



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



**REPORT OF A STUDY**

**With the technical and financial support of the National Community Driven  
Development Programme (PNDP)**

**In collaboration with the National Institute of Statistics (NIS)**

**Realised By POSITIVE VISION CAMEROON (PVC)**



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# Table of Contents

LIST OF ABBREVIATIONS.....	iv
LIST OF TABLES .....	v
LIST OF FIGURES .....	vii
LIST OF MAPS.....	viii
LIST OF PICTURES.....	ix
PREFACE .....	<b>Erreur ! Signet non défini.</b>
CHAPTER I .....	1
LEGISLATIVE AND LEGAL FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON .....	1
1.1 LEGISLATIVE AND LEGAL FRAMEWORK OF DECENTRALISATION IN CAMEROON.....	1
1.2 PROMOTION OF LOCAL DEVELOPMENT .....	2
1.3 BRIEF PRESENTATION OF FUNDONG COUNCIL .....	4
1.3.1 History and Administrative Presentation of the Fundong Council.....	4
1.3.2 Biophysical environment. ....	6
1.3.3 Economic and Human milieu .....	9
CHAPTER II .....	10
METHODOLOGICAL FRAMEWORK OF THE SCORE CARD STUDY.....	10
2.1. CONTEXT OF THE STUDY .....	10
2.2. OBJECTIVE AND METHODOLOGY OF THE CRCM .....	10
2.2.1 Objective.....	10
2.2.2 Methodology .....	11
2.3. SAMPLING METHODOLOGY AND COLLECTION OF DATA.....	11
2.3.1. Drawing of samples .....	11
2.3.2. Data collection.....	12
2.3.6. Questionnaires and Manuals.....	15
2.3.7. Recruitment of interviewers, Training of interviewers and Fieldwork .....	15
2.3.8. Community sensitisation and awareness.....	16
2.3.9. Data processing .....	17
CHAPTER III.....	18
MAIN RESULTS OF THE STUDY AND RECOMMENDATIONS FOR IMPROVEMENT... 18	
3.1. PRESENTATION OF THE TARGET POPULATION FOR THE STUDY .....	18
3.1.2. Characteristics of respondents.....	18

3.1.3.	Characteristics of head of household.....	19
3.2.	WATERSECTOR .....	20
3.2.2.	Availability and usage of water services.....	21
3.2.3.	Cost and quality of water services.....	25
3.2.4.	Appreciation of water services.....	27
3.2.5.	Reasons for non-satisfaction of the population.....	31
3.2.6.	Main expectations in the services rendered in the domain of water .....	33
3.2.7.	Synthesis in the perception of services in the domain of water.....	34
3.3.	HEALTHSECTOR .....	35
3.3.1.	Availability and usage of services in the health domain. ....	35
3.3.2.	Cost and quality of health services.....	40
3.3.3.	Appreciation of health services.....	42
3.3.4.	Reasons for non-satisfaction of the population.....	42
3.3.5.	Main expectations in the services rendered in the domain of health. ....	44
3.3.6.	Synthesis in the perception of the services in the domain of health and suggested areas of improvement.....	45
3.4.	EDUCATION SECTOR.....	47
3.4.2.	Availability and usage of services in the domain of education .....	47
3.4.3.	Cost and quality of services in the education sector per cycle.....	51
3.4.4.	Appreciation of services in the domain of education per cycle .....	52
3.4.5.	Reasons for non-satisfaction of the population in the domain of education per cycle	53
3.4.6.	Main expectations in the services rendered in the domain of education per cycle	54
3.4.7.	Synthesis in the perception of services in the domain of education per cycle .....	55
3.5.	COUNCIL SERVICES .....	57
3.5.2.	Availability and usage of council services.....	57
3.5.3.	Cost and quality of services within the council institution .....	58
3.5.4.	Appreciation of council services.....	59
3.5.5.	Reasons for the non-satisfaction of the population with regards to council services.	60
3.5.6.	Main expectations in the services rendered by the council.....	62
3.5.7.	Synthesis in the perception of council services and suggested areas of improvement.....	63
3.6.	Conclusion and main recommendations.....	64
3.6.2.	Conclusion.....	64

3.6.3. Main recommendations .....	65
3.7. Synthesis of the problems of CRCM in Funndong council area.....	66
ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORTING CARD MECHANISM FOR PUBLIC ACTION IN THE FUNDONG COUNCIL AREA. ....	73
APENDIX 1: Pictures of the launching of the citizen control mechanisim (CRCM) in Fundong council (zone 13) of the North West Region of Cameroon. ....	89
ANNEXES.....	94
Annexe 1: List of the stakeholders involved in the study.....	94
Annexe 2: Questionnaires of the CRCM study .....	95
Annexe 3: Municipal order putting in place the steering committee of the Citizen Control for Public Action operation in the council .....	104

## LIST OF ABBREVIATIONS.

CAMWATER:	Cameroon Water Utility Corporation
CDO:	Council Development Officer.
CLGF:	Commonwealth Local Government Forum
CRCM:	Citizen Reporting Card Mechanism
DDSE:	Divisional Delegation of Secondary Education
EA:	Enumerator Area.
GESP:	Growth and Employment Strategy Paper.
IBE:	Inspector of Basic Education.
MINEDUB:	Ministry of Basic Education.
MINEE:	Ministry of Water and Energy.
MINSANTE:	Ministry of Public Health.
MINSEC:	Ministry of Secondary Education.
MMINEPAT:	Ministry of Economy, Programming and Economic Development.
NGO:	Non Governmental Organisation
NIS:	National Institute of Statistics.
PAID-WA:	Pan African Institute for Development – West Africa
PNDP:	<i>Programme Nationale de Developpement Particicpative</i>
PTA:	Parent Teacher Association
PVC:	Positive Vision Cameroon
SCORCARD :	Citizenship Reporting Card Mechanisim
UNICEF:	United Nation Children’s Emergency Fund
VDC:	Village Development Committee.
WHO:	World Health Organisation.

## LIST OF TABLES

Table 1.1: Contribution of the council to Local Economic Development. ....	3
Table 1.2: Domesticated trees, major cash/food crops and grass/herbs.....	8
Table 2.1: Distribution of the number of sampled EAs and households by council in Zone 13 ...	14
Table 3.1: Distribution (%) of the respondents of Fundong council by age groups and sex. ....	19
Table 3.2: Distribution (%) of household Heads in Fundong council area by sex and age groups. .....	20
Table 3.3: Distribution of households in Fundong council area according to water supplysource used.....	22
Table 3.4: Distribution (%) of households in Fundong council according to main source of water. .....	23
Table 3.5: Proportion (%) of households in Fundong council per characteristics declared of the main water source used. ....	26
Table 3.6: Appreciation of the quality of public water supply given in percentage of households: .....	26
Table 3.7: Appreciation of the characteristics of public water supply in percentage of households. .....	26
Table 3.8: Partitioning of households in Fundong council following their appreciation of the amount they pay for using the main source of public water in the community.....	27
Table 3.9: Percentage of households by access, availability of water and frequency of used of principal source of water .....	28
Table 3.10: Break down Proportion (%) of households in Fundong council that declared a breakdown of principal source of water in the last six months and the period taken to repair the main public water source broken down in Fundong council area .....	29
Table 3.11: Proportion (%) of households in Fundong council area who declared a breakdown of the main public water source used in the course of the last six months and the institution/persons who did the repairs. ....	29
Table 3.12: Proportion (%) of the households in Fundong council who have expressed a need for the provision tap water, the institution to whom the need was expressed in the last six months and proportion (%) of households whose need for tap water provision expressed was met. ....	30
Table 3.13: Partitioning of households in Fundong council whose need for tap water was met according to the time taken for their needs to be satisfied .....	31
Table 3.14: Proportion (%) of households in Fundong council according to expectations for the provision of water:.....	34
Table 3.15: Distribution (%) of households according to the nearest health care unit and time taken to reach there, in Fundong council area. ....	36
Table 3.16: Distribution (%) of household's members according to preference to seek for solution to health problems in Fundong council. ....	38
Table 3.17: Proportion (%) of households whose members have been to the nearest health care unit in the last 12 months and the head of health care unit visited in Fundong council area. ....	38
Table 3.18: Distribution (%) of households in Fundong council according to characteristics declared about the nearest health care unit during their last visit. ....	40
Table 3.19: Proportion (%) of households of which a member has consulted and paid a consultation fees in the nearest health care unit, the amount paid and how they appreciate the amount paid. ....	41

Table 3.20: Proportion (%) of households in Fundong council who paid extra charges in addition to the normal consultation fees during a consultation session at the nearest health care unit as a motivation to receive better care and their appraisal of the receptive attitude of the medical staff in the community .....	42
Table 3.21: Proportion (%) of households in Fundong council who declared that the nearest health care unit solves most of their health problems in the village and households who were not satisfied with the services rendered by health care unit and their reasons for non-satisfaction. ...	44
Table 3.22: Proportion (%) of households according to expectations from health services in Fundong council .....	44
Table 3.23: Distribution (%) of households in Fundong council who have an educational cycle and type and time taken by children to reach the school on foot. ....	48
Table 3.24: Proportion (%) of households in Fundong council according to the characteristics declared about the school attended per educational cycle .....	49
Table 3.25: Proportion (%) of households in Fundong council area whereby children going to school are in classrooms with an average number of pupils and the appreciation of the teacher's presence in classroom.....	50
Table 3.26: Partitioning of households in Fundong council according to the appreciation of the amount paid for the school (registration, tuition fees, Parents Teachers Association (PTA)) in the community.....	52
Table 3.27: Proportion (%) of households in Fundong council declaring that the damaged classrooms were repaired per stakeholder type .....	53
Table 3.28: Proportion (%) of households in Fundong council in which a member declares not satisfied with the educational services and the reasons for their non-satisfaction.....	54
Table 3.29: Proportion (%) of households in Fundong council according to their expectations in the domain of education .....	55
Table 3.30:Proportion (%) of households in Fundong council in which a member requested for a council service in the last 12 months, their opinion about the reception and the time taken to obtain the services requested. ....	58
Table 3.31: Proportion (%) of households in Fundong council according to the cause of slowness/bottle necks in rendering the services required .....	59
Table 3.32: Proportion (%) of household in Fundong council who declared that they have been involved or were informed on the council activities .....	60
Table 3.33: Proportion (%) of households in Fundong council according to the expectations in council services .....	63
Table 4.1: Synthesis of problems in the Domain of Water in Fundong.....	66
Table 4.2: Synthesis of problems in the Domain of Health in Fundong .....	67
Table 4.3: Synthesis of problems in the Domain of Education in Fundong .....	69
Table 4.4: Synthesis of problems in the Domain of Council service in Fundong .....	71

## LIST OF FIGURES

Figure 3.1: Use of Tap water. ....	24
Figure 3.2: Distribution of households a water source per principal water source.....	25
Figure 3.3: Satisfaction of water supply by households .....	32
Figure 3.4: Distribution of households that are unsatisfied with water supply according to their reasons for dissatisfaction.....	32
Figure 3.5: Distribution (%) of households according to the nearest health unit. ....	36
Figure 3.6: Distribution (%) of households according to the average time taken for a household member to the nearest health unit.....	37
Figure 3.7: Households with at least a member that has used the nearest health unit. ....	39
Figure 3.8: Distribution of households that a member has visited a health unit according to who they think manages the health unit. ....	39
Figure 3.9: Households and satisfaction of council services .....	61
Figure 3.10: Distribution (%) of unsatisfied households according to their reasons of unsatisfaction.....	62



## LIST OF MAPS

Map 1: Fundong council area location map .....	5
Map 2: Villages within the Fundong council Area. ....	6

## LIST OF PICTURES

Picture1: The PVC supervisor for CRCM operation giving a presentation during the launching of CRCM in Fundong. ....	89
Picture2: A cross section of the participants in the council hall in Fundong .....	90
Picture3: A group picture with the participants and the D.O. of Fundong in between the Mayor and the PVC Supervisor. ....	91
Picture4: The Divisional Officer for Fundong Launching the citizen reporting card control mechanism (CRCM).....	92
Picture5: Tools that were used during the launching of the citizen reporting card (CRCM) in Fundong council area. ....	93

## PREFACE

Accountability and good governance is very important to a municipality in that citizens participate directly in ensuring that the right services are provided and local and public officials are transparent in managing local council business. The CRCM was initiated by PNDP to enable the population of Fundong council to appreciate and rate the performance of our services. To facilitate this process, quantitative and qualitative methods were used to obtain information with the help of a questionnaire. The information was gathered from four sectors namely; Water, Health, Education and main Council Services. The data obtained is a reflection of the perceptions of households in Fundong Council. Equally, the strengths and weaknesses as well as the expectations of households have been elaborated.

Through the CRCM, we will be able to get reliable feedback regarding service delivery, monitor the effectiveness of service-delivery in the sectors under review, provide incentives for continuous improvement over time, and establish benchmarks to promote performance improvements as well as improve transparency and accountability in our delivery of these services. It will also provide our citizens with information which they can use to hold the council executive accountable for the efficient and equitable provision of services and will generate public support for positive reforms. It is hope that the problems raised by the population during the study, the expectations of the population and the plan of action elaborated in this report will help to guide us in our efforts at implementing the decentralization process and thus enable our council to capitalize on the lessons learnt and effect lasting changes in collaboration with the population especially in this era of decentralization.

On the whole therefore, the SCORECARD study will facilitate and strengthen the decentralization process, and improve on the participation of our people in the management of council affairs by getting regular feedback on our activities from our population as well as foster good governance and accountability in the provision of services by the council executive. We strongly commit to pay attention to the plan of action elaborated and its subsequent implementation.



**The Mayor Fundong Council**

*[Handwritten signature in green ink]*  
*[Handwritten signature in red ink: Denis Anah Ndang]*

## **EXECUTIVE SUMMARY**

The National Community Driven Development Program (PNDP) is a tool put in place by the Cameroon government to help support local development and to support councils in the decentralization process.

The Scorecard was intended to enable citizens appreciate the pertinence of actions, projects, public services as well as the means allocated for them. It is a means of controlling public action and/or obliging officials to be accountable to their citizens. The global objective is to promote good governance at local level and increase the efficiency of public action (the best public services offered, the clearest conception of public policies) and make the voice of the vulnerable and marginalized population to be heard. To this effect a study was carried out in 320 households in the Fundong Council area under the supervision of PNDP and the National Institute of Statistics (NIS). This study was done using a well-designed questionnaire. It should be noted that, decision makers require better understanding of the perception of the community to effect development action and to enable more locally relevant actors to fully participate at various levels of development.

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

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

From the findings of this study in the water sector, it was revealed through the declaration of the households (gathered using questionnaires) that, 63.3% of the households are not satisfied with the services offered in this sector. There is insufficiency of water points as declared by 60.3% of the households. The available water points are far off as testified by

42.8% of the households. Poor quality of water is another call for concern as declared by up to 52.4% of the households. 68.8% of the households expect additional water points, 32.4% expect an improvement in water quality.

In line with the health sector, the study revealed that, the households in the study area have access mostly to and prefer integrated health centres of which 37.4% of households must trek over long distances to reach these centres. 47.2% of households need additional health units while 52.6% expects more equipment at their nearest health unit.

With respect to the education sector, the households are satisfied with educational facilities but expressed the need of improvement in some areas like the creation of more secondary and vocational schools closer to the households. 50.5% in the primary and 62.4% in the secondary are of the opinion that the fee is high and so needs to be reduce.

With respect to council services, it was revealed that the council needs to improve on its communication as declared by 50.6% of the households. 57.9% of the households hold to the opinion that the council should involve the population in the management of development actions while 57% expect the council to get closer to the population.

On the whole, the scorecard study in Fundong Council area was a great success. However the recommendations and plan of action regarding the various sectors especially involving the population in the management of development action must be implemented given that it is in line with the decentralization drive which is the sole responsibility of the Council.

## **GENERAL INTRODUCTION**

Developing countries are typically more centralized than developed ones. Sub-Saharan Africa is the poorest, slowest-growing and most centralized region of all. Accountability and governance are poor and because of 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 bureaucratization have made implementation of decentralized systems a necessity in local regions. The concept of decentralization is expressed as the transfer of authority from the center to subordinate ends, is important both for more effective and productive management of the areas outside the center organization in public administration and for strengthening these areas in terms of democracy conception.

In 2005, in a bid to foster decentralized participatory development, the Government of Cameroon under the Ministry of Economy, Programming and Economic Development (MINEPAT) in collaboration with the World Bank and other bilateral organisations put in place a National Community Driven Development Programme (PNDP). The design of this programme is in consonance with the Growth and Employment Strategy (GESp) and Vision 2035 geared toward improving the socio-economic conditions of the population, especially those in the rural areas by reducing poverty and enhancing opportunities for growth and employment (PAIDWA, 2013).

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. The programme began with an assessment of the capacity needs, decentralizing the programme for the local people to prioritize and own it, and equipping implementers at Local Council and grassroots levels with skills, structures and finance as well as functional tools for planning, implementing and evaluating the interventions to achieve both short and long-term goals.

To attain the above target result, the “Citizenship reporting 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) is 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 Reporting 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 population’s perception study was based on the quality of public services delivery within the council environment, especially in the water, health and education sectors. The 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;

The report is divided into four chapters. Chapter one deals with the legislative and legal framework of decentralisation and local development in cameroon, chapter two handles synthesis of the methodological approach of the study while chapter three presents the main results of the study in four sectors: water, health, education and council services, conclusion and recommendations for improvement and chapter four gives the action plan for the implementation of the citizen reporting card mechanism for public action in the Fundong council area.



# **CHAPTER I**

## **LEGISLATIVE AND LEGAL FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON**

### **1.1 LEGISLATIVE AND LEGAL FRAMEWORK OF DECENTRALISATION IN CAMEROON**

Decentralisation in Cameroon in its current form here is based notably on the Constitution embodied in Law No. 96/06 of 18 January 1996 to amend the Constitution of 2 June 1972. On the strength of the provisions of article 55 of the said constitution, ‘decentralised local entities of the Republic shall be regions and councils ... decentralised local authorities shall be legal entities recognised by public law. They shall enjoy administrative and financial autonomy in the management of local interests. They shall be freely administered by boards elected in accordance with conditions laid down by law. The duty of councils of regional and local authorities shall be to promote the economic, social, health, educational, cultural and sport development. In Cameroon therefore, decentralisation constitutes part of the framework of national policy on democratisation that started in the 1990s (Cheka, 2007; CLGF, 2013).

