

REPUBLIQUE DU  
CAMEROUN

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*Paix – Travail – Patrie*

.....  
MINISTERE DE LA  
DECENTRALISATION ET  
DE DEVELOPPEMENT  
LOCAL

REGION DE NORD OUEST

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COMMUNE DE JAKIRI



REPUBLIC OF CAMEROON

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*Peace – Work – Fatherland*

.....  
MINISTRY OF  
DECENTRALISATION AND  
LOCAL DEVELOPMENT  
NORTH WEST REGION

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BUI DIVISION

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JAKIRI COUNCIL

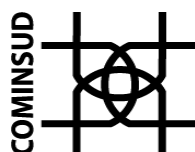
***Citizen Report Card mechanism (SCORECARD)***  
***Assessment of public services in the sectors of water, health,  
education, and council services within the Jakiri Council***



**REPORT OF THE STUDY**

With the Technical and financial support of the National Community Driven Development Program (PNDP) in collaboration with the National Institute of Statistics (INS)

Realized by: Community Initiative for Sustainable Development (COMINSUD)



**COMINSUD**

Community Initiative  
for Sustainable Development

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# TABLE OF CONTENT

<b>TABLE OF CONTENT</b> .....	<b>2</b>
<b>LIST OF ABBREVIATIONS</b> .....	<b>4</b>
<b>LIST OF TABLES</b> .....	<b>5</b>
<b>LIST OF FIGURES</b> .....	<b>6</b>
<b>LIST OF MAPS</b> .....	<b>8</b>
<b>LIST OF PICTURES</b> .....	<b>9</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>10</b>
<b>GENERAL INTRODUCTION</b> .....	<b>13</b>
<b>CHAPTER 1: FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON</b> .....	<b>15</b>
1.1. Legislative and legal framework of decentralisation in Cameroon.....	15
1.2. Promotion of local development.....	16
1.3. Brief presentation of the municipality.....	18
1.3.1. Historical and Administrative presentation of the Jakiri Council Area.....	18
1.3.2. Biophysical Mileu.....	20
1.3.3. Economic and Human Mileu.....	21
1.3.4. Characterisation of the vulnerable populations .....	24
<b>CHAPTER 2 METHODOLOGICAL FRAMEWORK OF THE SCORECARD STUDY</b> .....	<b>27</b>
2.1. Context of the study.....	27
2.2. Objectives of the Study.....	27
2.3. Sampling Methodology.....	28
2.3.1. Sampling method and Constitution of the sample.....	28
2.3.2 Data Collection with Zone 12.....	28
2.3.3 Sample size and distribution of the sample .....	29
2.3.4. Sample base and selection of clusters.....	29
2.3.5. Selection of households .....	30
2.4. Questionnaires and Manuals.....	30
2.5. Recruitment of interviewers, Training of interviewers and Fieldworks.....	30
2.6. Community sensitization and awareness.....	31
2.7. Data processing.....	32
2.8. Use of secondary data.....	32
<b>CHAPTER 3 MAIN RESULTS OF THE SURVEY AND RECOMMENDATIONS FOR IMPROVEMENT</b> .....	<b>33</b>
3.1. Presentation of the sampled population.....	33
3.1.1. Characteristics of respondents.....	33
3.1.2. Distribution of respondents by age in Jakiri council.....	34
3.1.3 Characteristics of household heads.....	35
3.1.4. Distribution of household heads by sex in Jakiri council.....	35
3.1.5. Distribution of household heads by age in Jakiri council.....	35
<b>3.2. WATER SECTOR</b> .....	<b>36</b>
3.2.1. Availability and usage of water services .....	36
3.2.3. Cost and quality of water services.....	39
3.2.4 Appreciation of water services.....	41
3.2.5. Needs expressed in terms of water supply.....	44

3.2.6. Dissatisfaction in terms of water supply .....	45
3.2.7. Expectations in terms of water supply in Jakiri council. ....	47
3.2.8. Synthesis of the perception of services in the domain of water and suggested areas of improvement.....	47
<b>3.3. HEALTH SECTOR.....</b>	<b>48</b>
3.3.1. Availability and usage of services in the health domain .....	48
3.3.2 Cost and quality of health services.....	50
3.3.3 Cost and quality of health services.....	54
3.3.4. Reasons for the non-satisfaction of the population .....	55
3.3.5 Main expectations in the services rendered in the domain of health .....	56
3.3.6. Synthesis of the perception of services in the domain of health and suggested areas of improvement....	57
<b>3.4. EDUCATION SECTOR.....</b>	<b>57</b>
3.4.1 Availability and usage of services in the domain of education per cycle.....	58
3.4.3 Appreciation of services in the domain of education per cycle.....	60
3.4.4. Cost and quality of services in the education sector per cycle.....	62
3.4.5. General state of classrooms and repairs of educational structures within the Jakiri Municipality .....	63
3.4.6. Reasons for the non-satisfaction of the population in the domain of education per cycle .....	66
3.4.5 Main expectations in the services rendered in the domain of education per cycle .....	67
3.4.6 Synthesis of the perception of services in the domain of education and suggested areas of improvement .....	68
<b>3.5. SERVICES OFFERED BY THE COUNCIL INSTITUTION.....</b>	<b>69</b>
3.5.1 Availability and usage of council services .....	69
3.5.2 Cost and quality of services within the council institution.....	70
3.5.3 Appreciation of council services.....	71
3.5.4 Reasons for the non-satisfaction of the population with regard to the council services .....	71
3.5.5 Main expectations in the services rendered by the council.....	72
3.5.6 Synthesis of the perception of council services and suggested areas of improvement .....	73
3.6. Conclusion and main Recommendations.....	73
Main recommendations .....	74
<b>CHAPTER 4 ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORTING CARD MECHANISM FOR PUBLIC ACTION IN JAKIRI COUNCIL. ....</b>	<b>75</b>
20. Synthesis of the problems identified per sector.....	75
25. Action plan for the water sector.....	81
26. Action Plan for the Health Sector.....	84
27. Action Plan for the Education Sector.....	87
28. Action Plan for the Council Services.....	90
Program for the dissemination of results and the presentation of an action plan.....	93
<b>ANNEXES.....</b>	<b>94</b>
Annex 1: List of the stakeholders involved in the survey.....	94
Annex 2: Picture Gallery.....	94
Annex 3: Questionnaires of the Scorecard survey.....	94
ANNEXE: Questionnaire.....	97

## LIST OF ABBREVIATIONS

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

## LIST OF TABLES

Table 1: Contribution of the council to Local Economic Development.....	16
Table 2: Population figures of the villages in Jakiri sub division.....	22
Table 3 :Distribution of the number of sampled EAs and households by council. ....	28
Table 4: Proportion (%) of households in Jakiri council as per type of water systems used.....	36
Table 5 :Distribution (%) of households according to the characteristics of their main water source. ....	39
Table 6: Proportion (%) of households paying for water at the main public water source and average amount paid per month on water services.....	40
Table 7: Proportion (%) of households with water from public main source available throughout the year, and Time taken to go fetch water and back.....	41
Table 8: institution/person repairing the breakdown of the main public water source.....	43
Table 9: Needs expressed in terms of water supply.....	43
Table 10: Proportion (%) of households using preferred health care units. ....	50
Table 11: Characteristics of visited health facilities.....	52
Table 12: Characteristics declared by households about the nearest health centre during their last visit.....	53
Table 13) 18: Proportion (%) of households who declared payment of consultation fee and Amount paid as consultation (F CFA) in the nearest health unit.....	55
Table 14: Amount paid for anything other than the consultation, appreciation of the reception .....	58
Table 15: Proportion (%) of households as per expectation in health services delivery .....	59
Table 16: Average distance covered by the children to go to school .....	62
Table 17: Proportion (%) of households having children in the various educational cycles with respect to some basic characteristics of the schools attended by the children of the households.....	67
Table 18: Proportion (%) of households having paid the required fees for education and average amounts paid per cycle of education. ....	70
Table 19: Satisfaction of education services.....	72
Table 20: Expectations in terms of education in Jakiri council .....	74
Table 21: Dissemination of information on Council actions and household involvement in the Council's activities .....	71
Table 22: Expectations of households in terms of council services in Jakiri council .....	77
Table 23: Synthesis of problems in the Domain of Water in the Jakiri Municipality.....	78
Table 24: Synthesis of problems in the Domain of Health in Jakiri.....	80
Table 25: Synthesis of problems in the Domain of Education in Jakiri.....	83
Table 26: Synthesis of problems in the Domain of Council service in the Jakiri Municipality.....	86
Table 27: Action plans for the implementation of the citizen reporting card mechanism for public action in jakiri council. ....	89

