Provision of adequate school material		
		Use of the minimum package to assist schools with adequate equipment		
		Increase in the minimum package for schools		
	Insufficiency of schools	Creation of more schools with complete cycles		
		Localization of the school sites and provision of land		
		Provision of local manpower and material for construction of new schools		
	Non distribution of textbooks	Make available textbooks in all cycles		
		Lobby for the provision of books from Book Aid International (NGO)		
		Construction of school libraries		
		Construction of council libraries		
	Poor results	Sensitization of pupils/students on learning strategies, Orientation.		
		Institute prizes for high performing pupils and students		
	Poor promotion of vocational training	Parents should encourage children to acquire vocational training skills		
		Youths should indicate interest in acquiring vocational		

		training skill		
		Incentive measures to link enterprises and young persons through tax exemption		

Synthesis of problems in the Domain of Council service in Wum

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Council services	Non-involvement of the population in the management of development activities	Increase involvement of the population in the development of Wum municipality		
		Representatives of the population should visit the council and invite council executive during development meetings		
		Invite representative of various villages during council development planning workshops		
	Poor visibility of the Council action on the population	Make the Council action more visible through the realization of concrete projects		
		Provide reports of village activities		
		Allocate projects to villages proportionately		
		Support village actions morally, financially and materially.		

	Default inherent to Council staff	Continuous follow up and monitoring of the behavior of council staff to ensure satisfactory performance		
		Take action against staff who act unethically		
		Put in place a suggestion box for the public to get feedback on staff services		
		Train council staff on customer service		
		Provide capacity building opportunities for council staff.		
		Recruit more staff		
	Cumbersome procedures with regards to the processing of user request	Facilitate the procedure regarding the processing of user request		
		Enable means of reporting to council executive in cases of delays or corruption		
		Make the procedure for obtaining documents clear and simple to the population through orientations		
		Reduce bottle necks in processing files.		
	Poor communication on the Council annual budget and activities	Ensuring that councilor of the village frequently updates village on council activities		.
		Make available the annual budget on the council notice board		
		Create a functional website, email and Facebook page to display council information.		
		Training of communication officers on mass media uses		

4.2. PLAN OF ACTION OF THE WATER SECTOR:

Strategy: To make tap water systems available and adapted to the specific environment to all communities throughout the Republic of Cameroon

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Water	To make tap water available and affordable to all and sundry in Wum council area within 5 years	1. To increase accessibility to portable water	Provision of additional catchments, extending it to all communities	Percentage of population with portable water supply (30 minutes round trip or less)	From council reports and field observation	Increase in number of water sources	Water is available and affordable in the community	ongoing	The population, VDC, Council	DD MINEE Menchum NGOs, Elites	Feasibility study needed
		2. To improve quality of water consumed by the population	Inventory of catchments. Identification of new catchments. Cleaning of catchments	Number of water management committee members trained per village,	Councils report Minutes, Attendance sheets, field visits	Management committees are existent and functional	Improved water quality is improved, through good management by committee	ongoing	The population, Council, VDC	DD MINEE Menchum NGOs Elites	Feasibility study needed

		3. to improve on the management of water points	Creation of functional water management committees per village or quarter	Number of committee put in place in the council area, periodic meetings	Councils report Minutes, Attendance sheets	High level of commitment, training of members	The management of water points in the council is improved	ongoing	The population, technical service of the council, VDC	DD MINEE Menchum NGOs Member of parliament	Feasibility study needed
		4. To repair all damaged water points.	Recruitment of volunteer technicians and experts for repairs of damaged water points within the community	More resistant plumbing material are bought to replace damaged ones	Report from DD MINEE, Menchum Council Report Field visits	Participation of the community in terms of material and financial support	All damaged water points are repaired in time	ongoing	The population, Council, Water management committees, VDC	DD MINEE MENCHUM NGOs Member of parliament	Feasibility study needed

4.3. PLAN OF ACTION OF THE HEALTH SECTOR:

Strategy: 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
Health	To ensure quality and affordable health care to all and sundry in Wum council area by 2023	1: To provide more health care units	Lobby for the creation and construction of more health care units. Provide land and local labour	Number of new health care units created and constructed	Report from DMO Wum From council reports and field observation	Many health care units are available	Increased access to health care units by the population	ongoing	VDC, the council, The member of parliament	Ministry of public health, DMO Wum	Feasibility study needed
		2. To provide more equipment to health units	Lobby for the provision of equipment to all health units. Provision of local timber	Number and quality of equipment provided	Councils report Management committee report, DMOs report	Suitable health equipment are made available	There is an improvement in the quality of health services	ongoing	The population, Mayor, technical service of the council, VDC, management committee	Ministry of health, Member of parliament, DMO Wum	Feasibility study needed