Three bills voted by the Cameroonian House of Parliament in June 2004 were promulgated into law on July 22, 2004 to reinforce the law of 1996. These laws replace the hitherto disparate laws of 1974 on local councils with their multitude of subsequent amendments. These laws ushered in decentralization in Cameroon. The objective of decentralization was to bring the government closer to the people and thereby involve them more actively in the process of development. These laws include:

- Law No. 2004/17 of 22 July 2004 on the Orientation of Decentralization.
- Law No. 2004/18 of 22 July 2004 to lay down Rules Applicable to Councils.
- Law No. 2004/19 of 22 July 2004 to lay down Rules Applicable to Regions.

Under the provisions of the laws of 2004, there is a devolution of powers accompanied by the transfer of means, financial, material and human, to local entities that were made of 10 regions and 339 councils at the time. Prior to July 2004, local entities were endowed with largely social functions like the celebration of marriages and delivery of birth and death certificates (1974 law relating to councils). With the transfer of powers for local development under the 2004 laws, local authorities are assigned the task of promoting economic, social, health, educational, cultural and sports development (article 4(1), Law of Orientation).

Powers that correspond to the promotion of development in these sectors are devolved to local authorities under conditions laid down by law (articles 18–24 of Rules applicable to Regions; articles 15–22 of Rules applicable to Councils). Local authorities are endowed with legal personality and administrative autonomy by law. The decentralisation laws of 2004 further set the pattern of the exercise of power by local authorities which represents the framework for governance and democratic practice (CLGF, 2013).

The creation of a Ministry of Territorial Administration and Decentralisation (MINATD) by Decree No. 2002/216 of 24 August 2002 was to translate the will of the state to advance the process of decentralisation while at the same time taking into account imperatives of preserving national unity and social cohesion in a country characterised by social and cultural diversity. MINATD was the supervisory authority of regions and councils prior to the cabinet reshuffle of March 02, 2018. Following the will of the state to accelerate the decentralization process as promised by the Head of state in his end of year address to the nation December 2017, the Ministry of Local Development and Decentralization was created and a minister appointed to head the ministry on March 2, 2018.

## **1.2 PROMOTION OF LOCAL DEVELOPMENT**

Local Development is the process by which public, business, and Non-Governmental partners work collectively to create better conditions for growth and development in a community. 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. Within the ambit of Law No. 2004/018 of 22 July 2004, chapters I to III, sections 15, 16, 17, 18, 19, 20, 21, and 22 the councils have the power to foster development in many ways. Examples include:

- 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 Fundong council area is agriculture. From farming and livestock and the extraction of local building materials (stones and 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. Fundong 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 0.1: Contribution of the council to Local Economic Development.**

<b>Sector</b>	<b>Activities of the inhabitants</b>	<b>Support provided by the Council</b>
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, cattle and goat rearing, 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 Opening of cattle and goat markets.

Mines and Industrial development	Stone extraction, building and construction	Insurance schemes, opening of roads to stone quarry or 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

*Source: Fundong Council Development Plan 2012*

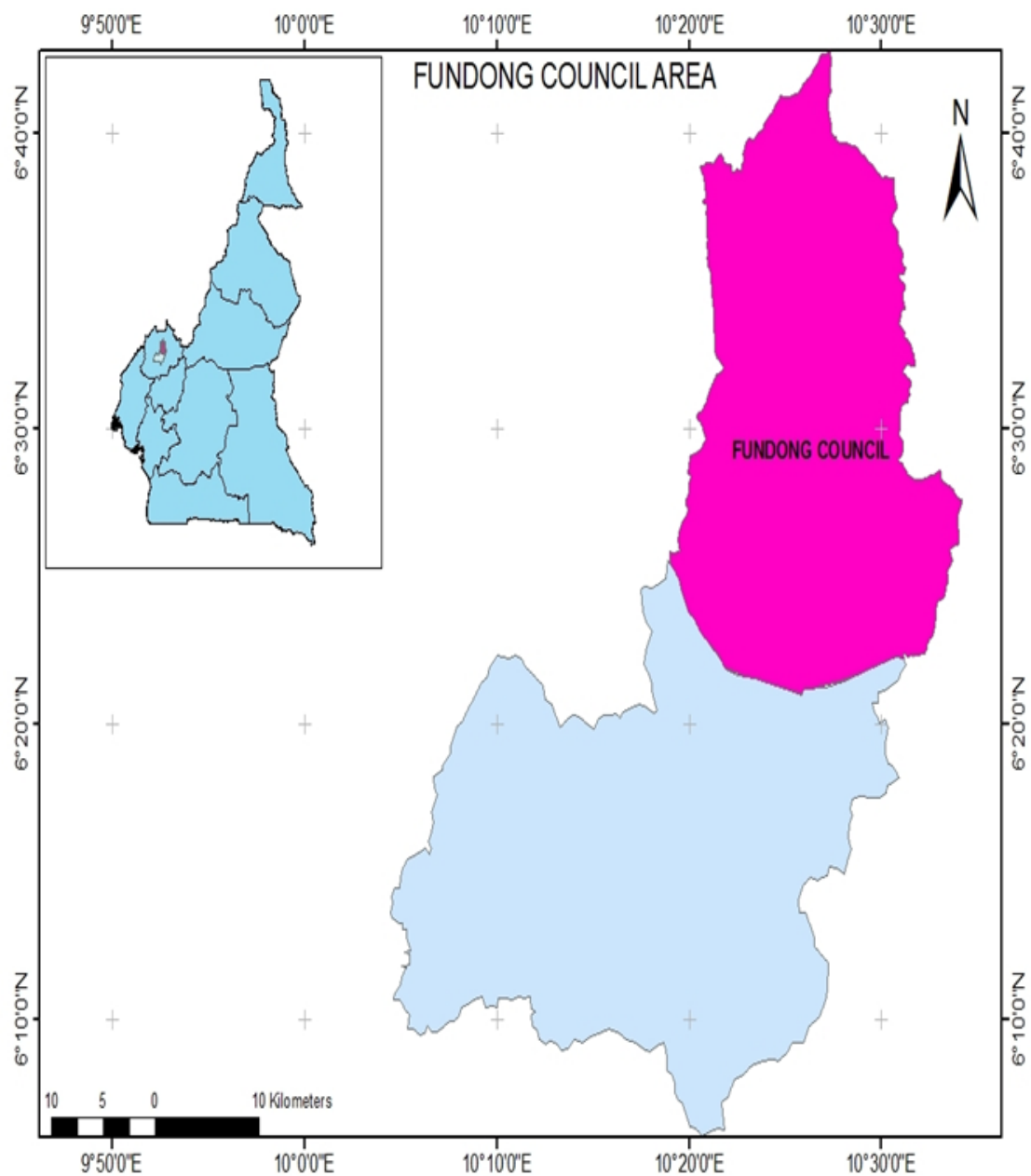
### **1.3 BRIEF PRESENTATION OF FUNDONG COUNCIL**

#### **1.3.1 History and Administrative Presentation of the Fundong Council**

Historically, Fundong council is the defunct Fundong Rural Council that was created by the presidential decree no 77-203 of 29<sup>th</sup> June 1977 following the organisation of councils as laid down in law no 74-23 of 5<sup>th</sup> December 1974. Being in Menchum Division, Fundong Rural council had its administrative center at Fundong. Between 1977 and 1996, Kom-Bum was made up of Belo, Njinikom, Bum and Fundong as one council until these other councils effectively became autonomous councils following the decentralisation of councils in Boyo Division.

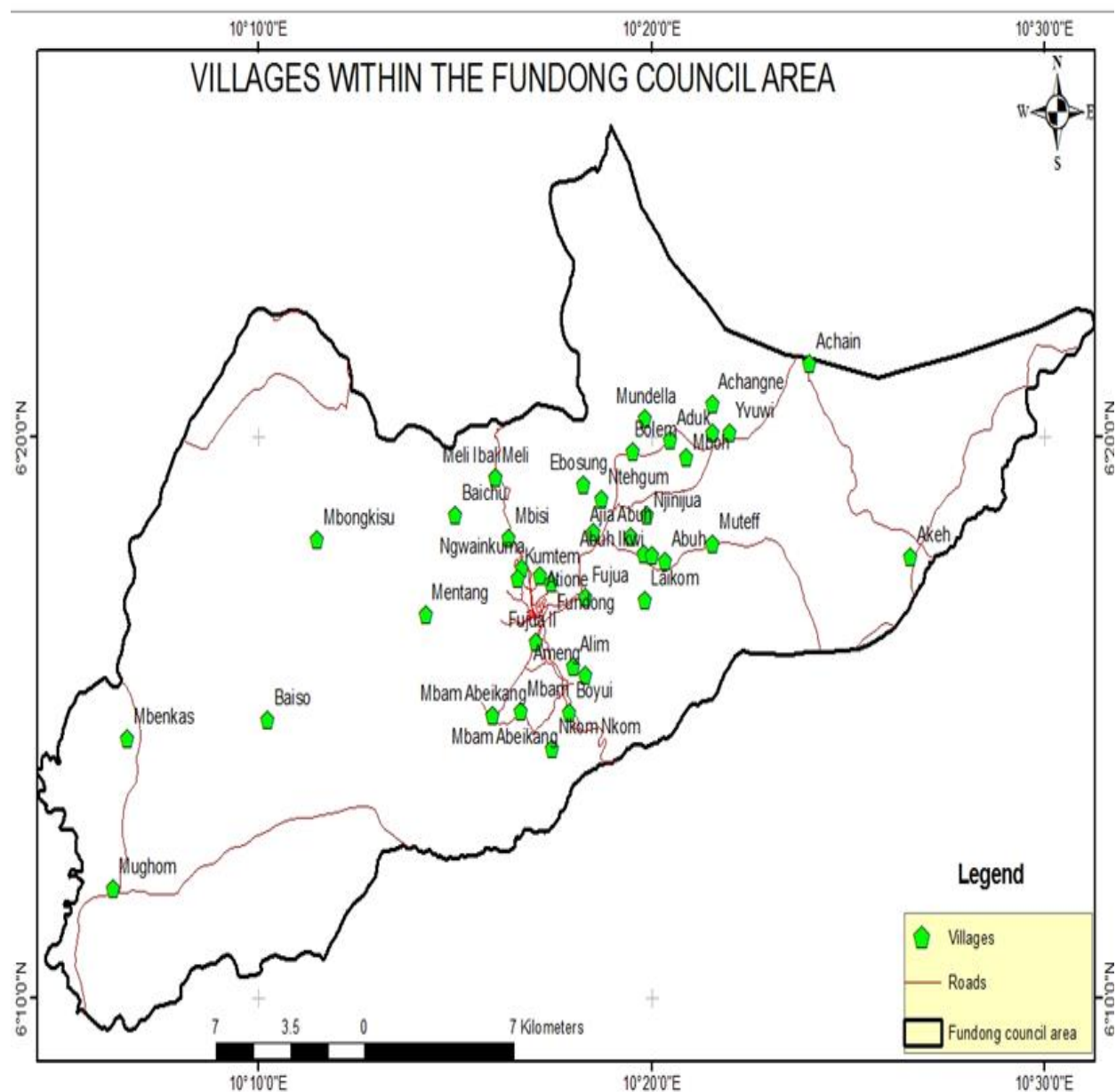
Fundong Council is found in Fundong sub division in Boyo Division of the North West region. It is situated about 68km from Bamenda. Fundong sub Division is found between latitude 6°4' and 6°20' north and between longitude 10°11' and 10°30' East. It is surrounded by Wum sub divisions to the west and to the east by Noni sub divisions while to the north it is bounded by Fungom sub division and to the south by Njinikom sub division. The Fundong council area is made up of 34 villages and numerous quarters. The map one below show the location of Fundong council area and map two show the villges within the Fundong council area.

**Map 1: Fundong council area location map**



*Source: Fundong Council Development Plan 2012*

Map 2: Villages within the Fundong council Area.



Source: Fundong Council Development Plan 2012

### 1.3.2 Biophysical environment.

#### i) Climate

Fundong municipality is generally cold, windy and wet. Sometimes it is warm, dry and sunny during spells. Temperature ranges from 15°C to 38° C with average temperature of 24.5 to 29.7°C. Average annual rainfall stands at 2400mm per annum and humidity of 82% with two seasons. The rainy season begins from mid march to mid October and a dry season that extends from mid October to mid march.

## **ii) Relief**

The Fundong Municipality is found in the mountainous stretch of the western highlands characterized by agro-ecological zone of Cameroon. The topography ranges between 40-70% slopes; with undulating hills and deep valleys. There is also the existence of warm tropical swamp.

## **iii) Soils**

The soils are dominantly volcanic with laterites, sands and loams in depressions. In most low lying areas, soils are thick, humus and rich e.g. sedimentary warm humus rich/fertile soils. Generally, the dominant soil types within Fundong Municipality are lateritic and ferrallitic soils.

## **iv) Hydrology**

The major rivers found within the Fundong Municipality are Nkoini which also serves as the natural boundary between Fundong and Njinikom sub divisions; the Jviaffief, which flows from Ijim forest crossing through Fundong Town and down to Menchum in the west; JviaNgwa which runs from Ijim via Muteff, Abuh, Ngwa and Meli and it also separates the Fundong Municipality and ZOA Council; JviaNgunabum which flows from Ijim passing through Ilung and Ngunabum and joins River Kimbi. Other streams of significant value are JviaIbolem, JviaMboh which both flow from Ijim Forest and into JviaNgwa. Also found are prominent springs and waterfalls like “Tchimni” in Fundong Centre and the Laikom, Akeh and Ajung waterfalls.

## **v) Flora**

Fundong council area is generally described as tropical grasslands or humid savannah with dominant forest woodland and re-growth savannah with grass and shrubs. There is also a gallery forest found in Mbam and a re-growth savannah found around the neighbouring Mentang village. The dominant forest and domesticated trees are shown in the table 1.2 below:

**Table 0.2:** Domesticated trees, major cash/food crops and grass/herbs

<b>Treecategory</b>	<b>Tree type</b>
Timber and hedgetrees	Eucalyptus, cypress, Albexia and gomiferia
Fruit trees	Mangoes, Pear, kolanutsguavas, plum, pawpaw
Cash/foodcrops	Arabica, coffee, kolanuts, plantains, bananas, cowpeas, irish and sweet potatoes, beans, groundnuts, cocoyams/colocacia, garden eggs, cassava, vegetables, sugar cane,soya beans,
Grass/herbs	Elephant grass, hyperrharnia, Guatemala, African iodiodimos ear, black jack, stylosanthes, sporobolisis, albisiagumifera, spear grass, braken fern, mosses, lichens, twigs and epiphytic undergrowth.

*Source: Fundong Council Development Plan 2012*

#### **vi)Fauna**

Fundong has a variety of wildlife and domesticated animal species. Domesticated animal species include: cattle, goats/sheep, pigs, poultry (local and improved breeds) some wild hunted birds and animals like the Banded wattled-eye, bannaerman'sTuraco, Grey headed sparrow, swallow, hawk and weaver birds, duiker, antelope, deer, porcupine and a few primates. These animals considered as a patrimony of Fundong is being threatened by the rapid increase in population and environmental degradation.

#### **vii) Protected Areas**

Protected areas are not common within the Fundong municipality. Some of the available protected areas are in Ijim forest reserve covering villages like Yviwi, Mboh, Aduk, Muteff,Abuh, Ilung, Bolem, Akeh and Laikom. Another major forest reserve includes the Kom-Bum reserve found in Mbengkas. Sacred forests found within the municipality are found in Mboh, Ilung, Mbengkas, and Baiso. Protected shrines and sacred sites can be found all over the municipality such as the 'tung' river in Meli and the Mbam shrine.



### **1.3.3 Economic and Human milieu**

According to the results of the 2005 population census, the total population of Fundong council area was estimated at 45831 inhabitants (20531 males and 25300 females) covering a surface area of 519 sq km previous projections indicate the population density at 72 to 79/km<sup>2</sup>. After participatory village diagnosis (using primary data only) facilitated by the Fundong council, the total approximated population stands at 124841inhabitants.

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## **CHAPTER II**

### **METHODOLOGICAL FRAMEWORK OF THE SCORE CARD STUDY**

This chapter focus on the methodological framework with the CRCMstudy was implemented in the North West Region. The chapter consist of the text of the study, the objectives of the study, the constitution of the sample, the distribution of the sample, the data collection tools, the training of the data collection agents and the collection of the data, the computerisation (through data entry) and the exploitation of the data collected.

#### **2.1.CONTEXT OF THE STUDY**

PNDP in implementing activities to promote community development has developed numerous strategies to reach out to stakeholders at the local level. The main strategy of making development community-driven is to make sure that all actors fully participate at the various levels. The citizen control mechanism is put in place to facilitate community ownership of development projects. This was done in the form of beneficiary questioning and having the perceptions of the population about the projects implemented in priority sectors for the past years. It was realized that individuals would present the true picture of how the councils as well as some government services and community Based Organisations have been trying to promote local economic development. Through this study, the respondents will propose immediate actions that will be put in place to sustain local economic development in their respective communities. This will be the best way of achieving effective decentralization in Cameroon as a whole.

#### **2.2.OBJECTIVE AND METHODOLOGY OF THE CRCM**

##### **2.2.1 Objective**

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 and ensure 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.

### **2.2.2 Methodology**

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

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

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

## **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 in the sample 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 (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 North West Region) 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 were selected in each of the EA 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 North West Region.

The national sample size of the CRCM study is 49,600 households (of which are 4,802 households in the North West Region) 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 North West Region were distributed among 276 sampled Enumeration Areas (EAs). Out of the total sampled households and EAs<sup>1</sup> in the Region, each EA form carried the “Name of Council”, the “number of sampled households” and households distributed within the “number of sampled EAs”. At the end 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 2.1 below provides a breakdown of the number of EAs, sample households and households successfully interviewed by council in the North West Region. In the Fundong council area 320 households were sampled and 286 households were successfully identified

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

and interviewed giving a response rate of 89.4%. It is worth mentioning that only the figures of the households that were successfully interviewed in the councils of zone 13 are found on table 2.1 below.

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

### **2.3.4. 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 were drawn according to the systematic sampling method with equal probabilities.