## LIST OF FIGURES

Figure 3: Proportion (%) of respondents as per sex .....	34
Figure 4: Proportion (%) of respondents as per age group. ....	34
Figure 5: Distribution (%) of household Heads by sex.....	35
Figure 6: Proportion (%) of household heads per residence and age group.....	36
Figure 7: Proportion of households using either a public or a private water source as main water supply scheme .....	38
Figure 8 : Partitioning (%) of households in Jakiri council per main source of water.....	38
6. Figure 9: Distribution (%) of households according to their declaration on the quality of their main water source. ....	40
Figure 10: Distribution (%) of households appreciating amount paid on water .....	41
Figure 11 : Proportion(%) of HH declaring the time taken to repair water system.....	43
Figure 12 : Proportion (%) of households which have expressed a need to institution/persons.....	45
Figure 13: Distribution of households in Jakiri in terms of their level of satisfaction in water supply .....	46
Figure 14: Proportion of unsatisfied households according to the different reasons of dissatisfaction of water supply .....	46
Figure 15: Proportion(%) of households as per expectations on water service delivery. ....	47
Figure 16: Distribution (%) of households according to the nearest health unit.....	49
Figure 17: Distribution (%) of households according to the average time taken for a household member to get to the nearest health unit.....	50
Figure 18: Proportion of households with at least one member that had visited the nearest health unit within 12 months before the date of the survey .....	52
Figure 19: Distribution(%) of households that a member has visited a health unit according to who they think manages the health unit.....	52
Figure 20: Appreciation of consultation cost as declared by households attending the nearest health unit. ....	55
Figure 21: Proportion (%) of households in Jakiri municipality whose members are not satisfied with the services rendered by health care unit, according to reasons of dissatisfaction.....	56
Figure 22: Proportion of households belonging to a village with an educational Cycle.....	58
Figure 23: Proportion (%) of households in Jakiri council whose children are going to school and are in classrooms with an average number of pupils. ....	61
Figure 24: Proportion (%) of households in Jakiri council according to the appraisal of the teacher's presence in classroom.....	62
Figure 25: Households Appreciation of the amount paid as school fee per cycle .....	63
Figure 26: Proportion (%) of households having children in the nursery school according to the entities that repair the damaged classrooms of the schools attended by their children.....	64
Figure 27: Proportion (%) of households having children in the primary school according to the entities that repair the damaged classrooms of the schools attended by their children.....	65
Figure 28: Proportion (%) of households having children in the primary school according to the entities that	

repair the damaged classrooms of the schools attended by their children.....	65
Figure 29: Proportion (%) of households not satisfied with educational services per cycle.....	66
Figure 30: Proportion (%) of households not satisfied and reasons.....	67
Figure 31: Proportion (%) of households in the Jakiri municipality and services requested council within the last 12 months.....	69
Figure 32: Proportion (%) of households that have sought the issuance of a birth certificate as per time spent to obtain the services.....	70
Figure 33: Households and satisfaction from council services .....	71
Figure 34: Proportion (%) of unsatisfied households according to their reasons of non satisfaction .....	72

## LIST OF MAPS

Map 1: Map of the Jakiri council area.....	19
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## LIST OF PICTURES

Picture 1: Practical field exercise for enumerators.....	1
Picture 2: Front view of the Jakiri council chambers.....	1

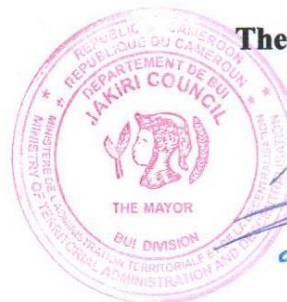
## PREFACE

Inclusive development with full community participation is the key propeller of economic growth especially in poor resource settings like the Jakiri municipality. For this to be achieved a good number of initiatives must be combined with periodic follow up and a feedback mechanism. The Jakiri council and other stakeholders responsible for the provision of basic services (Water, health, education and council services) have to an extent worked relentlessly in the provision of these services of which we still acknowledge some shortcomings in achieving results. The Citizen Control Mechanism for public action (Scorecard) is an initiative that has strengthened our understanding of the basic needs of our population, their perception on the delivery of our services and a way forward in achieving the expectations of our population.

The priority sectors chosen within this study are key sectors and inevitable human needs which determine human existence and may even lead to abject poverty if provision is impaired. Poverty itself is a main stumbling block for poverty reduction. Nevertheless, as the council is willing to ameliorate the expectations of the population, budgetary cuts and limited resources is still a challenge. International development assistance has become more and more limited to countries with good governance, which means that people living in countries where the government is neglecting the poor will not qualify for aid programs directed towards the public sector.

The responsibility of the provision of the above basic needs do not only lie in the hands of the council and other sector ministries but are also determined by peoples attitude and willingness to contribute to the change, which it is strongly believe that local solutions have a bigger role to play in meeting up with some of the expectations advanced by households on the use of public services. The Scorecard in our council should be regarded as a tool and reference document in Planning, implementation, monitoring and evaluation of projects focused in the sectors addressed.

This study has been able to indiscriminately get the perception of households on the use of public services in the sector of water, health, education and council services. Indicators focused on availability of services, proximity, accessibility and affordability. On the other hand the conclusion and recommendations presented by this document are concrete, realistic and quite credible. I find the analysis of the perception of the households convincing thus a big call for concern. In development everything should be understood as community specific and the communities in different regions and countries will differ much. That is not only due to differences in geography, ecology, water scarcity in physical terms or land use systems. Amongst communities also traditions will differ, perceptions of sustainability, gender roles, views concerning the relation between insiders and outsiders in a community, power relations amongst insiders, and procedures of conflict management. For this reason it would be very useful to have many more studies of this kind and to compare their findings. The Scorecard has shown a good understanding of basic development issues and a commitment to the well being of people at the grassroots. We hope that this study will be followed up by many other stakeholders.



**The Mayor of Jakiri Council**

*[Signature]*  
*Jaff Romanus Verkiijika*

## EXECUTIVE SUMMARY

The decentralization law of 22<sup>nd</sup> July 2004 transfers powers to local councils who have the responsibility to initiate development in their council areas. For this to be effective, the Cameroon vision 2035 was developed aimed at making Cameroon an emerging nation by 2035.

The National Community Driven Development Program (PNDP) was created as a tool to work alongside technical and financial partners in a bid to improve on the living conditions of the population and to propel the decentralization process. PNDP's third phase has as objective to reinforce the management of local public funds as well as develop participatory processes within the councils, to guarantee sustainable and quality infrastructure as well as socio-economic services.

In other to implement the above reforms, the Citizen control mechanism for public action (Scorecard) was put in place. It is a study with the global objective of translating the perception (vision, objectives, needs, challenges, and assessment of actions) of the people on the use of public services within a defined area and period for the purpose of improving on accountability, good governance and full participation in development.

This bottom-top approach to development will enable grass root population to be fully involved in the development of their communities by identifying problems, translate them into micro projects and actively take part in resource mobilization and implementation of such projects.

The survey was done at two levels (the preparatory and execution levels) by COMINSUD a local support organization with the technical support of PNDP and NIS. The preparatory level included activities like: Launching at national, Regional and council levels, the assignment of council level supervisors by COMINSUD, the recruitment, training and selection of enumerators by PNDP, COMINSUD and NIS. After the preparatory phase, enumerators were deployed to the field to collect data for this survey, which was later handled by PNDP/NIS using CS Pro and SPSS.

Looking at the council area and issues surrounding water services, about 75% of households in the Jakiri municipality have access to water of which 16.5% are not satisfied with the quality. Public water services are available to 74.9% of households with 57.6% of these households paying for water though 37% of the households acknowledge that an average of 675 Francs spent monthly to have access to water is expensive.

Water is available to half of the households within the Jakiri municipality on a daily basis with  $\frac{3}{4}$  of these households spending less than 15 minutes to fetch water. Management and repair of water systems is mostly in the hands of water management committees. A bigger need expressed by 55.7% of users amongst others is the need for more water points to be added within the municipality.

Health care service which is another basic need was appraised during the study. Health units frequently used by households (65.5%) are integrated health centres (IHC) yet 40% of households seeking health care services still move for over 30 minutes to access the nearest health care unit.

Majority (3 out of 5) of top management staff in the different health units are nurses. Even though these health units have hospitalization halls and rooms with basic material/equipment as reported by 92.1% and 92.2% of households respectively. 27.4% of households using nearest health units declared that their health units have less than 5 beds in hospitalization hall or rooms. Some of the key concerns expressed by users include: far distances to access health services expressed by 48.3% of households, insufficient drugs amongst others and staff defaults.

Generally, looking at the educational services, about 98% of households in Jakiri municipality reported having at least a Nursery and a Primary school in their village with 25% of households declaring that there is secondary school in their village. This implies that basic educational services are closer to the population than secondary but the cost of education still seem high from households perception as households declared spending (tuition fee, registration fee and PTA fee) an average of 13,610Fr, 10,488Fr and 28,942Fr a year on children in nursery, primary and secondary cycles respectively. As regarding the repair and maintenance of educational structures, 9 out of 10 households reported that repairs were done by the Parent Teachers Association (P.T.A) with the mayor also being concerned with repairs but to a lesser extent. Insufficient classrooms especially in the nursery sector are a great concern expressed by 83.2% of the household with some 75.8% of households reporting on high fee in the secondary cycle. A general concern for all sectors as expressed by 64.4%, 69.4% and 58.5% of households for nursery, Primary and secondary cycles respectively is the issue of insufficient teaching staff.