		3: To provide more drugs.	Setting up of pharmacies at health units and supplying them with drugs	New pharmacies are constructed and equipped with drugs	Report from DMO Wum Council Report Field visits	Adequate drugs are supplied to the health care unit	Constant availability of drugs for patients to purchase	ongoing	The population, technical service of the council, Mayor VDC, management committee	Ministry of health, Member of parliament, DMO Wum, Elites	Feasibility study needed
		4: To Improve the staffing situation	Lobby for the recruitment of more qualified staff. Make use of community health workers	Number of qualified staff recruited	From council reports and field observation, Report from DMO	Increase in number of qualified staff available	More staff are available and willing to handle cases of illness promptly	ongoing	The population, technical service of the council, VDC,	Ministry of public health, DMO Wum NGOs Member of parliament	Feasibility study needed

4.4. PLAN OF ACTION OF THE EDUCATION SECTOR:

Strategy: The promotion protection and provision of basic and secondary educational opportunities and conducive atmosphere; all over the entire national territory of the Republic of Cameroon

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Education	To ensure greater access to quality and affordable education to all and sundry in Wum council area by 2023	1: To distribute school textbooks	Lobby for a Mass distribution of textbooks	Number and quality of textbooks provided	Report from DDSE Menchum/ IBE Wum, 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 Wum, DDSE Menchum, NGOs	Feasibility study needed
		2. To reduce education cost	Reduction in cost of access to education,	Variation in enrolment in the schools	Enrolment registers, reports of school authorities, minutes of PTA meeting	More pupils and students receive education	Increase in literacy in the council area	Ongoing	School authorities, IBE/DDSE pupils/ students, NGOs	Ministry of Basic/ Secondary education, IBE Wum, DDSE Menchum	Feasibility study needed

		3: To provide more classrooms.	Construction of more classrooms in over-crowded schools. Provision of land for expansion. Provision of temporal classrooms	New classrooms are constructed and equipped	Report from DDSE Menchum/ IBE Wum, Council Report, Field visits	Available classrooms to accommodate children	Available and equipped classrooms with permanent material and children learn in less dense conditions	Ongoing	The population, technical service of the council, Mayor VDC, management committee, PTA	Ministry of Basic/ Secondary education, IBE Wum, DDSE Menchum	Feasibility study needed
		4: To Improve the staffing situation of schools in the council area	Lobby for the recruitment of more staff. Recruitment of PTA teachers	Change in the Teacher/pupil ratio of the council area	From council reports and field observation, Report from DDSE Menchum/ IBE Wum	Increase in number of staff available, PTA teachers employed	Staff strength in the schools is increased and quality of education is improved upon	Ongoing	The population, technical service of the council, VDC, PTA, Mayor	Ministry of Basic /Secondary education IBE Wum/ DDSE NGOs Member of parliament	Feasibility study needed
		5. To provide more equipment	Lobby for the provision of equipment to all schools. contribution of local timber for benches	Number and quality of equipment provided	Councils report Management committee report, IBE/DDSE report	Adequate equipment 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 Wum, DDSE Menchum ,NGOs	Feasibility study needed

		6. To improve on the quality of results	Quality standards set for all schools, pedagogy is well supervised	Percentage pass in all promotion and end of cycle examinations	Copies of CAs, publication of quality standards, invitation for different seminars, reports of IBE/DDSE	More follow up is ensured at all levels of learning	Improvement in quality of results	Ongoing	School authorities, teaching staff, pupils/ students, NGOs	Ministry of Basic/ Secondary education, IBE Wum, DDSE Menchum,	Feasibility study needed
		7: To create more schools	Lobby for the creation and construction of more schools completion of cycles in existing ones	Number of schools created	Report from IBE Wum/ DDSE Menchum From council reports and field observation	Many nursery, primary and secondary schools are available	Increase access to educational institutions at all cycles and levels	By 2019	VDC, the council, The member of parliament, PTA	Ministry of Basic/ Secondary education, IBE Wum, DDSE Menchum	Feasibility study needed

4.5. PLAN OF ACTION COUNCIL SERVICES SECTOR:

Strategy: 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
Council services	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 December 2018	1: To involve the population in decision making	Invite the population during council sessions	Number and diversity of attendance during council sessions	From council reports and attendance sheets, invitation letters distributed, council notice board, Dispatch letters	Increase in number of actors invited during council sessions,	More stakeholders participate in decision making, Sustained increase in the use of council services	Ongoing	The Secretary General	Mayor PNDP	Feasibility study needed