### 2.3.5. Selection of households

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

**Table 0.1:** Distribution of the number of sampled EAs and households by council in Zone 13

Council	Number of EAs			Number of households previewed in the sample	Number of households successfully interviewed	Coverage rate of households successfully interviewed
	Urban/Semi-urban	Rural	Total			
Bafut	6	8	14	319	300	94.04%
Batibo	6	14	20	320	300	93.75%
Belo	4	16	20	320	275	85.94%
Fundong	0	20	20	320	286	91.52%
Mbengwi	8	12	20	320	290	90.63%
Santa	0	19	19	321	266	83.13%
Tubah	2	7	9	319	294	92.16%
Wum	14	5	19	321	294	91.88%
<b>Total</b>	<b>92</b>	<b>184</b>	<b>276</b>	<b>4802</b>	<b>4372</b>	<b>91.04%</b>

**Source:** CRCM, PNDP North West Region

### **2.3.6. Questionnaires and Manuals**

The data collection tool adapted from the first CRCMstudy 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 Appendix 1).

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
- Water
- Health
- Education
- Council services

### **2.3.7. Recruitment of interviewers, Training of interviewers and Fieldwork**

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

The training of the pre-selected candidates in Zone 13 for the final selection of interviewers or controllers for the fieldworks was done in 6 days where by 2 groups of persons were trained for 3 days each in 2 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 made up 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 Fundong council started on 4/10/ 2017 and ended on 10/10/ 2017.

For various reasons, several households sampled could not be interviewed during the normal collection period and consequently, a catch up was 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.

#### **2.3.8. Community sensitisation and awareness.**

The community sensitisation 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 CRCMstudy, 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 sensitisation activity started at the council level with project launching workshops. Then, introduction letters issued by the administrative authorities were drawn up and the media were put to use for the reading and dissemination of these messages carried in the letters. It continued during data collection by the supervisors of the different municipalities.



### **2.3.9. Data processing**

Data entry and processing was done using the software version 6.3 of CSPro. The agents selected for the data entry attended a 3-day training course to familiarise themselves with the operating tools (questionnaires, data entry application) of the CRCMstudy. The actual entry started on November 27th, 2017 and ended on December 16th, 2017. In order to ensure quality control and to minimise 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 CRCMstudy according to the tabulation plan established by PNDP.

## CHAPTER III

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

Chapter three is the core of the CRCMstudy as it is eserved for the presentation and analysis of data (opinion of citizens) collected from the field. The chapter begins by presenting the target population of the CRCMstudy and moves on to present the main results of the study in the domains of water, health, education and council services. Descriptive statistics of percentages, tables and figures will be used to present the results of the study and draw conclusions that will be inferred on the population of study. The chapter will end up with main recommendations.

#### **3.1. PRESENTATION OF THE TARGET POPULATION FOR THE STUDY**

In any research work or project it is important to know the people who youwill collect information from or those who will be the direct beneficiaries of the research projct. These people are usually referred to as the target population. Target population refers to the entire group of individuals or objects to which researchers are interested in generalizing the conclusions. The target population usually has varying characteristics (age, sex, education, marital status etc) and it is also known as the theoretical population. The target population of the study was made up of the entire population of the Fundong council area with focus on the 320 sampled households drawn for the CRCMstudy on which the results of the study will be inferred on the population. Within the sampled households, the household heads were the main respondents for thestudy.

##### **3.1.2. Characteristics of respondents.**

The respondent is someone who offers information to a researcher, for example in response to a questionnaire, or during the course of an interview. Respondents usually have varying characteristics among which are age, sex, education, marital status etc. The respondent in the case of the CRCMstudy was the household head or any person male or female above 15 years of age representing the household head.

Tables 3.1 below show the distribution (%) of the respondents by age groups and sex.

Fourteen percent of the respondents of CRCM study in the Fundong council area were people within the age range of 30-35 years followed by those above 65 years old with a percentage of 12.5 and those between the ages of 20 and 25 years old 11.3%. More than half of the respondents 66.9% or 3 out of 5 respondents were within the age range of 30 to 65 years and above. According the table below 67% of the respondents were women while men represented only 32.8 % of the respondents. This implies that 7 out of 10 respondents were women. This situation could be as result of the migration of men to the South West region and other locations in Cameroon to work in the plantations or involve in other businesses. They only return during Christmas period.

**Table 0.1: Distribution (%) of the respondents of Fundong council by age groups and sex.**

	Age group													Sex		
	Less than 20 years	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 & +	NSP/absent		Male	Female	Total
Fundong	10.2	11.0	10.7	14.1	6.3	8.0	8.3	7.7	6.2	4.8	12.5	0.4		32.8	57.2	100.0

*Source: CRCM study Fundong council, November 2017*

### 3.1.3. Characteristics of head of household.

‘Head of Household’ is a status held by the person in a household who is running the household and looking after qualified dependent of the household. Conventionally men are heads of households though this practice of taking the adult male of a household as the ‘head’ has been criticized in most industrialized countries. Statistics from the CRCM study in Fundong on table 3.2 below show that a majority of household heads (20.4%) who participated in the study were above 65 years followed by those in the age range of 45-50 years 11.9 % and 40-45years, 11.8% respectively. This signifies that the responsibility of household heads in Fundong rest on the shoulder of older people. That is why a high percentage of 12.5 of respondents in the CRCM study were in the age group above 65 years. In terms of sex, 50.2 % of the household heads in the Fundong council were men indicating that 1 out of 2 men were heads of households. According to the tradition of the North West people, men are household heads even though Fundong council area is a matrilineal society. The high percentage of female headed household of 49.8% could be as a result of the high relocation rate of men to look for greener pasture in the South West region and other parts of

the country hence women are de facto female heads of households.

**Table 0.2:** Distribution (%) of household Heads in Fundong council area by sex and age groups.

	Age group												Sex		
	Less than 20 years	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 & +	NSP/absent	Male	Female	Total
Fundong	0.8	2.4	6.5	9.8	9.5	11.8	11.9	10.9	7.5	5.4	4	3.0	50.2	49.8	100.0

Source: CRCM study Fundong council November 2017

### 3.2. WATERSECTOR

Water is essential to sustain life, and a satisfactory (adequate, safe and accessible) supply must be available to all. Improving access to safe drinking-water can result in tangible benefits to health. Every effort should be made to achieve drinking-water that is as safe as practicable. 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 base on these criteria (WHO, 2017 p. 7). On the other hand, according to WHO (2017), when assessing the adequacy of water supply, the following basic parameters of drinking-water supply should be taken into consideration: quality, quantity, accessibility, affordability and continuity that has to do with percentage of the time water is available (daily, weekly and seasonally). The CRCM ( was in line with these parameters to assess the water services in the Fundong council area.

From the public health standpoint, the proportion of the population with reliable access to safe drinking-water is the most important single indicator of the overall success of a drinking-water supply programme. Access to safe drinking-water for the Sustainable Development Goals is currently measured by the WHO/ United Nations Children's Emergency Fund

(UNICEF) Joint Monitoring Programme for Water Supply and Sanitation through a proxy that assesses the use of improved drinking-water sources by households. 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.

Improved and unimproved water supply technologies are summarized below:

• ***Improved drinking-water sources:***

- pipedwater into dwelling,yard or plot
- publictaporstandpipetube
- well or borehole
- protected dugwell
- protectedspring
- rainwater collection.

• ***Unimproved drinking-water sources:***

- Unprotecteddugwell
- Unprotectedspringcart with small tank or drum provided by water vendortankertruckprovisionofwatersurface water (river, dam, lake, pond, stream, canal, irrigation channel)bottled water (WHO, 2017).

### **3.2.2. Availability and usage of water services**

According to the parameters by the WHO (2017) on improved and unimproved drinking water sources, the CRCM study sought to understand the perception of the target population about the sources of water, quality and usage of water and the expectations in the services rendered in the domain of water in the Fundong council area.

Most of the villages in Cameroon do not have access to pipe borne water as their main public water source. According to table 3.3 below a higher proportion of the households 81.2% in the study declared that their main public water source in the Fundong council area is either a spring or river while 63 % of the respondents said their main public water supply was tap

water (pipe borne water). Fundong council area is blessed with rivers like Nkoini, Jviaffief, which flows across Fundong Town, JviaNgwa; and JviaNgunabum. Other streams of significant value are JviaIbolem and JviaMboh. Also found are prominent springs and waterfalls like “Tchimni” in Fundong Centre and the Laikom, Akeh and Ajung waterfalls (Fundong CDP, 2012). This explains why the main public water source is spring/river. A meager proportion of 1.0% of the households declared that they have protected well as the main public water source. Construction of protected wells is very expensive and very few households can afford to construct it.

**Table 0.3: Distribution of households in Fundong council area according to water supplysource used.**

Community	Public water source system (H01) :					
	<i>Well equipped with a pump</i>	<i>Open pitwell</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>
Fundong	0.3	0.0	1.0	0.0	81.2	62.9

*Source: CRCMstudy, Fundong council. November 2017*

The population of every community makes use of different source of water. The following are the available public water source as per the CRCM study: *well equipped with pump* – refers to a well with a manual pump, *open pit well* – is a well not protected from run-off water or it is not protected from birds dropping and animal dungs, *protected well* on the other hand is a well-protected from run-off water by shaft lining or a well casing constructed above the ground level and a platform that channels overflowing water, *Boreholes equipped with manual pump* – it is a deep well dug or bored in a bid to attain ground water and water is channeled through a tube well or borehole by a manually operated pump, *spring/river* – a spring corresponds to a spot where water comes out of the ground in a natural way and *access to tap water* – this is water that has undergone a prior treatment process in a bid to become drinkable and which latter are channeled to residential areas.

Table 3.4 below shows that 78.5 % of the households in the study area make use of main public water source and the also shows the distribution of households according to the main public water source. According to the study there are two main water supply schemes, 57 % of the households’ declared that their main public water source is spring/river while 38.3 % of the households have access to tap water as their main public water source. Tap water is

restricted to Fundong town. Four percent of the households have well with pump as their main public water source. A meager 0.7 % house do have protected well as their main source of water.

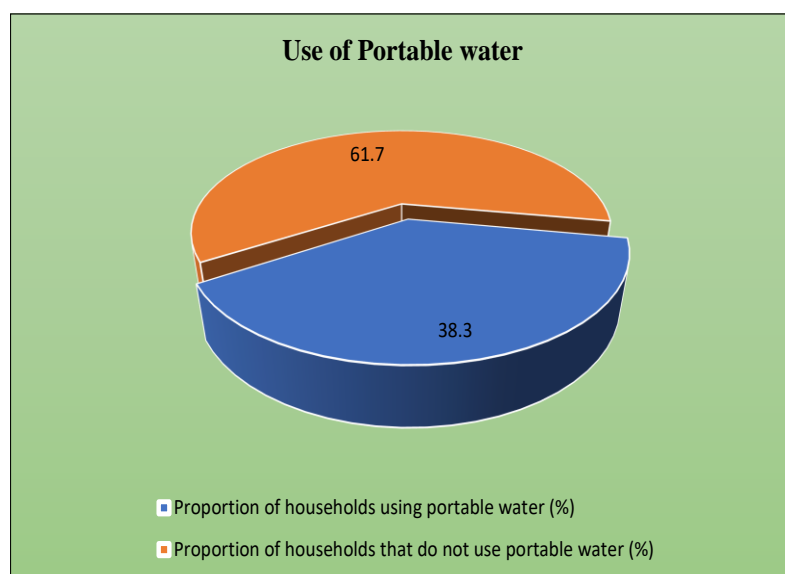
**Table 0.4: Distribution (%) of households in Fundong council according to main source of water.**

<b>Proportion (%) of households using a public water source</b>	<b>Main public water source</b>						
	<i>Well with pump</i>	<i>Open pit well</i>	<i>Protected wells</i>	<i>Boreholes with manual pump</i>	<i>Spring/ River</i>	<i>Access to tap water (pipe borne water)</i>	<i>Total</i>
78.5	4.0	0.0	0.7	0.0	57.0	38.3	100,0

*Source: CRCMstudy, Fundong council. November 2017*

On the other hand the proportion of the households using tap water is 38.3% indicating that 4 out of 10 persons make use of tap water that is supplied by CAMWATER in the Fundong council area. The pie chart on figure 3.1 gives a bigger picture of the main public water source and show that the proportion of households who do not use tap water is 61.7% and is far above those who use tap water of 38.3%. It is worth noting that tap water is mostly limited to Fundong town.

**Figure 0.1: Use of Tap water.**



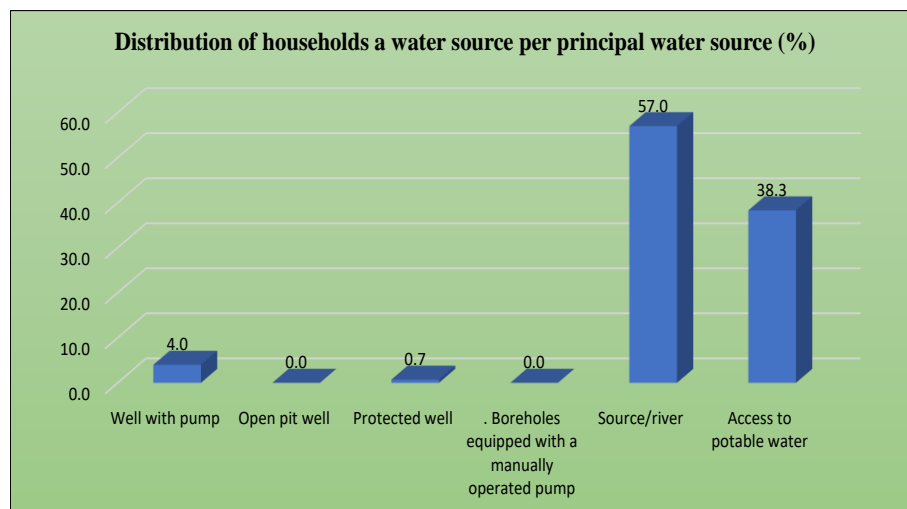
*Source: CRCM study, Fundong council 2017*

Table below shows the distribution of households using water source per principal water source. The two principal water sources are springs/rivers and tap water. A majority of the households 57% make use of springs/rivers as their principal water source while 38.3% have tap water as their principal source. As earlier mentioned this proportion 38.3% of households that use tap water are mostly located in Fundong town. A meager proportion of households 4.0% make use of well with pump as their principal water source. The bar chart on figure 3.2 gives a clearer picture of distribution of households using a water source per principal water source.

According to statistics from the study, it can be concluded that a majority of people in the Fundong council area 6 out of 10 depend on rivers for drinking and use in the households. As a result, a vast majority of the population do not have access to improved drinking water source. According WHO (2017) 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. Rivers, streams and springs are unprotected hence fall under unimproved water supply technologies.



**Figure 0.2: Distribution of households a water source per principal water source.**



*Source: CRCMstudy, Fundong council November 2017*

### **3.2.3. Cost and quality of water services.**

As mentioned earlier, in assessing the quality of drinking water, consumers rely principally on their senses. The consumers can evaluate the quality and acceptability of water on the basis of taste, odour and colour. On the basis of these criteria, the respondents of the CRCM study in the Fundong council were able to assess the quality of water of the main water source used as shown on table 3.5 below. Among the households that were part of the study, 54 % declared that the quality of the public water supply was good while 31% of the households declared that the quality of water of the public water supply was bad. A small proportion of 6 % of households were indifferent about the quality of water in the Fundong council area. Table 3.8 below laid emphasis on the quality of water supply by showing how the households appreciate the quality of water. Considering that the main source of water supply in Fundoong council is springs/river, one wonders how springs/river are of good quality. Tap water that is supposed to be of good quality is limited to Fundong town.

There are three main characteristics that can be use to appreciate the quality of public water supply that is odour, taste and colour. Out of the 78.5 % of the households that make use of public water source in the Fundong council area, table 3.6and 3.7below show that 60% of the households declared that the public water supply does not have an odour and 30% of the households said the public water supply has an odour. As concern taste a majority of the households 78 % declared that the public water supply does not have a taste while 22% of the

households said that the public water supply has a taste. As regard colour, 74% of households declared that the public water supply does not have a colour and 25.7% of the households agreed that the public water supply has a colour.

**Table 0.5:** Proportion (%) of households in Fundong council per characteristics declared of the main water source used.

Characteristics	Proportion (%) of households who declare the characteristics of the main source of water in the community.			
Have a good quality	Good	Bad	Indifferent	Total
	53.7	30.6	15.7	100
Does not have odour/smell	Yes	No	I don't know	Total
	30.3	59.7	10.0	100
Does not have a taste	Yes	No	I don't know	Total
	22	77.6	0.4	100
Does not have colour	Yes	No	I don't know	Total
	26.	74	00	100

Source: CRCMstudy, Fundong council November 2017

**Table 0.6:** Appreciation of the quality of public water supply given in percentage of households:

Water quality			
Good	Bad	Indifferent	Total
53.7	30.6	15.7	100

Source: CRCMstudy, Fundong council. November 2017

**Table 0.7:** Appreciation of the characteristics of public water supply in percentage of households.

Water has an odour				Water has a taste				Water has a colour			
Yes	No	Don't know	Total	Yes	No	Don't know	Total	Yes	No.	Don't know	Total
30.3	59.7	0.0	100	22	77.6	0.4	100	25.7	74.3	0.0	100

Source: CRCMstudy, Fundong council. November 2017

Payment for the consumption of water in Fundong council area is not a common issue. As shown on table 3.8, only (8 %) of the households in Fundong council area do pay for their main public water supply and these households paying for water consumption are found in Fundong town and make use of CAMWATER. These households did not say whether the amount they pay is high, reasonable or insignificant. It is should be recall that 8 out of 10 (82%) of the households

declared that their main public water source are rivers and springs and so do not pay any fee for using them.

**Table 0.8:** Partitioning of households in Fundong council following their appreciation of the amount they pay for using the main source of public water in the community

Proportion (%) of households paying for water at the main public water source they are using	Average monthly expenditure (CFA Francs) for households which pay for water	Partitioning (%) of households, paying for water, per appreciation of the amount paid			Total
		High	Reasonable	Insignificant	
7.7	-	-	-	-	-

*Source: CRCM study, Fundong council. November 2017*

### 3.2.4. Appreciation of water services.

Water services according to the CRCM study was appreciated from three angles or parameters – access, availability and frequency of use of principal source of water. Table 3.9 show that 45% of the households that were part of the study declared that water is available from the main public water source throughout the year. On the other hand, 93 % of the households declared that they have access and make use of the main public water source throughout the day. In terms of time taken to fetch water and back (round trip) 53.6% of the households declared that they take less than 15 minutes round trip to fetch water. Twenty two percent of the households take between 15 and 30 minutes to fetch water and 16.1% of the households take more than 30 minutes to fetch water. According to WHO (2017), when the distance and time taken to fetch water is more than one kilometer and more than 30 minutes round trip, it is considered that the people have no access to water but if time taken to fetch water is within 30 minutes round trip, then the population is said to have basic access to water. Intermediate access is when water is provided on-plot at least one tap at yard level and 8.4 % of the households declared that they have water on the spot. Optimal access is when there is supply of water through multiple taps within the house and this is a rare occurrence in the Fundong council area. Fundong council area according to WHO standards might have basic access to water. But it should be understood that despite the fact that the study indicates that Fundong has water daily and one out of two households cover less than 15 minutes to fetch, this water is not tap water. Fundong council area is blessed with many springs and rivers that flow throughout the year.