Looking at the council and the services it offers to the Jakiri population, three key services were identified as most demanded by households being; birth certificates requested by 12.3% of households, certification of official documents requested by 4.6% of households and request for information from the council expressed by 3.8% of households.

The council used more time than expected (one to three months) to deliver birth certificates as reported by 30.3% of households who have requested for this service. 78.5% of households who demanded for services from the council are satisfied with the services offered by the council. Notwithstanding, there is still need for the council to improve on its communication with the public and involve the population in decision making. This is a concern expressed by 92% of household. From the 21.5% of households who demanded for services from the council and reported not being satisfied, poor visibility on council action was declared by 82.8% of households.

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

## GENERAL INTRODUCTION

Every country practicing good governance has accountability as one of its yardsticks. The National Community Driven Development Program (PNDDP) 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 through councils in the decentralization process.

Through successes registered by the first and second phase of the program, the government extended to a third phase known as the consolidation phase with objective to reinforce the management of local public funds as well as the participatory development process within the councils, so as to guarantee sustainable and quality infrastructure as well as socio-economic services. The following are key activities carried out during the third phase.

- Extension of the PNDDP activities to 34 urban councils;
- The putting in place of two baskets (equity and performance) for the funding of micro projects;
- Intensifying citizens' engagements through the mechanism for the management of complaints;
- The implementation of the citizens control mechanism for public action (Scorecard)

One of the results aimed at during the third phase was the number of councils practicing citizen control mechanism as a tool to measure good governance practices. To obtain this result, the score card was conducted with objective to capture the populations' perception on the use of some targeted public services (water, education, health and council services). PNDDPs focus on implementing the Scorecard in 160 councils in Cameroon of which 15 councils were selected from the North West Region. The setting up of the Scorecard with the 15 councils is a learning process and needs to be carried out on a timely bases for the purpose of inclusive planning and development.

In other to achieve this, PNDDP hired Community Initiative for Sustainable Development (COMINSUD), a local support Organization (LSO) to implement the Scorecard in 7 Sub-Divisions (Ndop, Balikumbat, Jakiri, Jakiri, Kumbo, Ndu and Nkambe) under Zone 12 of the Project.

Results of this survey will 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. Key sectors taken into consideration are Water, Health, Education with council services not left out.

The Prime Minister's circular n°003/PM of the 27th September 2016, bearing on the orientations of reforms in public finance for the triennial period 2016-2018, prescribed in its (axe 8), the support of Decentralized Local Collectivities (DLC) in the implementation of reforms in public finance. This is the important role given to the DLC in the circular for the preparation of the State budget of the 20th

June 2017 which stipulates:

- 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;
- At the central level, two (02) program budgeting have been prepared, 2013-2015 and 2016-2018 and the preparation of the 3rd program budgeting 2019-2021 which started in February 2017 and will be finalized in April 2018;
- The ongoing program budgeting 2019-2021 shall be aligned with post-GES.

The program budgeting consists of elaborating, presenting and executing the finance law on the basis of a program of actions and it's founded on Results Based Management (RBM). It equally renders flexible the management of public policies notably, the pluri-annuality of the budget. The CDP elaboration process embodies all the elements required i.e. communities based participatory problems identification and projects prioritization.

Chapter one of this write up looks at the legislative and legal framework of decentralization and local development with emphases laid on the July 2004 Law on decentralization empowering councils as structures at local level responsible for development. It also looks at what councils have been mandated to do as far as promoting good governance and development is concerned. Chapter Two, elaborates on the methodology and approach of the study while briefly looking at the council geographically and historically. The objectives, scope, strategy and steps used in the study are briefly highlighted in this chapter. The main results of the study are found in chapter 3 starting with a presentation of the target population and followed by the population's perception on the use of water, Health, Education and council services respectively. Chapter 3 also brings out the level of satisfaction of the population with expectations and reasons of non satisfaction on the use of these public services. The action plan for the implementation of the study comes up in chapter IV which addresses the key concerns raised by the study looking at the objectives, indicators and expected results of proposed actions.



## CHAPTER 1

# FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

### **Legislative and legal framework of decentralisation in Cameroon.**

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

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

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

The law on Orientation of Decentralization defines in general, the rules applicable to decentralization in the country. It defines decentralization as the devolution of special powers and appropriate resources to Regional and Local Authorities (RLA) for the promotion of development, democracy and good governance at the local level while preserving the unity, territorial integrity and primacy of the state.

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

becomes binding upon its publication.

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

### **1.2. Promotion of local development**

In Cameroon, PNDP as well as other national and international partners like FEICOM, NGOs, civil society, and the World Bank, have actively engaged in the promotion of Local Economic Developments (LED) over the years. Local Economic Development is the process by which public, business, and Non-Governmental partners work collectively to create better conditions for economic growth and development. The aim of this is to improve the quality of life for all. In this respect, collective projects are organized and supervised by the council since it is its duty to promote the economic, social, health, educational, cultural and sports development of the Council Area. This duty is bestowed upon all councils by Law n° 2004/018 of 22 July 2004. According to sections 15, 16, &17 of this law, councils have the power to foster development in the following ways:

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

Like in most rural areas of Cameroon, the main occupation of the population of Jakiri is agriculture. From farming and livestock activities and the extraction of local building materials (sand, stones, timber), they are able to take care of the basic consumable needs of the household while surpluses are sold. The money is used for the education of children and to procure manufactured goods as well as provide shelter for their families. Incomes of household heads range from less than 10,000 FCFA to more than 100,000 FCFA monthly. The low level of household incomes partly accounts for poor living conditions of the inhabitants. Jakiri council promotes the local economic development by



ensuring that all communities have access to basic social facilities. This is illustrated in the table below.

**Table 1: Contribution of the council to Local 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 potable water and electricity to communities
Trade	Marketing of products	Ensure security of goods Provision of market spaces Facilitation of loan schemes
Agriculture	Farming, crop production Rice production, fishing, Wood extraction	Promote sale of products through annual agricultural shows Provision of farm inputs to farmers every season. Provision of storage facilities Opening of farm to market roads
Mines and Industrial development	Sand and stone Extraction, building and construction	Insurance schemes, opening of roads to sand and stone pits,
Governance	Civil registration Elaboration of council development planning process, Promotion of sporting activities	Assisting the vulnerable to establish birth certificates, Sponsoring sporting activities at council level, Provision of holiday jobs to students, Employment of inhabitants to execute temporal projects of the council
Environment and Nature protection	Tree planting campaigns for environmental protection	Provision of trash cans, Provision of public toilet facilities, Creation of dump sites, Provision of trees to fight land degradation

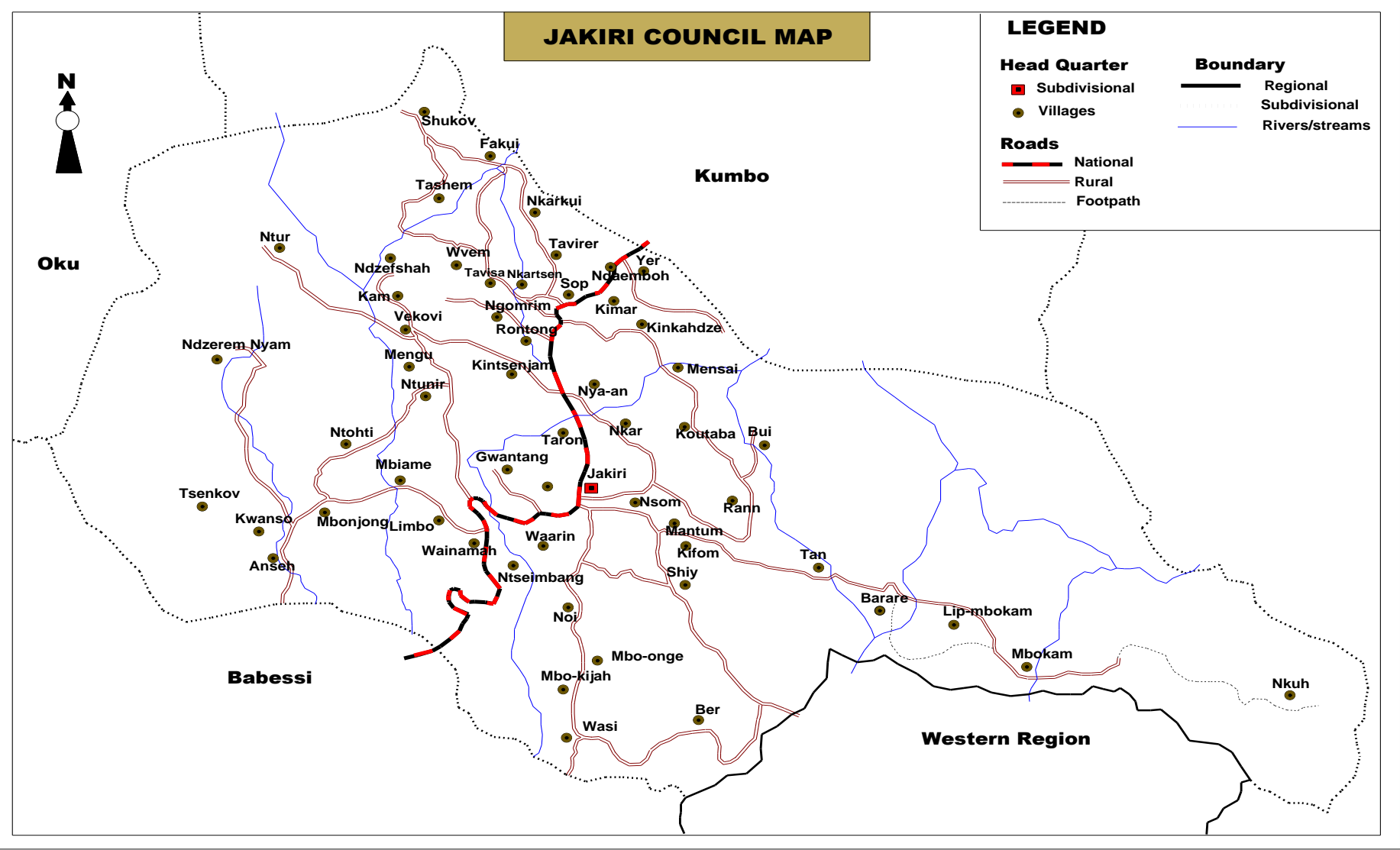
		environmental management campaigns
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### **1.3. Brief presentation of the municipality**