		2: To communicate all development actions	Setting up multiple information channels (media houses, Social media, Construction and placement of council notice boards at strategic locations of the town, development of a website, email and face book page)	Number of individuals with access to information on the development actions of the council	From council reports and field observation	Increase p in all council activities, All communication avenues have been exploited	Increase participation of the population in the development actions	Ongoing	The SG of the council The council communications officer The population	The Mayor PNDP DD communication DD P&T	Feasibility study needed
		3: To ensure transparency in management.	Make available administrative and financial account of the council yearly, Publish the annual investment plan of the council	Percentage of the population aware of the management and financial information of the council	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	Feasibility study needed

		4: To increase population's access to decentralized 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 MINADT	Feasibility study needed
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4.6. PROGRAM FOR THE DISSEMINATION OF RESULTS AND THE PRESENTATION OF AN ACTION PLAN

DATE	VENUE	ACTIVITY	EXPECTED RESULTS	PERSONS RESPONSIBLE
	PVC and Wum Council	1. Preparation 1.1. Administrative 1.2. Pedagogic	A contact meeting has taken place and the date for the restitution has been unanimously chosen, invitation letters sent out, all logistics for the workshop are prepared(workshop program, writing materials, study report printing and distributed)	SRCM supervisor for Wum, CDO Stakeholders
	Wum council	2. Organisation of the workshop to restitute, 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	SRCM supervisor for Wum CDO Stakeholders
	PVC	3. Writing of report	01 report is written taking in to consideration the various observations made by participants of the workshop	SRCM supervisor for Wum
	PNDP	4. Submission of final Report	A final report is submitted to PNDP for technical validation	PVC

PICTURE GALLERY

Picture 1: End of Training TestField Work



Picture 2: Field work



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 ;

WUM COUNCIL

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

S/N	NAME	FUNCTION
1	CHOFOR Guy	Council Supervisor
2	AYO Carine	Enumerator
3	Godlove NDIKU NGAM	Enumerator
4	EBUA Lambert	Enumerator
5	MFONKA ALENWI	Enumerator
6	MVO Giftus	Enumerator
7	LUCHUO Joycelyn	Enumerator
8	ABANG Walters	Enumerator
9	EBUA Leonard	Enumerator
10	NDANG Augustine	Enumerator
11	MEEH Henry	Enumerator

Annexe 2: Questionnaires of the CRCM

MINISTÈRE DE L'ÉCONOMIE, DE LA
ECONOMY, PLANNING AND REGIONAL
ET DE L'AMÉNAGEMENT DU TERRITOIRE



study

PLANIFICATION MINISTRY OF
DEVELOPMENT

SECRETARIAT GENERAL GENERAL SECRETARY

PROGRAMME NATIONAL DE DEVELOPPEMENT

NATIONAL COMMUNITY
DEVELOPMENT PROGRAM DRIVEN

PARTICIPATIF

CELLULE NATIONALE DE COORDINATION

NATIONAL COORDINATION UNIT

Citizen Report Card

Assessment of public services within the Council of

Section I. BACKGROUND INFORMATION	
A01	Region _____
A02	Division _____
A03	Council _____
A04	Batch number _____
A05	Enumeration Area Sequential number _____
A06	Residence stratum : 1=Urban 2=Semi-urban 3=Rural
A07	Name of the locality _____
A08	Structure number _____
A08a	Household number in the sample _____
A09	Name of the household head _____
A10	Age of the household head (in years) _____
A11	Sex of the household head : 1=Male 2=Female
A12	Name of the respondent _____
A13	Relationships between the respondent and the household's head (see codes)
A14	Sex of the respondent: 1=Male 2=Female
A15	Age of the respondent (on a bygone-year basis) _____
A16	Phone number of the respondent _____
A17	Date of beginning of the survey _____
A18	Date of end of the survey _____
A19	Name of the enumerator _____
A20	Name of the council's supervisor _____
A21	Data collection result
	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	Assessment of the quality of the survey 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 Head or of his/her his/her spouse 5 = Other parent of the Household
 2 = Spouse of the Household Head 4 = Father /mother of the Household Head or of 6 = No relationships
 his/her spouse spouse 7= Maid