**Table 0.9:** Percentage of households by access, availability of water and frequency of used of principal source of water

Proportion (%) of households with water from public main source available throughout the year	Time taken to go fetch water and back				Total	Proportion (%) of households having access to main public water source used throughout the day	Proportion (%) of households whose frequency to access to public main water source used corresponds to their need for water
	On the spot	Less than 15 minutes	between 15 and 30 minutes	More than 30 minutes			
47.1	8.4	53.6	22.0	16.1	100	93.0	-

*Source: CRCMstudy, Fundong council. November 2017*

Water supply schemes do breakdown from time to time and it will require that repair works are carried out. The time taken to do repair works is usually important. In the case of Fundong coucilsarea, one will expect that repair works will be limited to the CAMWATER in Fundong town or some community water project. Table 3.10 shows that 36 % of the households declared that they had a breakdown of the main public water source in the course of the past six months and 1 out of every 2 households said it took less than one week for the repair work to be done. On the other hand 28.9% of the households declared that it took between a week and a month for the breakdown to be repaired. Seven percent of the households declared that repair works on breakdown of the main public water source was realized between a month and three months and 4.7 % of the households said it took more than three months for the breakdown of main public water source to be repaired.

**Table 0.10:** Break down Proportion (%) of households in Fundong council that declared a breakdown of principal source of water in the last six months and the period taken to repair the main public water source broken down in Fundong council area

Proportion (%) of households who have declared a breakdown of the main public water source used in the course of the past six months	Time taken for repairs					Total
	Less than a week	Between a week and a month	Between a month and three months	More than three months	Not yet	
35.9	49.1	28.9	6.8	4.7	10.5	100

*Source: CRCMstudy, Fundong council. November 2017*

There is always a breakdown in any water supply system and whenever there is a breakdown there are some institutions or persons that are charged with the repair work of the system. Table 3.11 show the different institutions that are charged with the repairs of any breakdown on the main public water supply source. These institutions/persons are the state, elite, water management committee, village/quarterheads, Mayor among others. Twenty five percent of the households in Fundong council area declared that the water management committee repaired most of the breakdowns on the main public water source than any other institution or persons followed by 21.1 % of the households who declared the village/quarter heads did the repair works and 18.3% households declared that the Elites repair workson breakdown of main public water source. This is an indicator that the population can better manage development projects at the grassroot. Five percent of the households declared that the Mayor did repairs on breakdown of main public water source. Thirty percent of the households declared that other institutions and persons did repair the breakdown of the main source of public water in last six months in the Fundong council area.

**Table 0.11:** Proportion (%) of households in Fundong council area who declared a breakdown of the main public water source used in the course of the last six months and the institution/persons who did the repairs.

Proportion (%) declaring that the breakdown declared was resolved by the							Total
Mayor	State (government services)	Elite	Water Management Committee	village/quarter head	Administrative Authorities	others	
4.9	1.3	18.3	24.6	21.1	1.7	30.1	100

*Source: CRCMstudy, Fundong council. November 2017*

The fact that 8 out of 10 households in Fundong council area dependson springs/rivers as their main water supply which is not tap shows that there is a need for tap water. According

to table 3.12, 32% of households that were part of the study expressed a need for tap water in the last six months. Among these households, 47.0% expressed their needs to the water management committee followed by 45.6% of the households that expressed their need to the Mayor. Twenty percent of the households expressed their tap water needs to the village/quarter heads while 12.7% of the households expressed their need to the elites. Despite the need expressed by the households for tapwater to different institutions and persons only 19.4% of the households who expressed need for tap water were met. It is worth mentioning that there are no statistics from the field indicating the time taken for the needs to be met as shown on table 2.9. The proportion of households that expressed their need for tap water in the last six months to the water management committee, the Mayor and village/quarter heads in that order is an indication that decentralization can be a reality and effective if power and finance are devolve to the grass roots.

**Table 0.12:** Proportion (%) of the households in Fundong council who have expressed a need for the provision tap water, the institution to whom the need was expressed in the last six months and proportion (%) of households whose need for tap water provision expressed was met.

Proportion (%) of households which have expressed a need in tap water in the last six months	Amongst the households who have expressed a need, and to who need was expressed :									Proportion (%) of households whose need expressed for water was met
	To the Mayor	To the State (government services)	To an Elite	To the Water Management Committee	To the village/ Quarter head	To the Administrative Authority	To Camwater/SNEC	To others	Total	
31.1	45.6	1.0	12.7	47.0	20.2	1.0	8.2	14.5	537.5	19.4

*Source: CRCMstudy, Fundong council. November 2017*

As shown on table 3.12 above, 31.1% of the households expressed need for tap water from different persons and institutions. Among these persons or institutions were: the water management committee, the Mayor, the village/ quarterheads, the elites etc. Out of the 31.1% of households that expressed the need for tap water, 19.4% of the households need for tap water was met. Data collected from the field did not give any figure to show the time that was taken to satisfy the need of the households that expressed the need for tap water. This explains why table 3.13 is empty.

**Table 0.13:** Partitioning of households in Fundong council whose need for tap water was met according to the time taken for their needs to be satisfied

Time taken to satisfy their need expressed for tap water			Total
1=less than a month	between one and three months	3=more than three months	
-	-	-	-

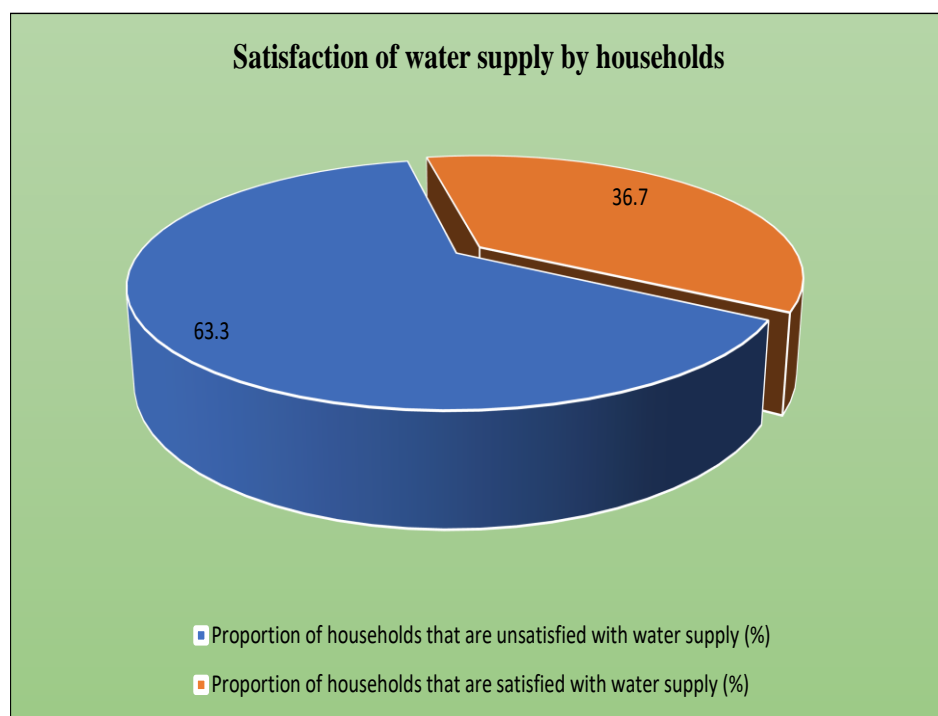
*Source: CRCMstudy, Fundong council. November 2017*

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

According to Collins dictionary, satisfaction is the pleasure that you feel when you do something or get something that you wanted or needed to do or get. When one does not have that pleasure or fulfilment of one's wishes, expectations and needs, dissatisfaction steps in. Not every household in Fundong council area is satisfied with the water services in the municipality.

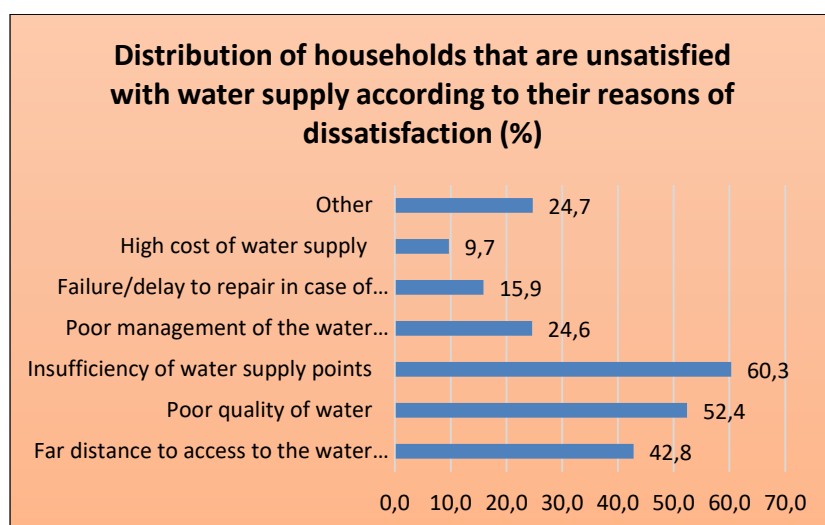
Among the households that were part of the study 63.3% declared that they were not satisfied with the provision of tap water in the Fundong council area as shown on the pie chart on figure 3.3 that gives a clear picture of those who are not satisfied with the supply of tap water. The dissatisfaction rate of 63.3% is understandable because tap water is limited to Fundong town. Even where community water has been done, the taps are not flowing or the water system has been abandoned. Among the reasons given by the households for not being satisfied with the provision of tap water as seen on figure 3.4, sixty percent of the households declared that they were not satisfied because water supply points were insufficient. This is an indication that 3 out of every 5 households do not have tap water hence resorting to have water from springs/rivers. 52.4% of the households complained of poor water quality, 42.8% of the households were not happy with the far distance covered to reach water points. Poor management of water supply points was declared as a reason for not being satisfied by 24.6% of the households. Failure/delay to repair in case of a breakdown and high cost water supply were least of the reasons advanced for the dissatisfaction with the provision of water supply. In conclusion, a greater proportion of the households 3 out of 5 in the Fundong council area are not satisfied with the water services. Hence, there are bound to be some expectations from the population as concern water services in the area.

**Figure 0.3: Satisfaction of water supply by households**



Source: CRCMstudy, Fundong council. November 2017

**Figure 0.4: Distribution of households that are unsatisfied with water supply according to their reasons for dissatisfaction**



Source: CRCMstudy, Fundong council. November 2017



### **3.2.6. Main expectations in the services rendered in the domain of water**

A majority 81.2 % of the households have as their main public water source the rivers. Only 38.3% of this proportion of households enjoy pipe borne water. Besides, only 47.1% of the households have access to water through out the year. Insufficient water supply points ranked first among the reasons for non satisfaction of the population with the services rendered in the domain of water. Table 3.14 shows the proportion in percentage of the households in Fundong council area according to their expectations for the provision of water in the area.

The 38.3% of the households having access to tap water as their main public source water is low. As a result 68.8 % of the households expect more/additional water points in the community. This is an indication that 7 out of 10 households need water points showing water is still a major problem in Fundong council area. On the other hand, 2 out of 5 households expect an improvement in terms of management of existing water points. 3 out of 10 households expect an improvement of the quality of water in the existing water points. One out of five households expects that repair works should be carried out on the damaged water points.

**Table 0.14:** Proportion (%) of households in Fundong council according to expectations for the provision of water:

<b>Proportion (%) of households whose expectation of water provision is</b>					
More/additional water points	An improvement in terms of 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
68.8	38.5	19.2	32.4	7.4	32.7

*Source: CRCM study, council 2017*

### 3.2.7. Synthesis in the perception of services in the domain of water.

According to statistics from the study, the main public water source for households in the Fundong council area is river/spring as declared by 81% of the households. This is an indicator that 4 out of 5 households depend on river/spring as their main source of water supply. Rivers/springs according to WHO (2017) falls under the unimproved water supply technologies. Despite the unimproved nature of water supply, a good proportion of the households declared that the water was good, has no odour/smell, taste or colour. Only 38.3% of the households in the council area enjoy tap water (pipe borne water). Tap water is mostly restricted to Fundong town. This explains why a high proportion of the households 60.3% gave insufficient water points as their reason for non satisfaction with the services rendered in the domain of water. Hence, the population expect more additional water points, improvement in the management of existing water points and improvement in the quality of water in the existing water points.

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 Fundong council area.

### **3.3. HEALTHSECTOR**

Access to healthcare services is critical to good health, yet rural residents face a variety of access barriers. Access here is defined as the timely use of healthcare services to achieve the best possible health outcomes. Rural population experience lower access to healthcare along the dimension of affordability, proximity, and quality compared with their urban counterparts. These barriers to healthcare limit their ability to obtain the health care they need. In order for rural residents to have sufficient healthcare access, necessary and appropriate services must be available and obtainable in a timely manner. Even when an adequate supply of healthcare services exist in the community, there are other factors to consider in terms of healthcare access. For instance, to have good healthcare access, a rural resident must also have:

- Financial means to pay for services.
- Means to reach and use services, such as transportation to services which may be located at a distance, and the ability to take time off from routine work to use such services.
- Confidence in their ability to communicate with healthcare providers, particularly if the patient is not fluent in English or has poor health literacy.
- Confidence in their ability to use services without compromising privacy.
- Confidence in the quality of the care that they will receive.

The data collected from the field during the study on health provides a picture of the health care services offered and the perceptions of the population in the Fundong council area.

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

Health care utilisation is the use of health care services by people. The health care utilisation of a population is related to the availability, quality and cost of services, as well as the social-economic structure, and personal characteristics of the users (Awoyemi et al, 2011). Table 3.15 show the types of health care units nearest to the households and the time taken to reach the health care unit in the council area. The health care units include public integrated health center, Hospital/sub divisional medical center and private health center. Health care units from the public sector are made up of the public hospital, integrated health centers, the sub divisional medical center and any other public medical centers. Private health centers units from the private sector comprises of lay hospital/private clinic, private denominational

hospital, private pharmacy, Physician's office, health center, denominational/Dispensary, and any other private medical structure.

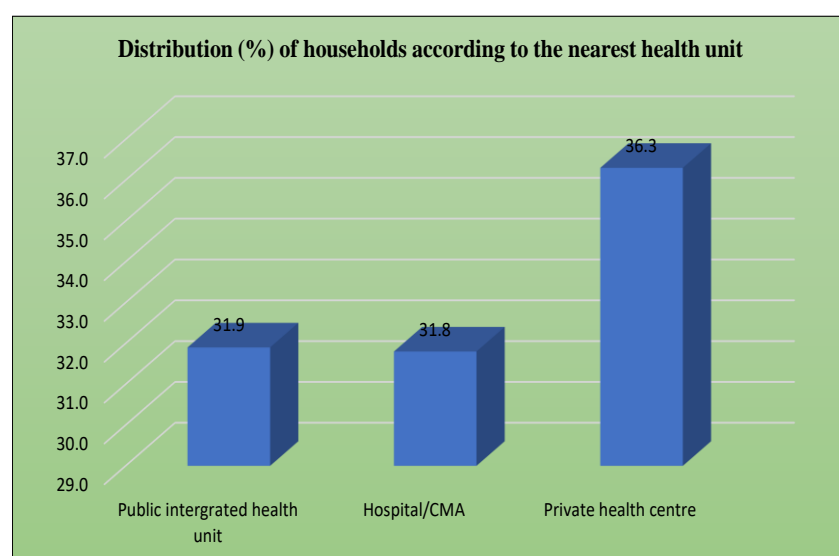
According to statistics from the study, the nearest health care unit to the households of Fundong council area is the private health care centre. 36.3 % of the households declared that the nearest health care unit to the population is the private health centre. These private health centers are own by the Catholic and Baptist missions and some individuals. Thirty two percent of the households make use of the public integrated health center and 32 % of the households also visit the Hospital or sub divisional hospital when they are sick. The bar chart on figure 3.5 show how close the private health center is to the people.

**Table 0.15:** Distribution (%) of households according to the nearest health care unit and time taken to reach there, in Fundong council area.

Nearest health centre			Total	Time taken to reach there			Total
Public integrated health center	Hospital/CMA	Private health center		Less than 15 minutes	Between 15 and 30 minutes	More than 30 minutes	
31.9	31.8	36.3	100	22.9	30.6	46.6	100

Source: CRCMstudy, Fundong council. November 2017

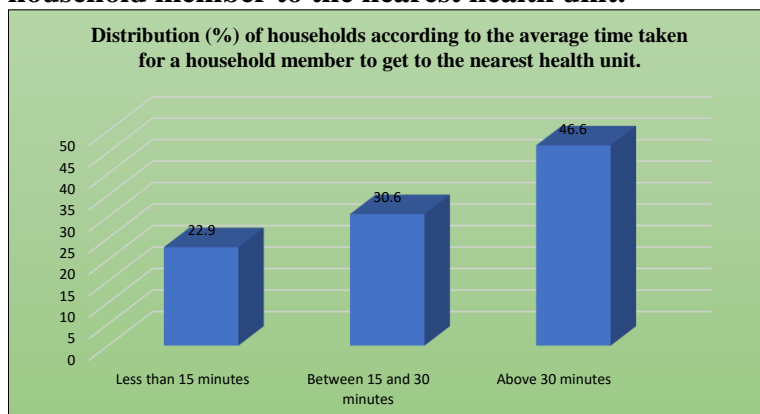
**Figure 0.5: Distribution (%) of households according to the nearest health unit.**



Source: CRCMstudy, Fundong council. November 2017

Tables show that in Fundong council area 46.6 % of the households take more than 30 minutes to reach the nearest health care facility while 30.6% of the households take between 15 and 30 minutes and 22.9 % of the households declared that they take less than 15 minutes to reach the nearest health center. The bar chart on figure 3.6 below gives a clearer picture of the time taken by households to reach the health care units. These statistics show that health care units are still far off from homes in Fundong as 1 out of 2 persons (46.6%) take above 30 minutes to reach the nearest health care unit.