#### **1.3.1. Historical and Administrative presentation of the Jakiri Council Area**

Jakiri Council derives its name from its chief town Jakiri, which in turn got its name from the first settler in the town named Jajiri. Jakiri Council area covers a surface area of about 765 km<sup>2</sup> with an estimated population of about 75,000 inhabitants. During the British rule in West Cameroon, administrative units were carved out with municipalities acquiring considerable power, even being allowed to have forces of law and order. Jakiri like all the Nso area, Bafut and Ndop were grouped under the Bamenda Eastern Federation of Native Authorities, with headquarters at Ndop. In 1961, the Nso Native Authority pulled out of the Federation of Native Authorities and in 1961, they acquired the status of Nso Area Council with headquarters in Kumbo. In 1977, the Nso area Council was split into four councils: Kumbo Urban Council, Kumbo Rural, Elak Rural and Jakiri Council. From its creation, the Sub divisional officers administered the Jakiri Council until 1987 when the first municipal administrator was appointed by decree. It was only in 1996 that the first elected officials for the Jakiri Council were elected as narrated by 2012 CDP.

Map 1: Map of the Jakiri council area



Source: CDP Jakiri council 2012

### **1.3.2. Biophysical Mileu**

#### **1.3.2.1. Climate**

The climate of Jakiri sub division is cold tropical and generally applies to the highland region of Cameroon where it is found. It has two distinct seasons; a short dry season and a long rainy season. The 4 months dry season which usually spans from mid November to mid March is often characterised by windy, dusty and foggy weather as well as very cold mornings and evenings. The 8 months rainy season that starts from mid March to mid November is often characterised by torrential rainfall that are sometimes accompanied by wild storms and hailstorms. The subdivision has an average annual rainfall of about 2000mm with the heaviest rains recorded in August and September. The rainfall in the municipality heavily accounts for its agricultural boom.

Generally, the low and mid altitudes of the municipality like Mbokam, Ber, Wasi, Kwanso, Ndzere-Nyam, Mensai and Ntur are warmer than the high altitude areas like Vekovi, Mvem, Tarshem, Sop and Ntunir. The variation of altitude and temperature greatly accounts for the multitude of crops grown in the municipality.

#### **1.3.2.2. Relief**

The Jakiri municipality falls within the highlands of the North West Region of Cameroon. The highest point in the municipality is about 2084 meters above sea level and this point is in the Vekovi zone. The lowest point found in Ber is about 1406 meters above sea level. The council area is characterised by undulating hills sometimes bridged by galleries of woody valleys and interlocked spurs. The lower part of Jakiri, specifically the villages of Wasi and Ber lie on the edge of the Ndop plane. Hills in the area include; Taaborong, Tarkan, Nturnir, Ntotti, Kinsensam etc.

#### **1.3.2.3. Soils**

Jakiri municipality has abundant black humus volcanic soils peculiar in the low land areas. It is in these areas that extensive crop cultivation is practiced by the population. The soil fertility of these soils is gradually being impoverished by erosion, the planting of eucalyptus trees around farm lands by some people, the practice of detrimental farming practices by some farmers like slash and burn etc. Sandy soils can also be seen in the municipality especially along the banks of streams and plains of Ber, Wasi, Mensai, Bui, Kwanso and Mbokam. They are soils transported from upland by surface run-off from rains

#### **1.3.2.4. Hydrology**

Several big and small streams sweep down the municipality, most of which are seasonal. They seasonal streams can barely flow in the rainy season and would dry off during the dry season. Important water features in the municipality include the following waterfalls found in; Rokong,

Wvem, Vekovi, Shiy, Kwanso, Ntuity, Bui and Ntur. Shiy waterfall is presently under construction for electricity to be generated from it. There also exist the lake Ber that is an important traditional emblem to the people of Nso in general and those of Jakiri in particular.

#### **1.3.2.5. Vegetation**

The vegetation of Jakiri municipality is mainly savannah, characterized by grassland with enormous eucalyptus trees cultivated by the inhabitants for timber and fuel. Dotted patches of natural trees are found in the lowland areas. Kolanut trees and raffia palms that are of high economic and social value to these inhabitants are easily found in the valleys of the municipality and homesteads of most people in the suburbs. The variation in seasons has a significant impact on how the vegetation flourishes. In the dry season, the appealing green vegetation of the rainy season dries off to give room to brown dried leaves, some of which are heavily shed to reduce surface area for water loss by plants. Part of the Kilum Mountain Forest extends into Jakiri municipality known as the Bihkov community forest. Tree types found here are; eucalyptus and cypress which are mostly private plantations. Protected tree species here include Mahogany and Iroko in Mbokam village. Paulyscia is found all over the municipality in small quantities. Some individuals have patches of plantations of Pygeum all over the area.

#### **1.3.2.6. Fauna**

Few wildlife species of class “C” like, snakes, birds and rodents (cane rat, rat moles and squirrels, Baboons, black monkeys, banamanturako) are found in Mbokam area. Most wild animals were long eradicated due to over poaching. Domesticated animals here include: cattle, goats/sheep, pigs, dogs, horses, donkeys, cats and local and improved poultry.

#### **1.3.2.7. Protected areas**

Protected areas consist of the Bihkov community forest and the sacred forest of Nkar fondom.

### **1.3.3. Economic and Human Mileu**

#### **1.3.3.1. Mineral resources**

Minerals found in the municipality consist of sand and stones. Areas with prominent quarries include; Nkar, Vekovi, Wainamah, Taamboh and Tavirer. The quarries are presently exploited by about 20 individuals. Satom, a road construction company charged with the building of the ring road from Ndop to Kumbo will be exploiting the quarry at Wainamah. Major Sand pits in the area include those of; Ber, Lip, Bui, Mensai, Nkar, Mbokam, Nkuh and others. About 200 persons, mostly youths are exploiting the sand pits. Other than the two major minerals listed above, no research findings have been done to infer any other minerals. According to the Jakiri monographic study of 2006, there claims of salt springs around Mbokam, salt and limestone in the Kifu cave at

Ngomrin.

### **1.3.3.2. Population structure**

The population of Jakiri municipality follows the regional trend where it can be described as essentially a youth population with a male to female ratio of 9:10. The population structure forms a pyramid with a large base and a tiny apex.

### **1.3.3.3. Population mobility**

Rural and urban exodus is noticed within the council area. Many youths leave the villages in search of better living conditions in Regions like South West, Littoral, Centre, some towns in the North West like Bamenda, Kumbo etc. Some inhabitants who left the villages either in search of better jobs, further studies, better business transactions and living conditions have been making efforts to improve the socio-economic development of their villages. Cross border movement of the youths from Jakiri is also noticed.

### **1.3.3.4. Ethnic groups and inter-ethnic relations**

The people of Jakiri municipality consist of three ethnic groups that are the Tikar, Nkar and the Mbororo.

The origin of the Tikar can be traced to Adamawa Plateau. This tribe moved into the present day Kumbo around 1815 and displaced a very strong tribe known as Nkar who long occupied the land. The Nkar people finally settled in Jakiri Subdivision. The dialect of the Nkar people was suppressed by the Lamso which is the Nso dialect (Jakiri Monographic study, 2006). Discussion with the Fon of Nkar reveal that the Tikar and the Nkar people spoke different languages from the on-said but when the two groups accepted to stay together, their two dialects were merged together to form what makes the present day lamnso in the Nsofondom. In 1939, the first set of Mbororo persons came in from Taraba State in Nigeria and settled in Barare in quest for pasture for their animals. Upon their arrival, they made the Nkar/Nso people who already occupied the land. Later on, many Mbororos started moving into the municipality to make the present day Mbororo population. This later group speaks Fulfulde. Today, with the advent of freedom to settlement, it is not un-common to meet people from many different ethnic groups from Cameroon and beyond who are comfortably settled in the municipality.