Section II. POTABLE WATER			
H01	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	1=Yes 2=No 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)	☐ ☐ ☐ ☐ ☐ ☐
Section II. POTABLE WATER			
H01a	Is your main water supply source run by a public or owned by a private entity? 1=Public 2=Private If 2 H14 →		☐
H02	What is your main public water supply source? (Just a single answer) 1= Well equipped with a pump 4= Boreholes equipped with a manually operated pump 2= Open pit well 5= Spring/ river 3=Protected well 6 =Access to tap potable water		☐
H03	What is the quality of the said water? 1=Good 2=Poor 3=Indifferent		☐
H04	Does this water have an odour? 1=Yes 2=No 8= Does not know.		☐
H05	Does this water have a taste? 1=Yes 2=No 8= Does not know.		☐
H06	Does this water have a colour? 1=Yes 2=No 8= Does not know.		☐
H07	Do you pay something to get this water? 1=Yes 2=No If no → H08		☐
H07a	If yes, how much do you spend on average per month? (give an amount in FCFA)		
H07b	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant		☐
H08	Is this water available throughout the year? 1=Yes 2=No		☐
H09	How many times do you need, on average, to go on foot and fetch water and come back? 1=On the spot 2=Less than 15 minutes 3=Between 15 and 30 minutes 4=more than 30 minutes		☐
H10	Has this water point had a breakdown at a given time during the last six months, notably since? 1=Yes 2=No If no → H11 .		☐
H10a	If your water point had a breakdown at a given point in time during the last six months, notably since, how long did it take for it to be repaired? 1=Less than one week 2=Between one week and one month 3=Between one month and three months 4=Over three months 5=Not yet, if 5, → H11		☐
H10b	Who repair it? Who else?	1=Yes 2=No A=Mayor (Council) B=State C=An elite D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE X=Other partners/stakeholders : _____	☐ ☐ ☐ ☐ ☐ ☐ ☐
H11	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes H13 →		☐
H12	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice		☐

H13	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		☐
H14	Did you express any need in terms of potable water supply in the course of the last 6 months, more specifically since? 1=Yes 2=No If no →H18		☐
H15	To whom did you submit your request/needs? (several answers are possible) Other?	1=Yes 2=No A. Mayor (Council) B. State C. An elite D. The Water Management Committee E. The village/quarter head F. the Administrative authorities G .CAMWATER/SNEC/CDE X . Other stakeholders : _____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
H16	Has your need been met? 1=Yes 2=No If no →H18		☐
H17	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 3=Over three months 2=Between one and three months		☐
H18	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied If 1 or 2 H20. →		☐
H19	State the reasons of your non--	1=Yes 2=No	
<u>Section II. POTABLE WATER</u>			
	satisfaction with regard to water supply in your village (several answers are possible). Any other reason?	A. Far distance to access to the water point B. Poor quality of water C. Insufficiency of water supply points D. Poor management of the water supply E. Failure/delay to repair in case of breakdown F. High cost of water supply X. Any other reasons to be specified : _____	☐ ☐ ☐ ☐ ☐ ☐ ☐
H20	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 : _____	☐ ☐ ☐ ☐ ☐ ☐

<u>Section III. HEALTH</u>		
S01	Which is the nearest health care unit to your household? 1= Public integrated health Centre 2= Hospital/CMA 3= Private health Centre	☐
S02	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4 = Over 1 hour	☐
S03	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 5=Medicine store 2=Hospital /CMA 6=Go to a medical staff member 3=Private health center 7= Treat at home /Self-medication 4=Traditional healers 8=Others (to be specified)	☐

Section IV. EDUCATION

	Education cycle →	Nursery	Primary	Secondary	Vocational training
E01	Is your village/quarter provided with an education cycle « Name of the said cycle »? 1=Yes 2=No	☐	☐	☐	☐
E02	How many children from your household attend the nearest school? (name of the cycle) (write down the number in front of each cycle)				
E03	How many Kilometers do children from your household cover, on average, to go to school? (name of the cycle)? 1=Less than 1 Km 2=Between 1 and 5 Kms 3=Over 5 Kms				
E04	What is, on average, the time spent covered by children from your household to reach the nearest school on foot? (name of the cycle) (estimated in minutes)				
E05	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes 2=No		☐	1st cycle ☐	2nd cycle ☐
E06	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes 2=No 3=Does not know				☐
E07	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes 2=No	☐	☐	☐	☐
E08	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	☐	☐	☐	☐
E09	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	☐	☐		
E10	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30 3=Over 60 2=Between 30 and 60 4=Does not know				
E11	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in				
	which the children from your household are enrolled? 1=Regular 2=Averagely regular 3=Irregular				
E12	How much do you pay per child from your household on average (registration, tuition fees, Parent-teacher associations' fees (PTA) (name of the cycle) throughout a school year? (write down the average amount)	----- -- (estimated in FCFA)	----- -- (estimated in FCFA)	----- - (estimated in FCFA)	----- - (estimated in n FCFA)
E13	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	☐	☐	☐	☐