**Figure 0.6: Distribution (%) of households according to the average time taken for a household member to the nearest health unit.**



*Source: CRCMstudy, Fundong council. November 2017*

As earlier mentioned, the households in Fundong council area have a preference for private health care centers. The under-utilisation of the health services in public sector has been almost a universal phenomenon in developing countries. Rural people turn to forgo care from public health care units because of the burden of cost and long travel time. Longer travel times and greater distances to health centers in rural areas constituted barriers to repeated visits (Awoyemi et al, 2011).

According to statistics from the study on table 3.16, 34.5% of household members in the Fundong council area declared that they prefer to seek solution to their health problems in the private health center as opposed to 33.8 % of the household members who prefer public integrated health center followed by 30.1% of the households who will seek solution to their health problems from the hospital or sub divisional hospital and 02 % of the households seek help from a medical staff. Despite the fact that the differences in preference for health care units in terms of percentages is not wide, the preference for private health care units

in the Fundong council area can be explained by the presence of good Catholic and Baptist mission health centres in the municipality and neighbouring municipality. The insignificant 0.4 % of households who prefer traditional healers could be an indicator that people are becoming aware of the fact that one needs a good medical care when he or she is sick or turning away from their culture.

**Table 0.16:** Distribution (%) of household's members according to preference to seek for solution to health problems in Fundong council.

Preferences of the household members in terms of health care facilities								Total
Public integrated health center	Hospital/ CMA	Private health center	Traditional healers	At the medical store/iosk	Go to a medical staff member	Treat at home/self-medication.	others	
33.8	30.1	34.5	0.4	1.0	0.2	0.0	0.0	100.0

Source: CRCM study, Fundong council. November 2017

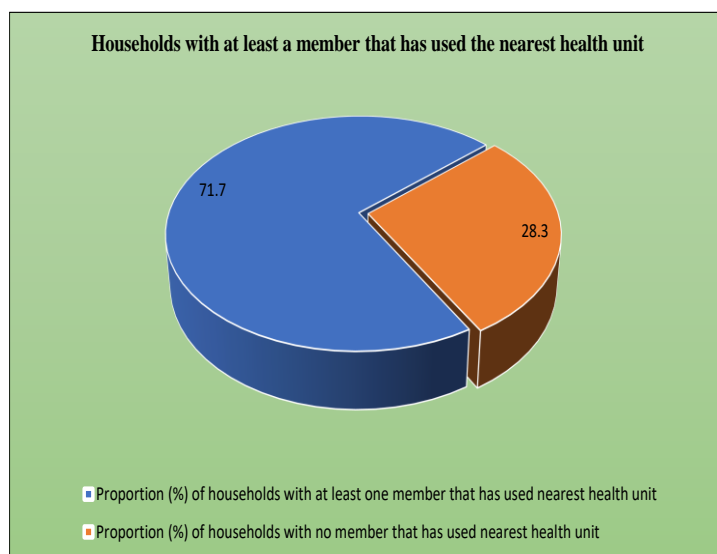
According to table 3.17, 71.7% of members of households have made use of the nearest health unit in the last 12 months in Fundong council area. Only 3 out of 10 (28.3 %) of the households have not made use of the nearest health care unit. The statistics show that population of Fundong council area make good use of the health care facilities available in the municipality.

**Table 0.17:** Proportion (%) of households whose members have been to the nearest health care unit in the last 12 months and the head of health care unit visited in Fundong council area.

Proportion (%) of households using the nearest health care unit	Head of health care unit, for households using the nearest health centre					Total
	Medical Doctor	Nurse	Nurse aider	others	I don't know	
71.7	48.4	34.6	1.0	10.4	5.7	100.0

Source: CRCM study, Fundong council. November 2017

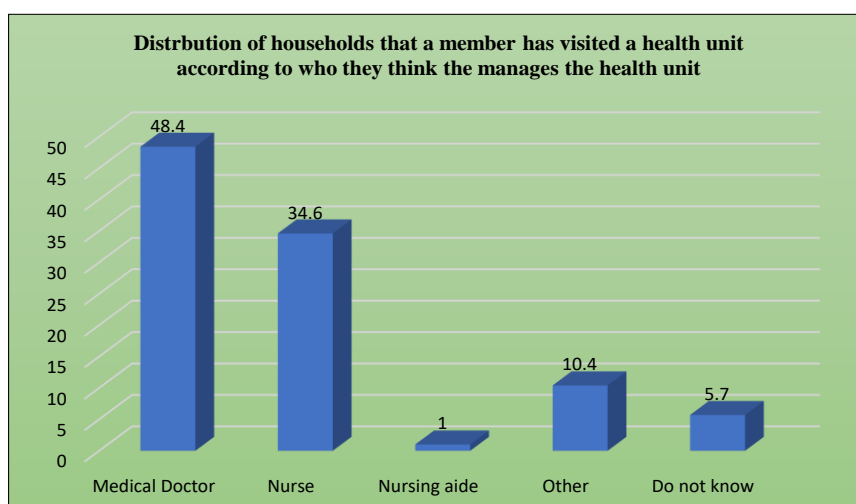
**Figure 0.7: Households with at least a member that has used the nearest health unit.**



*Source: CRCMstudy, Fundong council. November 2017*

Out of the households 71.7% that a member at least visited the nearest health care unit 48.4% of these household members declared that the health unit is managed by a Medical Doctor followed by 34.6% of household members who said the health unit they attended is managed by a nurse and a meager 1.0% of household members declared that the health care unit they visited is managed by a nurse aider. The bar chart on figure 3.8 shows a clearer picture of the distribution of households that a member has visited a health care unit according to who they think manages the health unit.

**Figure 0.8: Distribution of households that a member has visited a health unit according to who they think manages the health unit.**



*Source: CRCMstudy, Fundong council. November 2017*

Table 3.18 show the characteristics of the nearest health care units visited in the last six months by household members. Among the households that were part of the CRCM study, 95.9 % of the households declared the presence of health personnel in the nearest health care unit they last visited while 85.9 % of the households said basic material/equipment were available and 97.8% of the households that paid a visit to the nearest health center attest to the existence of hospitalization hall/rooms. In terms of number of beds in the hospitalization halls/room, 38.6% of the households declared that there were 5-10 beds per room and 38.1% of the households declared about the nearest health care they visited recently had less than five beds. This low response rate in terms of hospitalization beds indicates that there is still a problem in the health care units when it comes to beds for patients to sleep on. Nine out of ten (90.5%) of the households agreed that a pharmacy/ pro-pharmacy exist in the nearest health care unit they visited last and 75.9 % declared that drugs were available in the pharmacy/pro-pharmacy. These statistics indicate that the staffing in the health care units in Fundong municipality is not bad, the health care units are equipped to an extend and there are enough hospitalization halls and rooms in the available health units in the council area.

**Table 0.18:** Distribution (%) of households in Fundong council according to characteristics declared about the nearest health care unit during their last visit.

<b>Characteristics declared about the nearest health centre during their last the visit</b>									
<i>Presence of personnel</i>	<i>Availability of basic material/equipment</i>	<i>Existence of hospitalisation hall/rooms</i>	<i>Number of beds in the hospitalisation halls/rooms</i>					<i>Existence of a pharmacy/ pro-pharmacy</i>	<i>Availability of drugs</i>
			< 5	5-10	>10	I don't know	Total		
95.9	85.9	97.8	38.1	38.6	3.8	10.5	100	90.5	75.9

*Source: CRCMstudy, Fundong council. November 2017*

### 3.3.2. Cost and quality of health services.

Quality of health services according to the Institute of Medicine in the USA, is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Quality can be reflected in a variety of program aspects such as: access, clinical effectiveness, integration of services: coordination and continuity, cultural competence and comprehensiveness. Quality measurement therefore is critically important in health care programs because it can play a significant role in: outcomes of health care, health care costs and consumer information and



choice. Cost of health services in the context of this study is the money the patient pays to be consulted by the medical practitioner. It does not include payment for drugs and other expenses. Table 3.19 show the distribution (%) of households paying consultation fees, how they appreciate the amount and the average monthly expenditure of the household on health services.

Payment of consultation fees in health establishment in Cameroon is a normal phenomenon. According to statistics on table 3.19, a proportion 93.9% of households that visited the nearest health care unit for solution to their health problems declared that they paid consultation fees. Out of the proportion of households that paid consultation fees, 62.2% of the households declared that they paid a consultation fee between 500 – 1000 Fcfa, 28.4% of the households paid more than 1000 Fcfa and 14.5 % of the households said they paid a consultation fee less than 500 Fcfa.

Among the households that paid consultation fees, 51.1% appreciated the amount to be reasonable. This is an indication of the value the population attach to their health hence they are willing to pay the consultation fees. However, 47.4% of the households complained that the amount charge for consultation fees in the health care units is high. This complains can be understood as the majority of Cameroonians live below US \$1.25 (680 frs) a day. A meager 1.6 % of the households declared that the amount paid for consultation fees was insignificant.

**Table 0.19:** Proportion (%) of households of which a member has consulted and paid a consultation fees in the nearest health care unit, the amount paid and how they appreciate the amount paid.

Proportion (%) of households that paid consultation fees at the nearest health care unit	Amount paid for consultation fees (FCFA)				Partitioning (%) of households paying consultation fees, per appreciation of amount paid			Total
	Less than 500	Between 500-1000	more than 1000	Total	High	Reasonable	Insignificant	
93.9	14.5	62.2	28.4	100	47.4	51.1	1.6	100

*Source: CRCM study, council 201*

### 3.3.3. Appreciation of health services.

According to Oxford living dictionary, appreciation simply mean the recognition and enjoyment of the good qualities of someone or something. The CRCM study has been able to capture the appreciation of the health care services in the Fundong council area. Table 3.20 shows that none of the households interviewed declared any payment of extra charges in addition to the normal consultation fees paid during a consultation session in any health care unit. However, 7 out 10 (69.3 %) of the households attending the nearest health care unit declared that the reception by the medical staff at the health care unit was good. On the other hand, 21.2% of the households declared that the reception by the medical staff at the health care unit was average while 1 out of 10 households declared that the reception at the health care units was bad. However, despite the show of gratitude to medical staff in the health care units by figures from the study in the Fundong council area, some of the households still expressed non-satisfaction about the health services in the area.

**Table 0.20:** Proportion (%) of households in Fundong council who paid extra charges in addition to the normal consultation fees during a consultation session at the nearest health care unit as a motivation to receive better care and their appraisal of the receptive attitude of the medical staff in the community.

Proportion (%) of households which have paid extra charges in addition to the normal consultation fees during a consultation session at the nearest health care unit			Partitioning (%) of households attending the nearest health care unit and their appraisal of the receptive attitude of the medical staff:			
<i>Personal initiative</i>	<i>Medical staff's request</i>	<i>Total</i>	<i>Good</i>	<i>Average</i>	<i>bad</i>	<b>Total</b>
-	-	-	69.3	21.2	9.5	100

*Source: CRCMstudy, Fundong council. November 2017*

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

It is a rare occurrence that all health problems can be solve in a health care unit. However, a proportion of households 59.9 % that visited the health care units in the Fundong council area, declared that their health problems were solved. Despite the good receptive attitude by the medical staff and efforts by the health care unit to solve the health problems of the population, 36.0% of the households were not satisfied with health service rendered for various reasons as seen on table 3.21. Among the households that were not satisfied with health care services, 46.8% declared that their reason for not being satisfy was insufficient

drugs in the health care unit followed by 37.4 % of the households who said they were not satisfy because of the long distance they cover to access the health care units. Other reasons for dissatisfaction among the households in descending order are poor quality / insufficient equipment 32.7%, poor quality of services provided 32.4%, insufficient existing health care units 29.0%, high cost with regards to access to health care 27.5%, defaults related to the health care unit staff 25.4% and poor mangement of the health care units 12.9%. In this light that the the population is bound to have some expectations about the health care services in the municipality.

**Table 0.21:** Proportion (%) of households in Fundong council who declared that the nearest health care unit solves most of their health problems in the village and households who were not satisfied with the services rendered by health care unit and their reasons for non-satisfaction.

Proportion (%) of households whose health problems in the village were 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
59.9	36.0	37.4	32.4	29.0	25.4	12.9	46.8	32.7	27.5	32.0

Source: CRCMstudy, Fundong council. November 2017

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

Despite all the reasons for not being satisfied with the health services given by the population of the Fundong council area, the people still have a strong belief or feeling that good things are going to happen in the future in the health domain in their municipality. It is on this premise that the people advanced some expectations during the study.

Table 3.22 shows the expectations of the people in the health domain in the council area. Among the households interviewed, 52.6% of the households declared that they expect the health care units to be equipped while 50.8% of the households expect the health units to make provision for more staff. On the other hand, 48.8% of the households expect that the provision and supply of more drugs to the health care units while 47.2 % of the households expect that additional health care units be constructed or opened in the council area. The expectations in the health domain are all significant all the expectations carried the same weight. For each expectation, one out of two households is expecting something to be done in the health domain.

**Table 0.22:** Proportion (%) of households according to expectations from health services in Fundong council

Proportion (%) of households whose expectations in health services are :				
Additional health care units	Provision/supply of drugs	Provision of more staff	Equipped health care units	Others
47.2	48.8	50.8	52.6	38.5

Source: CRCMstudy, Fundong council. November 2017

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

According to the Cambridge Advanced Learners dictionary (2005), perception is defined as a belief or opinion, often held by many people and based on appearance or an awareness of things through the physical senses, especially sight. The households of Fundong council area is aware of the health care services in the area and has an opinion about it. The study on CRCM has been able to bring out the perceptions of the households as concern health care services.

The households of Fundong council believes in the health care services offered in the area. According to the study, 71.7% household members visited the nearest health care unit in the last 12 months and were attended to by qualified staff (medical doctors and nurses). During these visits, household members declared that the personnel were presence, basic material/equipment available and there were hall/rooms in the health care units with an average of 5-10 hospitalization beds per room though there were not enough. Household members also declare that pharmacy/pro-pharmacy exist in the health care units with basic drugs available. The cost of health services in the Fundong council area is within reach of the households, as 1 out of 2 (51.1 %) household members in the study declared that the amount of money paid for consultation fees is reasonable.

Despite all the positive aspects recorded about the health care services in the area, part of the population was not satisfied with the health care services rendered in the council area. Among the reasons advanced for dissatisfaction, 1 out of 2 (46.8%) households' were not satisfy because of insufficient drugs in the health care units followed by long distance covered to access the health care units. Other reasons for dissatisfaction were poor quality/insufficient equipment, poor quality of services provided, insufficient existing health care units, high cost with regards to access to health care, defaults related to the health care unit staff and poor mangement of the health care units in that descending order. To find solutions to these health service problems, the population expect that the council and government should equip the health care units, recruit more staff, provide and supply more drugs to the health care units and create additional health care units in the council area

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 Fundong Council area.

### **3.4. EDUCATION SECTOR**

#### **3.4.2. Availability and usage of services in the domain of education**

According to UNICEF/UNESCO (2007), states have obligations to establish the legislative and policy framework, together with sufficient resources, to fulfil the right to education for every child. Each child must therefore be provided with an available school place or learning opportunity, together with appropriately qualified teachers and adequate and appropriate resources and equipment. The level of provision of primary education must be consistent with the numbers of children entitled to receive it. All learning environments must be both physically and economically accessible for every child, including the most marginalized. Schools must be within safe physical reach or accessible.

Table 3.23 shows that 96.2 % of the households declared that there is a nursery school in the village/quarter in Fundong council area and each household has at least one child attending nursery school. In terms of distance to reach school from the households, 70 % of the households declared that children cover less than 1 km while 22.4% of the households said children cover between 1-5 km to reach school. The nursery school children spend on the average 21.5 minutes to reach the school on foot.

The primary cycle of education is well established in the Fundong council area as declared by 96.8 % of the households. On the average 2.5 children from each household attend primary school and 68 % of the households said their children cover a distance of less than 1 km from the household to reach school while children from 24.3% of the households cover a distance between 1-5 km to reach school. Children from the households who are attending the primary cycle of education take an average of 22.7 minutes to reach school on foot.

About 29.4% of the households whose children attend secondary schools declared that a secondary school exist in the village/quarter in Fundong council area. Each household has about two children in secondary school and 3 out of 5 (59.3% ) households declared that their children cover a distance between 1- 5 km to reach school. Only 29.4% of the households have children who cover a distance of less than 1 km to reach school. On the average, children from the households in the Fundong council area take an average of 43.8 minutes to cover the distance to school on foot. These figures indicate that secondary schools are few and far off the households. It is worth mentioning that formal vocational training is not carried out in the area.

**Table 0.23:** Distribution (%) of households in Fundong council who have an educational cycle and type and time taken by children to reach the school on foot.

Available Cycle	Proportion of households belonging to a village with an educational cycle that a member declare that they have a cycle	Average number of children from the household attending the nearest school	Distance covered by children from the households to school					Average time spent by the children to reach the school on foot
			Less than 1 km	Between 1-5 km	More than 5 km	I don't know	total	
Nursery	96.2	1.2	70.0	22.4	0.0	7.5	100	<b>21.5</b>
Primary	96.8	2.5	68.0	24.3	1.0	6.6	100	22.7
Secondary	29.4	1.5	29.4	59.3	5.4	4.9	100	43.8
Vocational training	-	-	-	-	-	-	-	-

*Source: CRCMstudy, Fundong council. November 2017*

Table 3.24 below show the characteristics of school at all levels in the Fundong council area. According to the respondents who have children in nursery schools, at least 4 out of every 5 households interviewed declared that the school their child/children attend has at least a classroom per class level. Almost all respondents (96.8%) declared that there are benches in the classrooms for all pupils to sit on, and only 4.6% of households interviewed declared that textbooks are distributed in the school. This means that a majority of the households in Fundong council area are of the opinion that text books are not distributed or made available to pupils in the nursery level.

At the primary level of education, 99% of the households declared that they have a complete primary cycle in the council area, 55.0% of the households declared the primary schools have classroom per class while 4 out of 5 (86.3%) of the households said there were benches for the pupils to sit on in these classrooms and 1 out of 10 households declared that textbooks were distributed in school in Fundong council area. This is an indication that textbooks are not distributed in the primary school.

At the level of the secondary education, all the households (100%) interviewed declared that all the secondary schools have a complete first cycle. On the other hand, 64.7% of the households declared that they have a complete second cycle in Fundong council



area. According to the Fundong Council Development Plan of 2012 out of the 11 secondary schools in the council area only 4 have second cycles. However, 91.5% of the households interviewed declared that all secondary schools have at least a classrooms per class and 93.3% declared that benches were available for students to sit in these classrooms. No households declare that textbooks were distributed in school.