### **1.3.3.5. Population size**

According to the 2005 national population census, Jakiri municipality had an estimated population of 9,959 inhabitants (4,712 males and 5247 females) covering a surface area of 675 km<sup>2</sup>. Given the population estimates of 59,551(29,157 males and 32,545 females) obtained during village diagnoses of March 2012, the population density for the council stood at 88.82 inhabitants/Km<sup>2</sup>. It is expected that the population today should have been greater than that of 2012. It would be necessary that the

government conducts the national census for us to get the actual population as at date.

Generally the female population in the municipality (51%) surpasses that of men (49%). Table 3 shows population estimates per village obtained during village diagnoses for the 2012 Council Development Plan (CDP).

**Table 2: Population figures of the villages in Jakiri sub division**

No	Village	Population estimates		
		Male	Female	Total
1	Anseh	298	309	607
2	Barare	450	550	1000
3	Ber	1400	1600	3000
4	Bui	576	624	1200
5	Faakui	834	904	1738
6	Gwatang	240	260	500
7	Jakiri	1500	2000	3500
8	Kifom	1680	1820	600
9	Kimar	336	364	700
10	Kinkahdze	150	200	350
11	Kintsenjam	576	624	1200
12	Kitcho	326	354	680
13	Kutaba	240	260	500
14	Kwanso	264	286	550
15	Limbo	504	546	1050
16	Lip-Mbokam	69	99	168
17	Mantum	720	780	1500
18	Mbo-onge	336	364	700
19	Mbokam	250	300	550
20	Mbokijah	240	260	500
21	Mbonjong	355	399	744
22	Mengu	826	894	1720
23	Mensai	760	543	1303
24	Ndzen-Mboh	625	676	1300
25	NdzeremNyam	289	363	642
26	Ndzevshah-Kam	484	524	1008
27	Ngang	259	281	540
28	Ngomrin	320	335	695
29	Ntoh-Nkar	576	624	1200

30	Nkarkui	340	400	740
31	Nkartsen	278	302	580
32	Nkuh	41	36	77
33	Noi	767	831	1598
34	Nsom	894	1219	2500
35	Ntotti	594	648	1242
36	Ntseimbang	454	521	975
37	Ntunir	192	208	400
38	Ntur	417	490	906
39	Nya-an	624	676	1300
40	Ran	438	527	965
41	Roontong	210	230	440
42	Sarkong	437	474	911
43	Shiy	970	1260	2300
44	Shukai	1182	1281	2463
45	Shukov	177	243	420
46	Sop	413	468	881
47	Tan	336	364	700
48	Taron	564	539	1077
49	Ta-shem	384	416	800
50	Tavirer	351	380	731
51	Tavisa	288	312	600
52	Tsenkov	65	85	150
53	Vekovi or Waikov	432	468	900
54	Wainamah	1128	1222	2350
55	Wainkar	326	254	680
56	Wasi	489	614	1103
57	Wvem	540	575	1115
58	Yer/Ntamir	631	671	1302
	Total	29157	32545	59951

Source: CDP 2012 Jakiri council

#### 1.3.4. Characterisation of the vulnerable populations

Groups of vulnerable and marginalized persons identified here include; the Mbororos, orphans, elderly persons, handicap, some children from single parents, mentally deranged, some widows, the aged and street children.



#### **1.3.4.1. The Mbororos**

The Mbororos make up one of the major three ethnic groups in Jakiri municipality. The population of this group is estimated at 5000, constituting approximately 1500 women, 1000 men and 2500 children. They are located at the outskirts of the villages where they can easily access pasture for their animals. They are found in; Barare and Ntunir which are typical Mbororo settlements. They are also found settled with non Mbororos in the following communities; Mbokam, Lip, Tan, Kifom, Ber, Noi, Wainamah, Limboh, Kwanso, Ndzeremnyam, Ntotti, Vekovi, Ndzevshah/Kam, Tashem, Shukov, Faakui, Mensai and Nkar. Notwithstanding, one is likely to find a Mbororo person in each community but not necessarily grazing.

The main livelihood activity of these people (Mbororos) is grazing of animals (cattle, sheep, goats, horses, donkey etc), an activity that demands plenty of land. This is the more reason why they mostly occupy suburbs of where they find themselves. They tend to need plenty of land because of the traditional grazing style being practiced.

#### **1.3.4.2. The aged**

Most of the aged persons in Jakiri council area face survival problems. These result from the fact that most of them in their youthful days were farmers and with the advance in age and consequently physical weakness/energy loss, they can no longer work hard to fend for themselves. Those who have well-to-do and caring children may help alleviate such a situation. For those whose children and family members remain poor, the situation is deplorable as their low living standards and misery is observable in their physique. Even those aged persons who are on retirement, complain of small and sometimes irregular pension. They are often sick, needing regular medical attention, which they are not able to afford for most of the time because the cost is so high. Even in the families where people are able and willing to care for their aged relatives, the demands of the times often do not provide adequate time for the needed care to be given. As such, some of the very old and dependent persons are sometimes abandoned to themselves and they suffer from loneliness and its accompanying effects.

#### **1.3.4.3. Women, widows and girls**

Generally, in the municipality, women have no rights to inheritance. Widowhood in the traditional cultures is traumatising for the victim. However, with the advent of modernity and continuous sensitisation on the need to let go traditional aspects that interfere with the wellbeing of the widow, most families have abandoned those obnoxious practices that used to suppress, intimidate and relegate women/widows. Something peculiar with the girl child is giving birth at tender age without necessarily getting married to their children's fathers. Still common in some communities is the phenomenon of early marriages with the girl child as the victim. In the situations where it occurs, the girl is often not pursuing an education or her family is too poor to continue keeping her and so

they prefer to marry her off and her bride price could be used to alleviate the misery of the family. Despite all of these, girls are enrolled in schools in great numbers. Statistics from the Inspectorate of Basic Education and the Divisional Delegation of Secondary Education show that the enrolment of girls at both levels is higher than that of boys.

## **CHAPTER 2**

### **METHODOLOGICAL FRAMEWORK OF THE SCORECARD STUDY**

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

#### **2.1. Context of the study**

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

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

#### **2.2. Objectives of the Study**

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

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.

## **2.3. Sampling Methodology**

### **2.3.1. Sampling method and Constitution of the sample**

The SCORECARD sample is designed to obtain estimates of household satisfaction indicators with respect to the following sectors at the level of the councils: Water, Health, Education and Council Services. In the North West Region (NWR), 15 councils were involved namely: Ndop, Tubah, Ndu, Nkambe, Kumbo, Jakiri, Bafut, Wum, Mbengwi, Batibo, Fundong, Belo, Santa, Balikumbat and Oku. Selection of these councils was based on the population size of the council, Amounts on administrative accounts and taking in to consideration that all divisions were represented.

The sampling frame used consists of the Enumeration Areas (EAs) <sup>1</sup>of the cartography of the Fourth Cameroonian Survey of (ECAM 4) and its Complementary Survey (EC-ECAM 4) carried out by the National Institute of Statistics (NIS). The SCORECARD sample is a stratified one drawn at two stages. The different strata are obtained by combining the 159 concerned councils for SCORECARD in Cameroon and their corresponding two strata of residence (semi-urban / urban, rural), which gives a total of 318 defined survey strata.

In the first sampling stage, 2,276 EAs (including 276 from the NWR with 20EAs from Jakiri Municipality) 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 EAs that were retained at first stage. This number ranged from 7 to 34 according to the EA sizes (in terms of number of households numbered during the ECAM or EC-ECAM 4 cartographies) in the NWR.

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

### **2.3.2 Data Collection with Zone 12.**

The 2242 households sampled in zone 12 of the NWR were distributed among 135 sampled EAs. Out of the total sampled households and EAs in zone 12, the Jakiri council had 320 households

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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.

distributed among 20 EAs. At the end of the conduct of the SCORECARD survey, all EAs were covered and out of the 320 sampled households drawn from this council area 290 households were successfully identified and interviewed, giving a coverage rate of 90.6%

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

**Table 3: Distribution of the number of sampled EAs and households by council.**

Council	Number of EAs			Number of households previewed in the sample	Number of households successfully interviewed	Coverage rate of households successfully interviewed (%)
	Urban/Semi-urban	Rural	Total			
Balikumbat	3	17	20	320	296	92.5
Jakiri	6	14	20	320	290	90.6
Kumbo	19	0	19	321	278	86.6
Ndop	9	9	18	321	307	95.6
Ndu	4	16	20	320	279	87.2
Nkambe	5	15	20	320	306	95.6
Oku	6	12	18	320	311	97.2
<b>Total</b>	<b>52</b>	<b>83</b>	<b>135</b>	<b>2242</b>	<b>2067</b>	<b>92.2</b>

*Source: SCORECARD, PNDP North West Region*

### 2.3.3 Sample size and distribution of the sample

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

### 2.3.4. Sample base and selection of clusters

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

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

### **2.3.5. Selection of households**

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

## **2.4. Questionnaires and Manuals**

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

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

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

### **2.5. Recruitment of interviewers, Training of interviewers and Fieldworks**

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

The training of the pre-selected candidates for the final selection of interviewers or controllers for

the fieldworks was done in 6 days for zone 12 where by 2 groups of persons were trained for 3 days each in two different chosen centers:

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

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 7 teams, with each team working in one of the 7 selected councils of zone 12. In each council, a team was consisted of a council supervisor and 10 field agents (8 interviewers and 2 controllers) divided into two subgroups of 5 persons, with each subgroup headed by a controller. Each council had 7 days of field work for the data collection. The 7 days of field work for the Jakiri council started on 24<sup>th</sup> of September 2017 and ended on the 30<sup>th</sup> of September 2017.