E14	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No If no E16 →	☐	☐	☐	☐
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	☐	☐	☐	☐
E16	When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2=No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organisation D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) _____ Any other?	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐
E17	In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 E19. →	☐	☐	☐	☐
E18	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village? (Several answers are possible) Any other reason? 1=Yes 2=No A. Far distance to access the education service B. Insufficiency of class-rooms C. Insufficiency of equipments D. Insufficiency of schools E. Insufficiency of teaching Staff F. No distribution of text books G. Poor results H. High tuition fees X. Any other reason to be specified	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
E19	Do you have any expectations in terms of provision of education services in the (name of the cycle)? (Several answers are possible) Any other expectation? 1=yes 2=No A. Have a school located nearer to the village/quarter B. Build more class-rooms C. Add additional Equipments D. Create more school/vocational training center E. Recruit more teaching staff F. Distribute text books G. Improve the results H. Reduce the costs X. Others (specified) _____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Section V. COUNCIL SERVICES

Council Services 	C01 Have you requested for a specific service to the council (name of the service) during the last 12 months, notably since..... ? 1=Yes 2=No following service 	C02 How were you received during your last time at the council? (Choose only one answer) 1=Well 2=Indifferent 3=Bad	C03 After how much time did you obtain the service requested from the Council? 1=At most after one day 2=Between one day and one week 3=Between one week and one month 4=Between one month and three months 5=Beyond three months 6=Ongoing <i>If C03=1, 2, 3, 4 or 5</i>  C04	C03a Since when did you ask for this service ? (in day)	C04 How do you assess this waiting time? 1=Reasonable 2=Long 3=Very long <i>If C04=1</i>  C06	C05 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) _____	C06 Did you have to pay a tip in order to obtain the said service ? 1=Yes 2=No
Issuance of birth certificates	☐	☐	☐	☐	☐	☐	☐
Certification of official copies of documents	☐	☐	☐	☐	☐	☐	☐
Building permit	☐	☐	☐	☐	☐	☐	☐
Death certificate	☐	☐	☐	☐	☐	☐	☐
Marriage certificate	☐	☐	☐	☐	☐	☐	☐
Certificate of residence	☐	☐	☐	☐	☐	☐	☐
Approval of localisation plans	☐	☐	☐	☐	☐	☐	☐
Information	☐	☐	☐	☐	☐	☐	☐
Other (to be specified) _____	☐	☐	☐	☐	☐	☐	☐
C07	Has any member of your household taken part in the village assemblies aimed at drawing up the Council Development Plan (CDP, AIP, and MTEF)? 1=Yes 2=No						☐
C08	Is any member of your household informed about the amount of the annual budget of						☐

	your council? 1=Yes 2=No	
C09	Is any member of your household informed about the expenditures and incomes of your council during the previous fiscal year? 1=Yes 2=No	☐
C10	Does the council support the development actions of your village/quarter (such as community activities, follow-up of village development committees, follow-up of management committees, setting up of village development and monitoring committees, carrying out of micro projects in your village/quarter, etc.)? 1=Yes 2=No 8=Does not know	☐
C11	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know	☐
C12	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know	☐
C13	Broadly speaking, what is your level of satisfaction as concerns services provided by the council? (choose only a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If 1 or 2 C15	☐
C14	State the reasons of your nonsatisfaction with regard to services provided by the council (Several answers are possible). Any other reason ? 1=Yes 2=No A. Cumbersome procedures with regard to the processing of users' requests B. Non-involvement of the populations in the management of development activities by the council C. Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...) D. Poor visibility of the council action on the populations E. Unavailability of the council executive (the Mayors and his/her deputies) X. Any other reasons (to be specified) _____	☐ ☐ ☐ ☐ ☐ ☐ ☐
C15	What do you expect from the council team? (Several answers are possible). Any other expectation? 1=Yes 2=No A. Increased involvement of the populations in the decision-making process B. Increased communication by the council as far as its development actions are concerned C. More transparency as far as management is concerned D. Closeness of the Council to the populations X. Any other expectation (to be specified) : _____	☐ ☐ ☐ ☐ ☐

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