**Table 0.24:** Proportion (%) of households in Fundong council according to the characteristics declared about the school attended per educational cycle

<b>Educational cycle</b>	<b>Characteristics declared about the school attended</b>					
	<i>Has a complete primary cycle</i>	<i>Has A complete secondary first cycle</i>	<i>Has A complete secondary second cycle</i>	<i>Has a classroom per class level</i>	<i>Availability of benches for all pupils to sit on</i>	<i>Distribution of school textbooks in the school</i>
Nursery	0.0	0.0	0.0	80.5	96.8	4.6
Primary	99.0	0.0	0.0	55.0	86.3	8.7
Secondary	00	100	64.7	91.5	93.3	0.0
Vocational training	-	-	-	-	-	-

*Source: CRCMstudy, Fundong council. November 2017*

The quality of education can be appreciated on the basis of number of children per class and the effective presence of teachers in class. It is for this reason that during the data collection for the CRCM project, questions on these two aspects on the quality of education in the council area were asked to the households. It is worth noting that in Cameoon, 30, 60, 60 children are recommended per class in the nursery, primary and secondary schools respectively.

Data collected from the field as shown on table 3.25 below revealed that of the households whose children are attending secondary schools, 49% declared that there are more than 60 students per class where their children are schooling, 22.5% among the households declared that there are between 30 and 60 students per class and only 6.2% of the households declared that there are less than 30 students per class. The statistics shows that there are more overcrowded classes at the leve of secondary education in Fundong council area. Hence there

is a need for more secondary schools to be open. As concern the effective presence of teachers in class, 84% of the households declared that teachers were regular in class.

As seen earlier, most of the households 96.8% in Fundong council area have children in the primary cycle of education, 6.0% of the households declared that there are more than 60 pupils per class where their children are attending school, 50% of the households declared that there are between 30 and 60 pupils per class and 19.2% of the parents declared that there are less than 30 pupils per class. This figures indicates that the carrying capacity of the number of children per class at the primary level of education has not been attained in the council area. Teachers were regular in the primary schools as declared by 87.9% of the households that were part of the CRCMstudy.

At the level of the nursery of education, 4.3% of parents who have children at this level of education declared that there are more than 60 pupils per class, 27.0% of the households declared that there are between 30 and 60 pupils per class and 33.6% of parents declared that there are less than 30 pupils in a classroom in the nursery schools in the Fundong council area. At the level of the nursery school in Fundong council area overcrowding of pupils in class is not yet a problem. Almost all the households 97.2% declared that teachers are regular in class at the nursery level. This figure speaks of the importance attach to care by the teachers at this level of education because the children are very tender.

**Table 0.25:** Proportion (%) of households in Fundong council area whereby children going to school are in classrooms with an average number of pupils and the appreciation of the teacher's presence in classroom.

Educational cycle	Proportion (%) of households whereby children going to school are in classrooms with an average number of pupils.				Proportion (%)of households according to the appreciation of the teacher's presence in class			
	Less than 30	Between 30 and 60	above 60	<i>I don't know</i>	<i>Regular</i>	<i>Averagely regular</i>	<i>Irregular</i>	<i>Total</i>
Nursery	33.6	27.0	4.3	24.9	97.2	0.0	1.8	100
Primary	19.2	50.0	6.0	24.9	87.9	2.7	0.7	100
Secondary	6.2	22.5	49.0	22.4	84.0	3.9	1.8	100
Vocational training	-	-	-	-	-	-	-	-

*Source: CRCMstudy, Fundong council. November 2017*

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

Nursery and primary education in Cameroon is supposed to be tuition free in the public institutions but lay private and mission schools do pay tuition fees. Tuition fees is paid at the level of secondary education. Table 3.26 below shows that all the households in the Fundong council area paid the required tuition fees for their children attending school at all the levels of education. On the average, the households spend annually 20.262 Fcfa per child for the education of their children in the nursery school while in the primary school the households spent an annual amount of 6.650 Fcfa per child and 25.474 Fcfa was spent annually per child for secondary education in the council area.

As concerns the amount of school fees paid according to the different cycles of education, a majority of the parents believe that the school fees is high, 3 out of 5 (66.0%) of the households with children attending primary schools think that the amount of school fees for the primary school is high as compared to 32.7 % of the parents who acknowledge that the amount is reasonable. A meagre 0.6 % of the households believe that the amount of school fees paid at the primary school level is insignificant.

For the secondary schools, 72.6% of the households declared that the school fees is high, 1 out of 4 (25.4 %) of the households with children attending school said the amount paid for school fees is reasonable and 0.8% of the parents declared that the amount is insignificant. For the nursery level, 59.1% of the households think that the school fees paid for their children to attend school is high while the 38.4% of the households declared that the amount paid for school at the nursery level of education is reasonable. The figures indicate that at all levels of education school fees is high according to the parents in Fundong council area.

**Table 0.26:** Partitioning of households in Fundong council according to the appreciation of the amount paid for the school (registration, tuition fees, Parents Teachers Association (PTA)) in the community.

Educational cycle	Proportion (%) of households having paid the required fees for education	Average school fees expenditure spent throughout a school year per child (CFA Francs)	Partitioning (%) of households paying fees required and their appreciation of the amount paid				
			High	Reasonable	Insignificant	Not concern	Total
Nursery	98.4	20.262	59.1	38.4	0.0	2.5	100
Primary	100	6.650	66.0	32.7	0.6	0.8	100
Secondary	98.1	25.474	72.0	25.4	0.8	1.8	100

*Source: CRCMstudy, Fundong council. November 2017*

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

Different stakeholders are involved in the education of our children in Cameroon. It is for this reason that the CRCM project asked a question to the households with children attending school to find out which stakeholder does repairs when a classroom is damaged in a school at all levels of education in the Fundong council area. According to statistics from the field shown on table 3.27 below, the PTA (Parent Teacher Association) stands out as a major stakeholder at all level of education as concerns repair works on damaged classrooms.

At the secondary level of education, 76.4% of the households declared that the PTA repaired the damaged classrooms in the school where their children are attending school, 22.9 % said the repair works on the damaged classrooms was done by the MINEDUB/MINESEC, 14.8% of the parents declared that damaged classrooms were repaired by the Mayor and the 9.5% of the households said a village organisation repaired damaged classrooms.

At the primary level of education, the PTA distinguish itself oncemore among the stakeholders that carried out repair works on classrooms that were damaged as declared by 4 out of 5 (87.3%) of households whose children attend primary school, 1 out of 4 (24.4%) parents said a village organization repaired classrooms that were damaged in the primary schools, 16.2 % of households interviewed declared that the Mayor repaired classrooms that were damaged in the council area.

The PTA also intervened at nursery level of education to carry out repairs on damaged classrooms, 69.7% of the households interviewed declared that the PTA repaired damaged classrooms, 14.6 % of the parents said a village organisation carry out repair works on the damaged classroom and only 5.1 % of the households declared that the Mayor did repairs on damaged classrooms in the Fundong council area. Statistics from the study show that if the grassroot organizations like the PTA, village organisations and the council are empowered much can be achieved in the education domain as shown by their contribution in repairing damaged classrooms at all levels of education. The contributions of MINEDUB/MINESEC and the Elites repairing damaged classrooms at all the levels of education were insignificant.

**Table 0.27:** Proportion (%) of households in Fundong council declaring that the damaged classrooms were repaired per stakeholder type

Educational cycle	Proportion (%) of households declaring that damaged classrooms were repaired by (E16):					
	The PTA	Mayor	A village organisation	MINEDUB/MINESEC /MINEFOP	The Elites	Others
Nursery	69.7	5.1	14.6	1.6	0.0	1.6
Primary	87.3	16.2	24.4	6.9	4.4	6.9
Secondary	76.4	14.8	9.5	22.9	5.7	22.5
Vocational training	-	-	-	-	-	-

*Source: CRCMstudy, Fundong council. November 2017*

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

The education sector in the Fundong council area is plague with problems like any other part of the country. According to findings from the field on table 3.28 below, households at all levels of education expressed dissatisfaction, 18.2% of the households declared that they were not satisfied with the educational services offered at the primary level and at the secondary level of education, 11.6% of the households declared their dissatisfaction with the services offered. A proportion of 4.7% of the households were not satisfied with the education services at the nursery level.

The households in the Fundong council area that were interviewed expressed their non-satisfaction mostly with the educational services offered at the primary level of education. According to table 3.37 below statistically the data for secondary education is insignificant

and will not be commented on. Among the reasons advanced by the population for non-satisfaction with the educational services are the insufficient teaching staff at the primary level as declared by 72.8% of the households followed by insufficient classrooms 72.6%, high tuition fees 50.5%, insufficient equipment 45.4%, non-distribution of textbooks 41.1% and poor results 19.7% in that order. Other reasons for non-satisfaction by the households with the educational services include insufficient schools 13.4% and far distance to access educational services 9.7%. Two major reasons for dissatisfaction stands out which 3 out of 5 persons advanced. They are insufficient staff and insufficient classrooms.

**Table 0.28:** Proportion (%) of households in Fundong council in which a member declares not satisfied with the educational services and the reasons for their non-satisfaction

Educational cycle	Proportion (%) of households not satisfied with educational services	Amongst the households not satisfied, proportion (%) whose reason for their non-satisfaction is : (E18)								
		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	4.7	-	-	-	-	-	-	-	-	-
Primary	18.2	9.7	72.6	45.4	13.4	72.8	41.1	19.7	50.5	19.1
Secondary	11.6	(15.5)	(39.0)	(39.6)	(13.3)	(54.6)	(37.3)	(10.1)	(62.4)	(9.5)
Vocational training	-	-	-	-	-	-	-	-	-	-

Source: CRCMstudy, Fundong council. November 2017

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

Analysing the different cycles of education separately, the most important expectation of the households is the recruitment of more teaching staff at the primary level 51.7%, secondary level 32.5% and nursery level 13.2% respectively. Another important expectation of the population is the construction of more classrooms. Forty-four percent of the households at the primary level, 20.6% at the secondary level and 10.3% at the nursery level respectively declared that more classrooms should be built. The tendency ties with the results of the analysis of reasons for unsatisfaction with the educational services.

Reduction in the cost of education is an important expectation that cuts across all levels of education. At the primary of level of education 35.4% of the households expect a reduction in the cost of education followed by 28.1% of the households in the secondary and 12.0% for the nursery. This is followed by distribution of textbooks in school at all the levels - primary level 37.2%, secondary level 18.0% and nursery 11.6% and additional equipment – primary level 33.5%, secondary level 19.7% and nursery 8.3%. The tendency shows that the expectations in the education sector is more at the primary level of education as shown on table 3.29.

**Table 0.29:** Proportion (%) of households in Fundong council according to their expectations in the domain of education

Educational cycle	Proportion (%) of households whose expectations in the domain of education are :								
	To have a school located nearby	Built more classrooms	Add additional equipment	Create more schools /vocational training center	Recruit more teaching staff	Distribute school textbooks	Improve the quality of the results	Reduce the costs	Others
Nursery	2.2	10.3	8.3	4.5	13.2	11.6	2.7	12.0	1.9
Primary	10.1	44.3	33.5	9.0	51.7	37.2	9.7	35.4	9.4
Secondary	9.0	20.6	19.7	5.4	32.5	18.0	4.5	28.1	8.7
Vocational training	0.3	0.3	0.8	0.5	0.3	0.3	0.0	0.0	0.0

*Source: CRCMstudy, Fundong council. November 2017*

### 3.4.7. Synthesis in the perception of services in the domain of education per cycle

All the cycles of education that is nursery, primary and secondary are available in the Fundong council area. Almost every household has an average of two children attending nursery or primary school with a majority of these children spending an average of 22 minutes to cover a distance of less than one kilometre to reach the school on foot.

On the other hand, the secondary cycle of education is inadequate in the council area as revealed by the CRCM project. The time period of 44 minutes spend to cover a distance of between one to five kilometres to reach school on foot is an indication that more secondary schools are far off or are not enough in the council hence more secondary schools needs to be constructed. Besides, not all the secondary schools have the second cycle.

There is a classroom per class in all the cycles of education with benches available for children to sit on and receive their lessons. The average number of children per classroom is still within the norms in Cameroon of 60 children per classroom except for the secondary cycle that 1 out of 2 households declared that there are classrooms with 60 students and above. The population declared that teachers were regular in class at levels of education with a very high percentage of households that declared the regularity of teachers at the nursery level of education.

Findings from the study revealed that the cost of education is high though a smaller proportion of the population declared that the amount paid was reasonable. Despite the high cost expressed by a majority of households at all levels of education, the parents still paid the required amount of fees for the education of their children which is an indication of the high value that parents have for the education of their children.

The PTA distinguish itself as the major stakeholder in handling repair works of damaged classrooms at all levels of education in the council area followed by village organizations and the Mayor in that descending order. In all, the population of the council area expressed some dissatisfaction with the educational services. The reasons for the dissatisfaction include insufficient teaching staff, insufficient classrooms and high tuition fees among others. Poor results were not seen by the population as a major reason for dissatisfaction. As a result of this dissatisfaction, the population's main expectations are recruitment of more teaching staff, build more classrooms and reduce the cost of education. The expectations of education services in the council area are conspicuous at the primary level of education.

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. COUNCIL SERVICES**

Service delivery to the people in Cameroon in different aspects of life at the local level is either the sole responsibility of the council or a joint responsibility with the central government. Prior to the devolution of powers and competences to the councils by the central government in the country, there were some services that were the sole responsibilities of the councils. Among these services were civil status registry, statistical office, housing, water and sanitation, refuse collection and disposal, cemeteries, environmental protection among others (CLGF, 2013). With the transfer of power and competences to the councils by various ministries as part of the decentralization process, councils today have a greater responsibility in rendering services to the population that goes beyond registering births and deaths. This section of the report captures the perception of the population of the Fundong council area in terms of the services rendered by the council.

#### **3.5.2. Availability and usage of council services.**

According to analysis of the data collected from the field for the CRCM project, the most solicited council service by the population as shown on table 3.31 is the issuance of a birth certificate and the certification of official documents. Two out of ten (22.3%) households declared that the council has issued birth certificates to them, 1 out of 10 (10.8%) households declared that the council has certified official documents for them while 4.5% of the households said they request for information from the council. A meager proportion 0.9% of the households contracted marriages in the Fundong council in the last 12 months. These figures confirm the normal picture that people have about the services of the councils which is the issuance of birth certificates and the certification of documents.

A majority of households that requested for services from the council were of the opinion that the reception was good. Seventy seven percent of the households who established birth certificates declared that the reception was good. The time spent to obtain services at the council was difficult to arrive at because the figures that came out from the analysis of the data were insignificant as seen on table 3.30.

**Table 0.30:**Proportion (%) of households in Fundong council in which a member requested for a council service in the last 12 months, their opinion about the reception and the time taken to obtain the services requested.

<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>						
			Less than a day	Between 1 day and a week	Between a week and a month	Between one month and three months	More than three months	Ongoing	Total
Issuance of a birth certificate	22.3	76.5	(67.0)	(29.3)	(1.8)	(0.0)	(1.9)	(0.0)	100
Certification of official documents	10.8	(91.2)	(86.7)	(13.3)	(0.0)	(0.0)	(0.0)	(0.0)	100
Building permit	0.0	-	-	-	-	-	-	-	-
Death certificate	0.0	-	-	-	-	-	-	-	-
Marriage certificate	0.9	-	-	-	-	-	-	-	-
Certificate of Residence	0.0	-	-	-	-	-	-	-	-
Approval/Validation of localisation plans	0.0	-	-	-	-	-	-	-	-
Request for Informations	4.5	-	-	-	-	-	-	-	-
Others	1.4	-	-	-	-	-	-	-	-

Source: CRCMstudy, Fundong council. November 2017

### 3.5.3. Cost and quality of services within the council institution

This section of the study dwells on the speed at which services are rendered within council of Fundong. Findings from the field as shown on table 3.31, a proportion 6.9 % of households considered that the time to establish a birth certificate is long. No explanation was given for the long period. On the other hand, 0.4% of the households considered that the time taken to certify official documents is also long. However, in terms of cost of services rendered, 2.3% of the households said they gave a tip to establish a birth certificate and 1.7% of the households also said they gave a tip before their official documents could be certified. In as much as these figures are insignificant to establish cases of corruption, it is difficult to conclude that corruption is a practice in the Fundong council.

**Table 0.31:** Proportion (%) of households in Fundong council according to the cause of slowness/bottle necks in rendering the services required

Services	Proportion (%) of households who consider that the time taken to be served is long or too long	Cause of time to be lengthy or very lengthy for a service to be rendered				Proportion (%) of households who have paid a tip to obtain the services
		Unavailability of council staff / absent	The absence of working material	Corruption	Other factors	
Issuance of a birth certificate	6.9	-	-	-	-	2.3
Certification of official documents	0.4	-	-	-	-	1.7
Building permit	0.0	-	-	-	-	0.5
Death certificate	0.0	-	-	-	-	0.0
Marriage certificate	0.0	-	-	-	-	0.0
Certificate of Residence	0.0	-	-	-	-	0.0
Approval/Validation of localisation plans	0.0	-	-	-	-	0.0
Request for Informations	0.0	-	-	-	-	1.0
Others	0.4	-	-	-	-	0.3

Source: CRCMstudy, Fundong council. November 2017

### 3.5.4. Appreciation of council services.

The essence of decentralization as a system of governance is to give the population the opportunity to participate in their own development. It is in this light that the CRCM project asked questions to the households in order to appreciate the Fundong council's involvement in the activities of its population and how the population is involve in council activities. Table 3.32 shows that the population of Fundong council area appreciated the involvement of the council in their activities as 61.7% of the households declared that the council support the village /quarter in their development actions, 40.0% said the council is involve in village/quarter planning activities and 37.2% of the households declared that the council participate in the village assemblies.

Communication between the council and its population as shown by data from the field on table 3.33 is below expectation. A meager 6.3% of the households declared that the council

involved the village/quarter in the programming and budget session, 3.7 % of the people declared that the council annual budget is communicated to the population and 2.4% of the households agreed that the income and expenditures of the Fundong council is communicated to the population. These figures are a pointer to the fact that the population of Fundong council area are in the dark as concerns what goes on in the council.