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

## **2.6. Community sensitization and awareness.**

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

### **2.7. Data processing**

Data entry and processing was done using the software version 6.3 of CSPro. The agents selected for the data entry attended a 3-day training course to familiarize themselves with the operating tools (questionnaires, data entry application) of the Scorecard survey. The actual entry started on November 5<sup>th</sup>, 2017 and ended on November 20<sup>th</sup>, 2017. In order to ensure quality control and to minimize typing errors, all the questionnaires were double-entered, and internal consistency checks were performed. The errors detected were systematically corrected.

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

### **2.8. Use of secondary data**

During the study, secondary data was used from the Council Development Plan (CDP) to capture historic and administrative facts, biophysical facts with, economic and human aspects of the municipality.



## **CHAPTER 3**

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

The Citizen Control Mechanism for public action had as one of the actions the collection of qualitative and quantitative data through a household survey in which the perception of the population on water, health, Education and council services were obtained. After a careful analysis of the data, the following results were obtained and presented as follows.

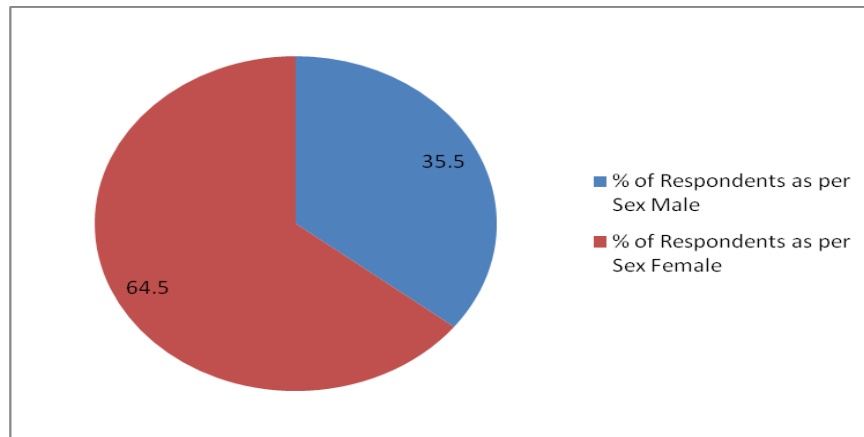
#### **3.1. Presentation of the sampled population.**

Jakiri Council area covers a surface area of about 765 km<sup>2</sup> with an estimated population of about 75,000 inhabitants as per the Council Development Plan (CDP) 2012. During the survey, persons of different sex and ages from sampled households responded to the questionnaire. Gender was adequately mainstreamed given that the survey targeted household or respondents who could either be male or female. Respondents were regarded as persons above the age of 16 years who have been living within the municipality for the past 6 months before the survey and with intentions on not moving out of the municipality any time soon. These were also person with mental fitness and the capability of evaluating the use of services put at their disposal by the public.

##### **3.1.1. Characteristics of respondents**

In a bit to understand more and from who information was acquired, the survey took into consideration the sex and ages of respondents. In all, 64.5% of respondents were female and the rest (35.5%) of the respondents were male. The figure below illustrates the proportion of respondents according to sex.

**Figure 1: Proportion (%) of respondents as per sex**



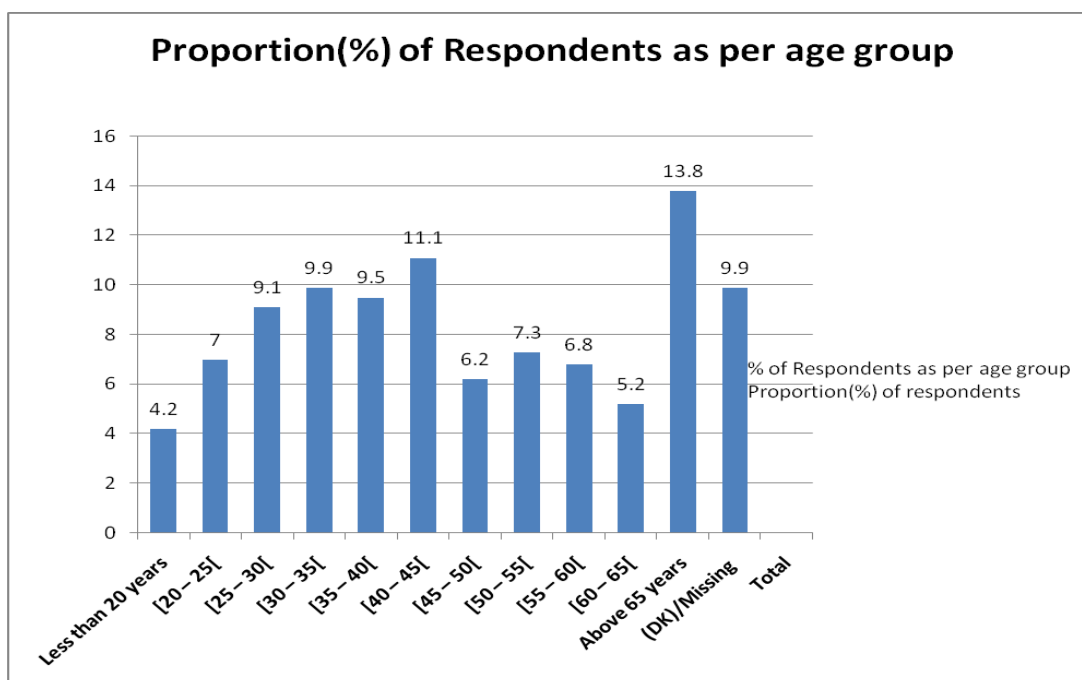
Another characteristic of respondent which the survey took into consideration was the age group of the respondents.

### 3.1.2. Distribution of respondents by age in Jakiri council.

The ages of respondents were considered which also gives the level of quality and credibility of information collected during this survey.

According to the graph, it can be noticed that about 9.9% of the ages of the respondents could not be determined. However, the figure shows that more than 50% of respondents were of aged 40 years and above, meanwhile only 4.2% of the respondents were of age from 20 and below.

**Figure 2: Proportion (%) of respondents as per age group.**



### 3.1.3 Characteristics of household heads

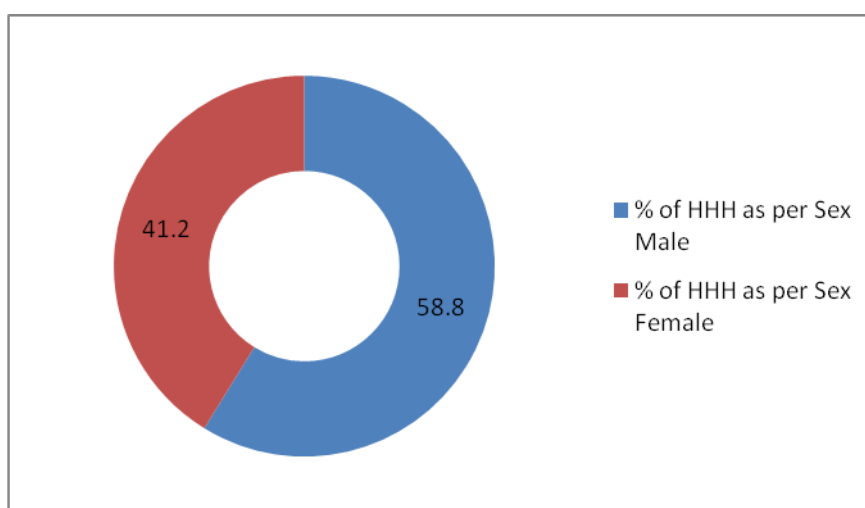
A household head (HHH) according to the survey is a member of a household who is unanimously recognized by members of the household as a head. The survey also took into consideration the percentage of household heads within respondents, their sex and ages.

The importance of HHH within this survey lies on the fact that majority of them make decisions on behalf of the household.