**Table 0.32:** Proportion (%) of household in Fundong council who declared that they have been involved or were informed on the council activities

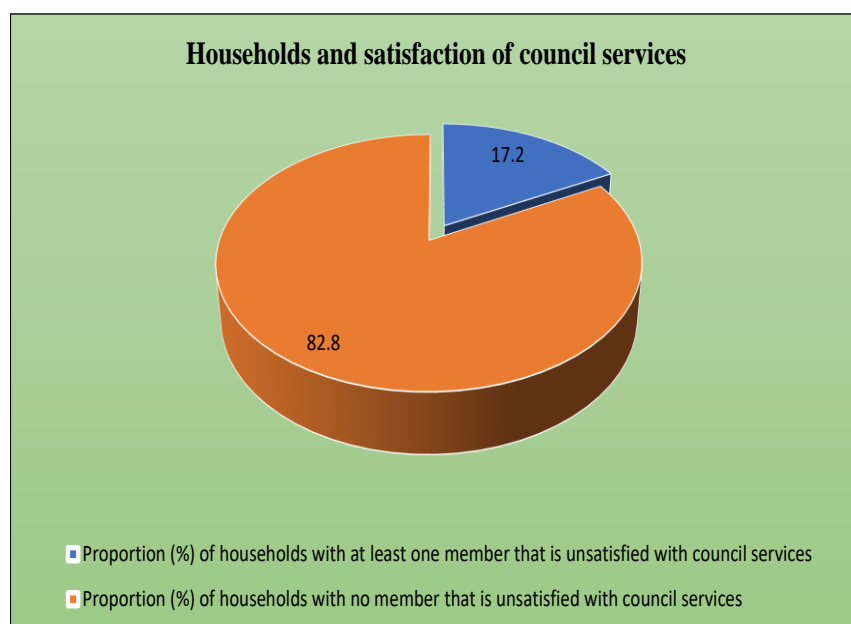
<b>Proportion of household who declared that they have been involved or were informed on the council activities</b>					
<i>Participation in village assemblies</i>	<i>Communication on the council annual budget</i>	<i>Communication on income and expenditures of the council</i>	<i>Support the village/quarter in development actions</i>	<i>Involving the village/quarter in planning</i>	<i>Involving the village/quarter in programming and budgeting sessions</i>
37.2	3.7	2.4	61.7	40.0	6.3

*Source: CRCM study, Fundong council. November 2017*

### **3.5.5. Reasons for the non-satisfaction of the population with regards to council services.**

A proportion of 17.2% of the households in the Fundong council area declared that they were not satisfied with council services as opposed to 82.8 % of the households who declared that they were satisfied with council services. The pie chart on figure 3.9 show that 82.8% of the households that were part of the study are satisfied with council services Fundong.

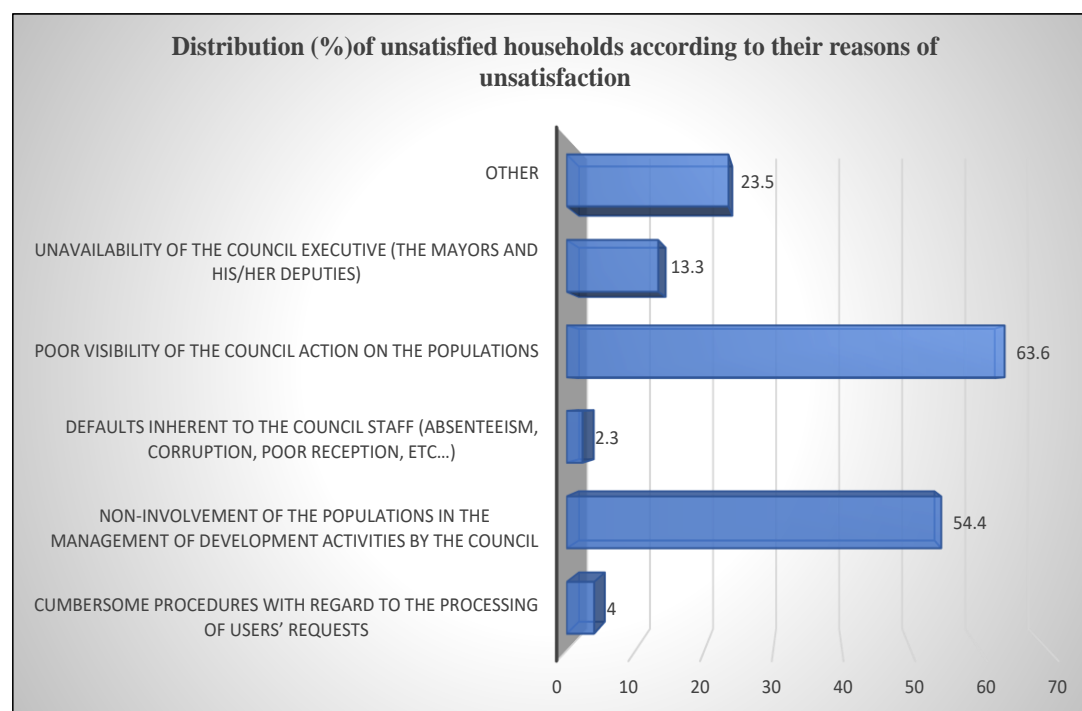
**Figure 0.9: Households and satisfaction of council services**



*Source: CRCMstudy, Fundong council. November 2017*

Statistically data in brackets indicates that the figures are insignificant and cannot be commented upon. According to the data analysed from the CRCM project in Fundong council area found on the bar chart on figure 3.10, the data given reasons for unsatisfaction are insignificant. However, some of the reasons for unsatisfaction according to the respondents are poor visibility of council action on the population, non-involvement of the population in the management of development activities by the council, unavailability of the council executive (the Mayor and his/her deputies), cumbersome procedures with regard to the processing of users' requests and defaults inherent to the council staff (absenteeism, corruption, poor reception etc). These reasons for non-satisfaction of the population are greatly linked to the poor communication of council activities to the population.

**Figure 0.10:** Distribution (%) of unsatisfied households according to their reasons of unsatisfaction.



*Source: CRCMstudy, Fundong council. November 2017*

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

According to data collected for the CRCM project in Fundong shown on table 3.35 below, there were some expectations from the population as concern the relationship between the council and its population. Three major expectations came out from the study. Firstly, 3 out of 5 persons expect the council to increase the involvement of the population in the decision-making process in the municipality. Secondly, 57.0% of the population expect the council to be close to the population and thirdly, 1.out of 2 people expects the council to increase communication with the population as far as its development actions are concern. One out of 5 persons also expect the council to be more transparent as far as the management is concern. These expectations from the households are in line with the reasons for non-satisfaction of the households with council services.

**Table 0.33:** Proportion (%) of households in Fundong council according to the expectations in council services

<b>Proportion (%) of households whose expectations in council services are :</b>				
Increased involvement of the populations in the decision-making process	Increased communication by the council as far as its development actions are concerned	More transparency as far as management is concerned	Closeness of the Council to the populations	Others
57.9	50.6	24.3	57.0	45.1

*Source: CRCMstudy, Fundong council. November 2017*

### **3.5.7. Synthesis in the perception of council services and suggested areas of improvement.**

Issuance of birth certificates and certification of official documents are the most solicited council services requested by the population. For quite a long time the councils have been associated or identified with the services of issuing of birth certificates and authenticating documents. The population of Fundong council is of the opinion that the reception for these services are good and the speed at which the service is rendered is long as declared by 6.9% of the households. However, more than 9 out of 10 of the population of Fundong council area agreed that the speed at which theses services are rendered is fast.

The population appreciated the involvement of the council in the village /quarter affairs but expressed some dissatisfaction with council services. The following number of reasons were advanced for the dissatisfaction. They include poor visibility of council actions on the population, non-involvement of the population in the management of development activities by the council, unavailability of the council executive (Mayor and his deputies) among others. These reasons for dissatisfaction show that the population does not know what is going on in the council. Hence, the population expect the council to increase the involvement of the population in council actions, become more close to the population and communicate council's development actions to the population.

### **3.6. Conclusion and main recommendations.**

#### **3.6.2. Conclusion.**

The CRCM project in Fundong council area was a good experience for all the stakeholders as this was the first time this project is being carried out in the region and country as a whole. The CRCM has come to create awareness on the population that their perception of public action and services is very important for their own development and can contribute enormously in the era of decentralization. On the part of the council, CRCM will promote good governance as the council can always get a feedback on their activities from the population. Despite a few hitches on the field in terms of logistics and some delays in the implementation of the project, the CRCM is a project went well and it is worth replicating in other council areas. The results of the study indicate that the Fundong municipality experiences some problems that hinder it from developing properly and its citizens to live a life that is up to their expectations. Some of such problems have to do with

- Insufficient of water supply points.
- Far distance of water points
- Poor management of existing water points
- Poor quality of water
- Long distance covered to access healthcare units.
- Poor quality services in the healthcare units.
- Insufficiency of drugs in healthcare units
- Poor quality/insufficient equipment in healthcare units
- Insufficient teaching staff
- Insufficient classrooms.
- Inadequate number of second cycle at the secondary education level.
- Far distant of access to schools
- Non distribution of school textbooks in the nursery and primary cycles
- High tuition fees
- No vocational training in the Fundong council area.
- non-involvement of population in decision making at the level of the council
- non-involvement of population in development actions
- lack of transparency in management at the level of the council



### **3.6.3. Main recommendations**

Much can be achieved in a decentralized system of governance if development is carried in a participatory manner and communication lines are constantly open horizontally and vertically in the community. The major problem that came out from the study that has an impact on development in the sector of water, health, education and council services in the Fundong council area was lack of communication on the part of the council. The council can use the following ways to communicate with its population:

- Organized open days in the community once or twice a year or when need arises to communicate council activities to its population or exchange ideas with its population. This will go a long way to bring the council closer to its people.
- Council can also increase communication with its population by using communication channels like churches, mosques, village organizations and socio-cultural groups in the community. Information on council activities can be delivered to the people through letters or memos to be read in churches, village organizations and socio-cultural groups. Individuals from the council can also be sent to speak to these groups on council activities from time to time.
- Selected village/quarter heads or members of the community should be co-opted to sit in alongside counselors during the budgetary and planning sessions of the council. This act will give the population a sense of belonging and increase their interest and participation in council activities thereby bringing about the much needed development in the community.
- Council should also support the water management committee, private health care units, Health committees and the PTAs in terms of finance and capacity building to better assist the council or government in service delivery in the sector of water, health and education respectively. These bodies have proven their worth in providing services in their respective areas as shown by data collected and analyzed for the CRCM CRCM project.

### 3.7. Synthesis of the problems of CRCM in Fundong council area.

After the collection of data for the CRCM project from the field and capturing the perceptions of the population in the Fundong council area, a synthesis of the problems identified has been made in the domain of water, health, education and council services. As a result of this synthesis a plan of action has been drawn up to solve some of the pertinent problems in the various sectors. The action plan of each domain has been developed following the strategy adopted for that sector by the government of the Republic of Cameroon.

**Table 0.34:** Synthesis of problems in the Domain of Water in Fundong.

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Water	Insufficiency of water supply points	Identification of sites for the construction of catchments/boreholes.		
		Construction of new water points and boreholes in all quarters		
	Poor management of existing water points	Put in place or Revamp water management committees for each water point		
		Supervision of the management committee by the Council and DD MINEE Fundong		
		Organization of quarterly community work to maintain the various water points		
	Poor quality of water	Sensitization of the population on the importance of maintaining water quality		

		Technical inspection of sites and purification equipment		
		Monthly community work of clean and purify the water points		
	Far distance to water points	Strategic siting of new water points to ensure that the distance is conducive to all households		
		Provision of additional public stand taps at all quarters in the municipality.		

**Table 0.35:** Synthesis of problems in the Domain of Health in Fundong

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Health	Insufficiency of existing health care units	Lobby with Fundong MP for the creation of health care units		
		Feasibility studies for the creation of new health units by DMO/Council Fundong		
		Creation of new health care units in the municipality		
	Far distance to access the health care units	Ensure Strategic localization of future created health care units in the municipality		
		Make use of community health workers/ partner to		

		get to the population for health access		
		Subvent transportation of sick to health care units through partnerships with transporters to carry the sick at lower cost		
		DMO Fundong to make available a weekly visiting Doctor and outreach programmes/centres		
	Poor quality/insufficient equipment	Provision of more equipment to the health care units of the municipality		
		Constant routine checks to monitor the state and effectiveness of the equipment		
	Insufficiency of drugs	Partner with transporters who can collect drugs from the administrative head quarter to the health unit		
		Ensure regular supply of drugs		
	High cost of access to health care	Creation of mutual health institution and sensitization of the households to join.		
		Subsidization of health care costs		

**Table 0.36: Synthesis of problems in the Domain of Education in Fundong**

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

		Aid International)		
		Creation and construction of school libraries		

**Table 0.37: Synthesis of problems in the Domain of Council service in Fundong**

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

	Cumbersome procedures with regards to the processing of user request	Facilitate the procedure regarding the processing of user request		
		Provide capacity building opportunities for council staff.		
		Make the procedure for obtaining documents clear and simple		



**ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORTING CARD MECHANISM FOR PUBLIC ACTION IN THE FUNDONG COUNCIL AREA.**

**i. Plan of Action for the Water Sector**

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

<b>Sector</b>	<b>Objective</b>	<b>Specific objective</b>	<b>Actions</b>	<b>Verifiable indicators</b>	<b>Means of verification</b>	<b>Assumptions for realisation</b>	<b>Expected results</b>	<b>Period</b>	<b>Responsibility</b>	<b>Partners</b>	<b>Estimated cost</b>
<b>Water</b>	<b>To make tap water available and affordable to all and sundry in Fundong council area within 5 years</b>	1. To increase or add more water points.	Digging and laying pipes and construction of water points	Number of villages with tap water supply	From council reports and field observation. Report from water committee	Existence of water sources	Water is available and affordable in the community. Good quality water.	ongoing	Technical service of the council. VDC(President). Caretaker committee.	DD MINEE Boyo NGOs Parliamentarian	5 million Fcfa

		2: To improve on the management of the existing water points.	Train the water management committee. Equipped technicians with working tools	Rehabilitated and clean water points.	Report from DD MINEE, Boyo, council reports and field observation	Water sources have not dried up. Functioning water committee	Water points are working and water is available at any time.	ongoing	The population, technical service of the council, VDC	DD MINEE Boyo NGOs Parliamen terian	2.5 million Fcfa
		3: To repair all damaged water points.	Refreshal courses for technicians and creation of water committee in quarters	New and bigger pipes are purchased	Report from DD MINEE, Mezam Council Report Field visits	Adequate financial and material support from the community. Functioning water committee.	All damaged water points are repaired in time	ongoing	The population, technical service of the council, VDC Traditiona council chairperso n	DD MINEBo yoNGOs	3 million Fcfa
		4. To improve quality of water	Periodic cleaning and treatment of water points. Tanks, Quarterly cleaning of catchment & standtaps monthly.	Number of water management committee members trained per village, mobilization is done in all quarters	Councils report Minutes, Attendanc e sheets, field visits	Adequate financial and material support from the community. Functioning water committee	Quality of water is improved , cleaning of water sources and treatment is frequent	ongoing	The population, technical service of the council, VDC	DD MINEE Boyo NGOs Member of parliamen t	One million F cfa

ii. Plan of Action for the Health Sector

Strategy of the Health Sector: 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 in Fundong council area by 2023	1: To Improve the staffing situation	Recruitment of health personnel in public healthcare units	Number of staff recruited	From council reports and field observation, Report from DMO	Availability of trained human resource, community is ready to provide community health workers	More staff are available in the health units and willing to handle cases of illness promptly	ongoing	The population, technical service of the council, VDC, Health management committee	Ministry of public health, DMO Fundong NGOs Member of parliament	49 million Fcfa

		2: To provide more health care units	Lobby for the mission and government to create and construct more health care units	Number of health care units created and constructed	Report from DMO Boyo, council reports and field observation	The socio-political situation in the country improves and community members are capable of settling health bills	Many health care units are available and there is an improvement in the quality of health	ongoing	VDC, the council, The member of parliament	Ministry of public health, DMO Fundong	One million Fcfa
		3: To provide more drugs.	Construction and equipping of pharmacies, Recruitment of pharmacy staff in the villages provision of drugs	New pharmacies are constructed and equipped with drugs	Report from DMO Boyo Council Report Field visits	The community is willing to purchase prescribed drugs from the pharmacy.	Drugs are provided in the health care unit at affordable cost	ongoing	The population, technical service of the council, VDC, Health management committee	Ministry of health, Member of parliament, DMO Fundong.	20 million Fcfa

		4. To provide more equipment	Provision of equipment to all health units	Number and quality of equipment provided	Councils report Management committee report, DMOs report	Inhabitants are interested in making use of the health facility	There is an improvement in the quality of health	ongoing	The population, Mayor, technical service of the council, VDC, management committee	Ministry of health, Member of parliament, DMO Fundong	20 million Fcfa
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### iii. Plan of Action for the Education Sector

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

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
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<b>Education</b>	<b>To ensure greater access to quality and affordable education to all and sundry in Fundong council area by 2023</b>	1: To Improve the staffing situation of schools in the council area	Recruitment of more staff in school.	Number of staff recruited and effectively teaching	Council reports and field observation, Report from DDSE Boyo/ IBE Fundong	Available trained teachers willing to work in the community PTA is ready to support	More staff are available and committed to teach in the various schools	ongoing	The population, technical service of the council, VDC, PTA, Mayor	Ministry of Basic /Secondary education IBE Fundong/ DDSE NGOs Member of parliament	5 million Fcfa
		2: To create more schools and have a school located closer to the households	Lobby for the creation of more schools	Number of schools created	Report from IBE Fundong / DDSE Boyo, council reports and field observation	Many children of school going age The community can support Local building material	All school cycles are available and there is a reduction in time taken to reach the nearest school	ongoing	VDC, the council, The member of parliament, PTA	Ministry of Basic/ Secondary education, IBE Fundong, DDSE Boyo.	5 million Fcfa

		3: To provide more classrooms.	Rehabilitation of more classrooms	New classrooms are constructed and equipped	Report from DDSE Boyo/ IBE Fundong, Council Report, Field visits	Available children of school going age and willing enrolled in schools	More available and equipped classrooms with permanent material and children learn in conducive condition	ongoing	The population, technical service of the council, Mayor VDC, management committee, PTA	Ministry of Basic/ Secondary education, IBE Fundong, DDSE Boyo	36 million Fcfa
		4: To distribute school textbooks in schools in Fundong council area	Lobby government, Elites and donors for a Mass distribution of textbooks	Number and quality of textbooks provided	Report from DDSE Boyo/ IBE Fundong, Council Report, Field visits, testimony of parents	NGOs and Elites of good will are willing to assist	Children have access to textbooks and the quality of educated and results have improved	ongoing	The population, technical service of the council, Mayor VDC, management committee, member of parliament, PTA	Ministry of Basic/ Secondary education, IBE Fundong, DDSE Boyo, NGOs	500.000 Fcfa