### 3.1.4. Distribution of household heads by sex in Jakiri council

Looking at the household heads, the male is the dominant sex with 58.8% as opposed to 41.2% female. This result fall in line with the custom of the area of the survey which recognizes mostly men as household heads and with the male sex given the priority of succession. The figure below shows the distribution of HHH by sex within the Jakiri municipality

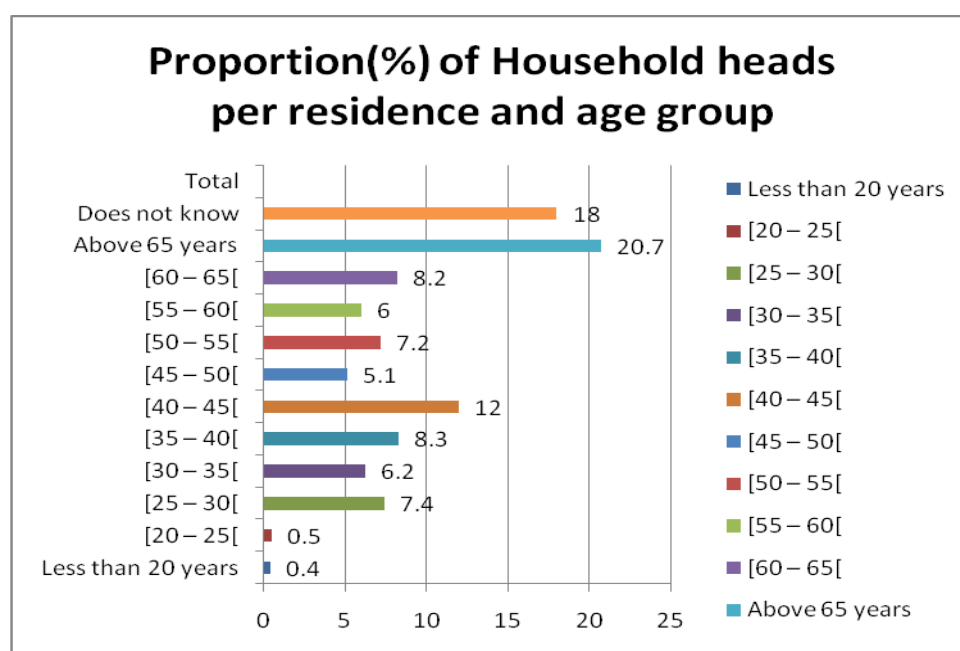
**Figure 3: Distribution (%) of household Heads by sex**



### 3.1.5. Distribution of household heads by age in Jakiri council

Meanwhile the ages of 18% of household heads could not be determined, it could however be identified that about 60% of household heads in the Jakiri Municipality are aged 40 years and above, whereas those of age from 25 years and below form only 0.9% of the population of household heads. It could however be noticed that the age group with the highest number of household heads is that which ranges from 65 years and above, with a percentage of 20.7, which indicates that at least 1 out of every 5 household heads fall within that age range. Figure 4 below gives a picture of the distribution of household heads by age in the Jakiri Municipality.

**Figure 4: Proportion (%) of household heads per residence and age group.**



### 3.2. WATER SECTOR

Water is the most important and necessary element in human life with approximately 60% of the human body made up of water. The Sustainable Development goal 6 (SDG) emphasizes on availability and sustainable management of water and sanitation for all. Scarcity of water can result in food insecurity, malnutrition, diseases, and widespread poverty. Improving access to water, in particular clean and healthy drinking water, is a condition aligned with a policy aiming at the reduction of mass poverty and increase in good health. For this reason it is a crucial element of the Millennium Development goal 1 "Eradicate extreme poverty and hunger". The study in this sector focuses on the availability, accessibility, quality and management of main public water sources available for use by households.

#### 3.2.1. Availability and usage of water services

Available water sources in Jakiri are classified under public or private water sources in which a public water source is that which is run and managed by the community or water authority with open access to the public. Private water sources are run and managed by individuals and access is restricted to a household or authorized before usage

This subsection looks at the public water supply schemes that exist in the Jakiri council area as well as their use or relevance to the community. The survey revealed that the following water sources exist in the Jakiri municipality:

1. Well equipped with a pump. This refers to a well equipped with a manual pump, the operation of which is likely to ease water sourcing during the supply process.
2. Open pit well: As the name implies, it is a well pit that is exposed and is a form of an unprotected well. This means that it is not protected from run-off waters and/or not protected from bird's droppings and animal dung.
3. Protected well: A well protected from run-off waters by a shaft lining or a well casing constructed above the ground level and a platform that channels overflowing water. Furthermore, a protected well is covered a bit to remain out of bird's droppings and animal dung.
4. Spring/ river: A spring corresponds to a spot where water comes out of the ground in a natural way. As to a river, it corresponds to surface water. Water flows into a river, dam, lake, pond and irrigation canals from which it is directly drawn.
5. Potable water: This modality takes into account water that has undergone a prior treatment process in a bid to become drinkable and which is later on channelled to the residential areas (CDE, CAMWATER...).

### 3.2.2 Availability of water supply schemes in the Jakiri council area

The table below shows the availability and usage of water from different water supply schemes existing in the Jakiri municipality. The SCORECARD household survey revealed that the most available sources of water in the municipality are pipe borne and springs/ivers. From the table below, one can observe that 24 out of 25 households (95.6% of households) in the municipality acknowledge the availability of pipe born water, as well as about 7 out of 10 households (69.8%) acknowledge the availability of springs/ivers as water sources.. The survey revealed that very few households know of wells and boreholes as available water sources, just about 1 out of 50 households (1.8%) who indicated the presence of boreholes with manual pump as one of the available sources. Boreholes with pumps registered a very small percentage of 1.8% as seen on the table below.

**Table 4:** Proportion (%) of households in Jakiri council as per type of water systems used.

Well equipped with a pump	Open pit well	Protected well	Boreholes equipped with manual pump	Spring / River	Access to tap water (pipe borne water)

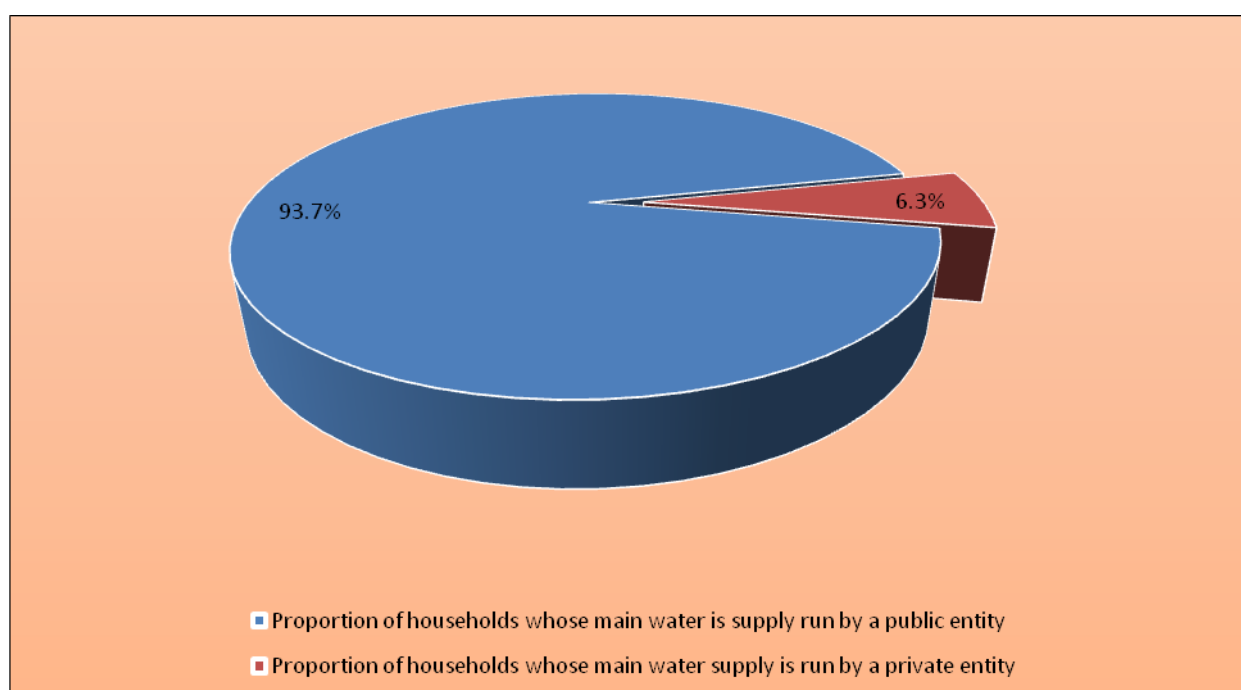
3.6	7.4	9.0	1.8	69.8	95.6
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Source: Scorecard survey Jakiri council, November 2017

Among the households found in the Jakiri municipality, about 23 out of 25 households (93.5%) acknowledged the use of public water supply as their main water supply scheme.