		5. To provide more equipment	Lobby for the provision of equipment to all schools	Number and quality of equipment provided	Councils report Management committee report, IBE/DDS E report	Available local building material and support from PTA	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 Fundong, DDSE Boyo,NG Os	500.000 Fcfa
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		6. To improve on the quality of results	Quality standards set for all schools, teachers given targets, scholarship opportunities announced	Number of continuous assessments (CAs) per week, Number of seminars and workshop organized for staff	Copies of CAs, publication of quality standards, invitation for different seminars, reports of IBE/DDS E	Tendency for more follow up at all levels of learning, Possibility of pedagogic seminars	Sustained improvement in quality of results	ongoing	School authorities, teaching staff, pupils/ students, NGOs	Ministry of Basic/ Secondary education, IBE Fundong DDSE Boyo.	One million Fcfa
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		7. To reduce the cost of access to education	Provision of scholarship	Number of new cases enrolled after reduction,	Enrolment registers, reports of school authorities , minutes of PTA meeting	Income levels here are low and parents can't afford to pay fees PTA is willing to cut down on levies	Increased in the number of children passing out from schools and increase in literacy in the community.	By 2019	School authorities, IBE/DDS E pupils/students, NGOs	Ministry of Basic/ Secondary education, IBE Fundong, DDSE Boyo	500.000 Fcfa
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iv. Plan of Action for the Council services

**Strategy of the council Sector: To bring administration closer to the population, ensure peace and order and empower the council to take greater charge of their own development (decentralization) in the Republic of Cameroon.**

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
<b>Council services</b>	<b>To bring local administration closer to the population and empower the council to take greater charge of their own development in line with decentralization by December 2019</b>	1: To involve the population in decision making	Co-opt representatives of the population to sit in during council sessions	Number of stakeholders and socio professional groups who attended the council session	Council reports and attendance sheets, letters of invitation distributed, council notice board, Dispatch letters	The population is willing to collaborate in the development of the council area. Interest council activities	More stakeholders participate in decision making, Sustained increase interest in council activities and the use of council services	ongoing	The Secretary General. CDO	Mayor PNDP	500.000 Fcfa

		2: To communicate all development actions	Announcements through various media houses, churches, social groups, Social media, Construction and placement of council notice boards at strategic locations of the villages and town, development of a website, email and face book page	Number of copies of different announcements sent out, Website developed, Email address created.	Council reports and field observation Testimony from the population. PRO of the council, Community Radio.	Population is willing to read notice boards, listen to local radio and church announcement, Many communication avenues are available	High involvement of the population in decision making and activities of the council  Updated website Frequent use of all communication means	ongoing	The SG of the council  The population	The Mayor PNDP  DD communication  DD P&T	500.000 Fcfa
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		3: To bring the population closer to the council.	Organise open-day at the council and invite the population, Publish administrative and financial account of the council yearly, Publish the annual investment plan of the council	Number of stakeholders who are aware of the accounts. Number of stakeholders who attended the open day.	All accounts and income sources are published on the notice board or made available to population during the open day.	Administrative and financial accounts are well kept and updated	More awareness of administrative, financial accounts and council activities by the population .	ongoing	The municipal treasurer, The SG of council, CDO. Council finance officer	Divisional treasury, Other financial services	One million Fcfa
		4: To increase population's access to decentralise 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	500.000 Fcfa

		4. To provide more equipment	Need identification, Procurement of equipment	Number and quality of equipment provided	Councils report Report of the stores accountant	Increase in council revenue	There is an improvement in quality of equipment used by council workers	ongoing	Mayor, technical service of the council, stores accountant	PNDP Suppliers, Contractors	500.000 Fcfa
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## PROGRAM FOR THE DISSEMINATION OF RESULTS AND THE PRESENTATION OF AN ACTION PLAN

DATE	VENUE	ACTIVITY	EXPECTED RESULTS	PERSONS RESPONSIBLE
	PVC and Fundong Council	Administrative and Pedagogic Preparation	A contact meeting is done and the date for the restitution workshop has been agreed upon, invitation letters are prepared and sent out, all logistics for the workshop are prepared (workshop program, writing materials, study report printed and distributed)	Scorecard supervisor for Fundong, CDO All Stakeholders
	Fundong council	1. Organisation of a workshop with stakeholders to restate, review and validate the report of the study	The restitution workshop is attended by the various stakeholders, the various results per sector are presented for review by the participants, stakeholders have validated the results	Scorecard Supervisor Fundong CDO All Stakeholders

	PVC	2. Writing of report	A report which captures the key observations made by participants of the restitution workshop is written.	Scorecard Supervisor Fundong
	PNDP	3. Submission of final Report / technical validation	A final report is submitted to PNDP for technical validation	PVC /PNDP



**APENDIX 1:** Pictures of the launching of the citizen control mechanisim (CRCM) in Fundong council (zone 13) of the North West Region of Cameroon.



**Picture1.**The PVC supervisor for CRCM operation giving a presentation during the launching of CRCM in Fundong.



**Picture2:** A cross section of the participants in the council hall in Fundong



**Picture3: A group picture with the participants and the D.O. of Fundong in between the Mayor and the PVC Supervisor.**





**Picture4: The Divisional Officer for Fundong Launching the citizen reporting card control mechanism (CRCM)**



**Picture5: Tools that were used during the launching of the citizen reporting card (CRCM) in Fundong council area.**

## 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 ;

## FUNDONG COUNCIL

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

S/N	NAME	FUNCTION
1	<b>Budi Frederick Tumenta</b>	<b>Council Supervisor</b>
2	Hassan Bello	Enumerator
3	Ajemsimbom Vanity N.	Enumerator
4	Mbom Marie N.	Enumerator
5	Abembom Tedji N.	Enumerator
6	Yibain Emmanuel S.	Enumerator
7	Ful Prosper L.	Enumerator
8	Bailei Odette M.	Enumerator
9	Chiambah Remedy	Enumerator
10	Hamadu Bello B.	Enumerator
11	Diangha Laura N.	Enumerator

## Annexe 2: Questionnaires of the CRCM study

MINISTRE DE L'ECONOMIE, DE LA PLANIFICATION  
AND REGIONAL  
ET DE L'AMENAGEMENT DU TERRITOIRE DEVELOPMENT  
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MINISTRY OF ECONOMY, PLANNING

SECRETARIAT GENERAL GENERAL SECRETARY

PROGRAMME NATIONAL DE DEVELOPPEMENT

NATIONAL COMMUNITY DRIVEN DEVELOPMENT  
PROGRAM

PARTICIPATIF  
-----

CELLULE NATIONALE DE COORDINATION

NATIONAL COORDINATION UNIT

### *Citizen Report Card*

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

<b>Section I. BACKGROUND INFORMATION</b>		
<b>A01</b>	Region _____	_ _
<b>A02</b>	Division _____	_ _

<b>A03</b>	Council _____	_ _ _
<b>A04</b>	Batch number _____	_ _
<b>A05</b>	Enumeration Area Sequential number _____	_ _
<b>A06</b>	Residence stratum :                      1=Urban      2=Semi-urban      3=Rural	_
<b>A07</b>	Name of the locality _____	
<b>A08</b>	Structure number _____	_ _ _
<b>A08a</b>	Household number in the sample _____	_ _
<b>A09</b>	Name of the household head _____	
<b>A10</b>	Age of the household head (in years) _____	_ _
<b>A11</b>	Sex of the household head : 1=Male      2=Female	_
<b>A12</b>	Name of the respondent _____	
<b>A13</b>	Relationships between the respondent and the household's head (see codes)	_
<b>A14</b>	Sex of the respondent:      1=Male      2=Female	_
<b>A15</b>	Age of the respondent (on a bygone-year basis) _____	_ _
<b>A16</b>	Phone number of the respondent _____	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
<b>A17</b>	<b>Date of beginning of the survey</b> _____	_ _ _ / _ _ _ / _ _ _ _ _
<b>A18</b>	<b>Date of end of the survey</b> _____	_ _ _ / _ _ _ / _ _ _ _ _
<b>A19</b>	<b>Name of the enumerator</b> _____	_ _
<b>A20</b>	<b>Name of the council's supervisor</b> _____	_ _
<b>A21</b>	<b>Data collection result</b> 1=Complete Survey                      4=Absence of a qualified respondent 2= Incomplete Survey                      5=Empty house or no house responding to the 3=Refusal                      given address (If the answer is different 96= Any other reasons (to be specified) nd 2, from 1 a                      the questionnaire should come to an end)	_
<b>A22</b>	<b>Assessment of the quality of the survey</b> 1= Very good                      2=Good 3=Average 4=Poor 5=Very poor	_

## CODES

### A13

- 1 = Household Head      3 = Son/Daughter of the Household head or of                      5 = Other parent of the Household Head or of his/her his/her spouse  
2 = Spouse of the Household Head                      4 = Father /mother of the Household Head or of                      6 = No relationships with household head or with his/her his/her spouse spouse                      7= Maid

<b>Section II. POTABLE WATER</b>		
<b>H01</b>	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	1=Yes      2=No Well equipped with a pump                       _  Open pit well                       _  Protected well                       _  Boreholes equipped with a manually operated pump                       _  E. Spring/ river                       _  F. Access to tap water (pipe borne water)                       _
<b>Section II. POTABLE WATER</b>		
<b>H01a</b>	Is your main water supply source run by a public or owned by a private entity? 1=Public 2=Private If 2                      H14 →	_
<b>H02</b>	What is your main public water supply source? (Just a single answer) 1= Well equipped with a pump                      4= Boreholes equipped with a manually operated pump 2= Open pit well                      5= Spring/ river 3=Protected well                      6 =Access to tap potable water	_



<b>H03</b>	What is the quality of the said water? 1=Good 2=Poor 3=Indifferent	_
<b>H04</b>	Does this water have an odour? 1=Yes 2=No 8= Does not know.	_
<b>H05</b>	Does this water have a taste? 1=Yes 2=No 8= Does not know.	_
<b>H06</b>	Does this water have a colour? 1=Yes 2=No 8= Does not know.	_
<b>H07</b>	Do you pay something to get this water? 1=Yes 2=No If no → H08	_
<b>H07a</b>	If yes, how much do you spend on average per month? (give an amount in FCFA)	_ _ _ _ _ _ _
<b>H07b</b>	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	_
<b>H08</b>	Is this water available throughout the year? 1=Yes 2=No	_
<b>H09</b>	How many times do you need, on average, to go on foot and fetch water and come back? 1=On the spot 2=Less than 15 minutes 3=Between 15 and 30 minutes 4=more than 30 minutes	_
<b>H10</b>	Has this water point had a breakdown at a given time during the last six months, notably since .....? 1=Yes 2=No If no → H11.	_
<b>H10a</b>	If your water point had a breakdown at a given point in time during the last six months, notably since ....., how long did it take for it to be repaired? 1=Less than one week 2=Between one week and one month 3=Between one month and three months 4=Over three months 5=Not yet, if 5, → H11	_
<b>H10b</b>	<div> <div>Who repair it?</div> <div>Who else?</div> </div> <div> 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 : _____ </div>	_ _ _   _   _   _   _   _
<b>H11</b>	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes H13 →	_
<b>H12</b>	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice	_
<b>H13</b>	Does the said frequency correspond to your current need in terms of potable water consumption? 1=Yes 2=No	_
<b>H14</b>	Did you express any need in terms of potable water supply in the course of the last 6 months, more specifically since .....? 1=Yes 2=No If no → H18 →	_
<b>H15</b>	<div> To whom did you submit your request/needs?  (several answers are possible) </div> <div> Other? </div> <div> 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 : _____ </div>	_   _ _ _   _   _   _   _   _
<b>H16</b>	Has your need been met? 1=Yes 2=No If no → H18	_

<b>H17</b>	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 2=Between one and three months 3=Over three months	_
<b>H18</b>	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied If 1 or 2 H20. →	_
<b>H19</b>	State the reasons of your non--	1=Yes 2=No
<b>Section II. POTABLE WATER</b>		
	satisfaction with regard to water supply in your village (several answers are possible).  Any other reason?	Far distance to access to the water point Poor quality of water Insufficiency of water supply points Poor management of the water supply Failure/delay to repair in case of breakdown High cost of water supply X. Any other reasons to be specified : _____
<b>H20</b>	What are your expectations in terms of supply of potable water? (Several answers are possible).  Any other expectation?	1=Yes 2=No Additional water points ; Improvement in terms of management of the existing water points; Repair works should be carried out on the damaged water points ; Improvement of the quality of the existing water points ; E. Reduction of price ; X. Other expectations to be specified : _____

<b>Section III. HEALTH</b>		
<b>S01</b>	Which is the nearest health care unit to your household? 1= Public integrated health Centre 2= Hospital/CMA 3= Private health Centre	_
<b>S02</b>	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4 = Over 1 hour	_
<b>S03</b>	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 5=Medicine store 2=Hospital /CMA 6=Go to a medical staff member 3=Private health center 7= Treat at home /Self-medication 4=Traditional healers 8=Others (to be specified)	_
<b>S04</b>	Has any member of your household gone, at least once, to the nearest health care unit in the course of the last 12 months, specifically since ..... ? 1=Yes 2=No If no → S17	_
<b>S05</b>	Who is in charge of managing such health care units? 1=Medical doctor 2=Nurse 3= Nurse aider 4=Other (to be specified) _____ 8= Does not know	_
<b>The last time a member of your household is taken care of in such a health care unit,</b>		
<b>S06</b>	Were the medical staffs present? 1=Yes 2=No	_
<b>S07</b>	Were minor medical equipment (such as scissors, syringes, spirit, cotton, betadine, thermometer, tensiometer, medical scale, etc.) always available? 1=Yes 2=No 8=Do not know	_
<b>S08</b>	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no → S10.	_

<b>S09</b>	How many beds are available in the hospitalization rooms? 0= None, 1=Less than 5 beds 2=Between 5 and 10 beds 3=Over 10 beds 8=Does not know.	_
<b>S10</b>	How much did he/she pay for one consultation? (Session fees) 1=Free of charge 3=Between 500 and 1000 CFAF 2=Less than 500 CFAF 4=Over 1000 CFAF If S10=1 → S14	_
<b>S11</b>	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	_
<b>S12</b>	In addition to the consultation fees, did the household member who received treatment give a tip to the medical staff for him/her to be better taken care of? 1=Yes 2=No If no → S14	_
<b>S13</b>	If yes, did the person do it willingly or is he/she obliged by the medical staff to do so? 1=Personal initiative 2=Obligated by the medical staff to do so	_
<b>S14</b>	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor	_
<b>S15</b>	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no → S17	_
<b>S16</b>	Are drugs always available? 1=Yes 2=No 8=Do not know	_
<b>S17</b>	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No	_
<b>S18</b>	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 → S20	_





<b>S19</b>	State the reasons of your nonsatisfaction with regard to health services provided within the health care unit you attend? (several answers are possible) Any other reason?	1=Yes 2=No A. Far distance to access the health care units B. Poor quality of services provided C. Insufficiency of existing health care units D. Defaults related to the health care unit staff E. Poor management of the health care unit F. Insufficiency of drugs G. Poor quality of/Insufficiency of equipments H. High cost with regard to health care access X. To be specified) : _____	_   _   _   _   _   _   _   _
<b>S20</b>	What are your expectations with respect to health care services? Any other expectations?	1=Yes 2=No A. Additional health care units B. Supply of drugs C. Transfer of a staff member D. Equipped health care units X. Other to be specified _____	_   _   _   _   _

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

<b>E03</b>	How many Kilometers do children from your household cover, on average, to go to school? (name of the cycle)? 1=Less than 1 Km 2=Between 1 and 5 Kms 3=Over 5 Kms	_	_	_	_
<b>E04</b>	What is, on average, the time spent covered by children from your household to reach the nearest school on foot? (name of the cycle) (estimated in minutes)	_ _	_ _	_ _	_ _
<b>E05</b>	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes 2=No		_	1st cycle  _	2nd cycle  _
<b>E06</b>	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes 2=No 3=Does not know				_
<b>E07</b>	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes 2=No	_	_	_	_
<b>E08</b>	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	_	_	_	_
<b>E09</b>	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household? 1=Yes 2=No	_	_		
<b>E10</b>	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30 3=Over 60 2=Between 30 and 60 4=Does not know	_ _	_ _	_ _	_ _
<b>E11</b>	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in	_	_	_	_
	which the children from your household are enrolled? 1=Regular 2=Averagely regular 3=Irregular				
<b>E12</b>	How much do you pay per child from your household on average (registration, tuition fees, Parent-teacher associations' fees (PTA) (name of the cycle) throughout a school year? (write down the average amount)	----- - (estimated in FCFA)	----- - (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in n FCFA)
<b>E13</b>	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	_	_	_	_
<b>E14</b>	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No → If no E16	_	_	_	_
<b>E15</b>	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	_	_	_	_

E16	<p>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</p> <p>A. Parents-Teachers' Associations (PTA)</p> <p>B. The Mayor (Council)</p> <p>C. A village organisation</p> <p>D. MINEDUB/MINESEC/MINEFOP</p> <p>E. Elites</p> <p>X. Other partners/stakeholders (to be specified)</p> <p>_____ Any other?</p>	_	_	_	_
E17	<p>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. →</p>	_	_	_	_
E18	<p>State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village?</p> <p>(Several answers are possible)</p> <p>Any other reason? 1=Yes 2=No</p> <p>A. Far distance to access the education service</p> <p>B. Insufficiency of class-rooms</p> <p>C. Insufficiency of equipments</p> <p>D. Insufficiency of schools</p> <p>E. Insufficiency of teaching Staff</p> <p>F. No distribution of text books</p> <p>G. Poor results</p> <p>H. High tuition fees</p> <p>X. Any other reason to be specified</p>	_	_	_	_
E19	<p>Do you have any expectations in terms of provision of education services in the (name of the cycle)?</p> <p>(Several answers are possible)</p> <p>Any other expectation? 1=yes 2=No A. Have a school located nearer to the village/quarter</p> <p>B. Build more class-rooms</p> <p>C. Add additional Equipments</p> <p>D. Create more school/vocational training center</p> <p>E. Recruit more teaching staff</p> <p>F. Distribute text books</p> <p>G. Improve the results</p> <p>H. Reduce the costs</p> <p>X. Others (specified) _____</p>	_	_	_	_

**Section V. COUNCIL SERVICES**

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

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

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