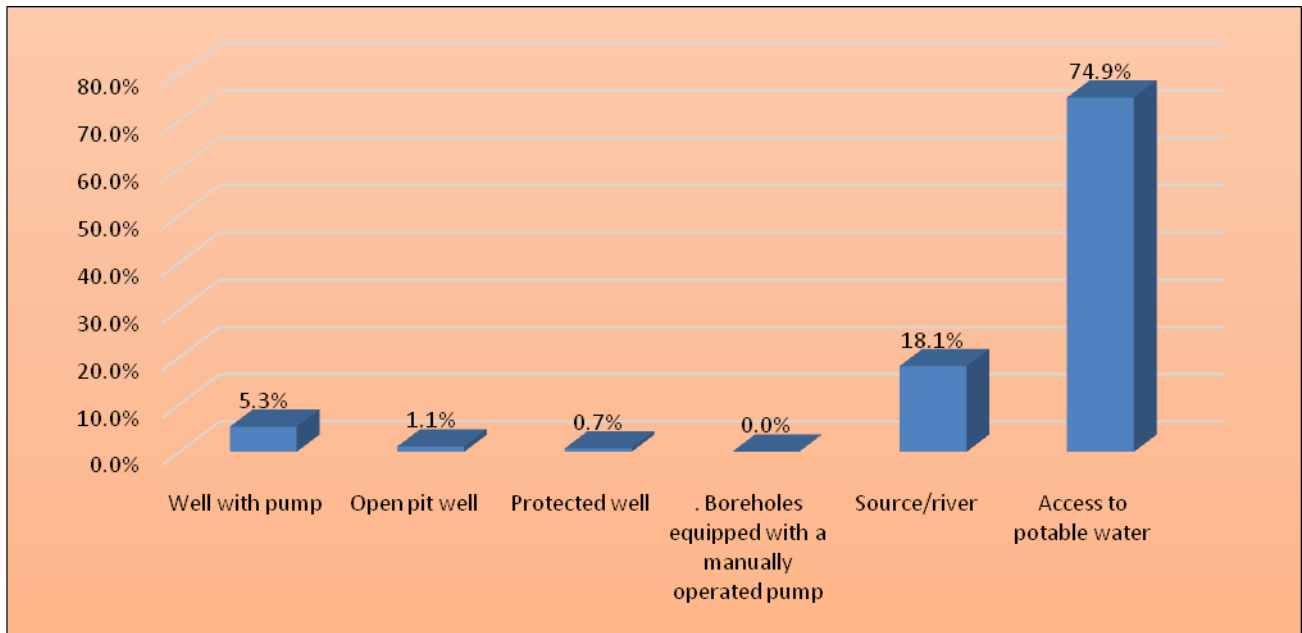
As concerns the households who declared to be using a public water source as their main water supply scheme, a greater majority of them made mention of the fact that this supply scheme is tap or pipe-borne water. Indeed, 79.4% of these households declared the use of public pipe-borne water as their main water source, 18.1% mentioned springs/streams, while the remaining 7% made mention of public wells. It should also be worth mentioning that there is no public borehole in the Jakiri Municipality that is used by any household as a main source of water.

**Figure 5: Proportion of households using either a public or a private water source as main water supply scheme**



Source: Scorecard survey Jakiri council, November 2017

**Figure 6 : Partitioning (%) of households in Jakiri council per main source of water**



*Source: Scorecard survey Jakiri council, November 2017*

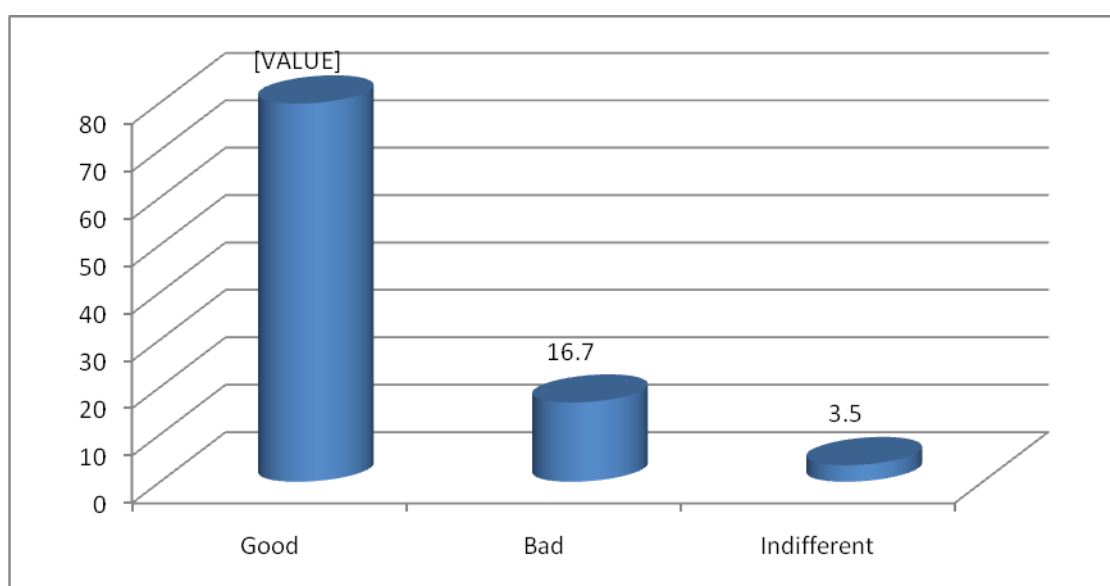
Access to potable water could also be impaired by its quality and cost of water services. The study also examined the evaluation of the cost and quality of the public water services used as main source of water by households within the Jakiri municipality.

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

#### 3.2.3.1 Quality of Water Services

Generally, water for domestic consumption is considered to be free of taste, color and odor. Although these substances may have no direct health effects, water that is highly turbid, highly colored or has an objectionable taste or odor may be regarded by consumers as unsafe and may be rejected. The figure below illustrates the perceptions of those households that use a public water supply scheme as main source of water on the quality of the water that emanate from their main water sources. Referring, therefore, to the perception of these households on the physical quality of water (odor, taste and color), it was observed that 79.8% of them (about 4 out of every 5 households of the referred households) declared that water from their main water supply source has a good quality, 16.7% of them declared that the water has a bad quality while 3.5% of them were indifferent.

**6. Figure 7: Distribution (%) of households according to their declaration on the quality of their main water source.**



As concerns the characteristics of the water from the various public sources used by households, the following are observations got from those households that use any of these sources as main source of water supply: 29.2% of the households declared that the water has an odor, 26% reported that the water had a taste while 31.2% said that the water had a color. The table below gives details on the appreciation of the characteristics of water households consume from their main water supply sources.

**Table 5:** Distribution (%) of households according to the characteristics of their main water source.

Water has an odor			Water has a taste			Water has color		
Yes	No	Indifferent	Yes	No	Indifferent	Yes	No	Indifferent
29.2	70.3	0.5	26.0	73.5	0.5	31.2	68.3	0.5

*Source: Scorecard survey Jakiri council, November 2017*

The cost of water services also has a big role to play when we look at the availability and access to portable water.

### 3.2.3.2. Cost of Water Services

Still focusing on those households that use a public supply scheme as their main source of water, the studies from the survey revealed that 57.6% of the households pay dues for the use of the supply scheme. The average monthly dues paid by each of the households that pay dues for the public water scheme used as their main source of water supply was estimated at 674.4FCFA.(see



table 6 below).

In addition to the information given by the concerned households on the dues they pay for the use of the public supply as their main source of water, they also gave their appreciations, in different categories on the dues they pay. Indeed, 37.4% of these households perceive the amount to be high, 58.7% perceive it to moderate, while 3.9% perceive the dues to be insignificant (see figure 8 below).

**Table 6:** Proportion (%) of households paying for water at the main public water source and average amount paid per month by each of these households on the water services.

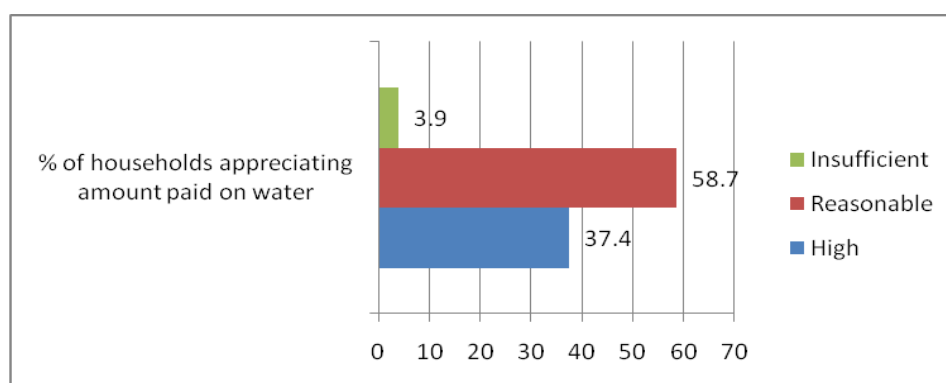
Proportion (%) of households paying for water among the households that use a public water supply scheme as their main source	Average monthly expenditure (CFA Francs) for households that pay for the water.
57.6	674.4

*Source: Scorecard survey Jakiri council, November 2017*

### 3.2.4 Appreciation of water services.

This section strictly deals with the households that declared their main source of water is got from a public supply scheme. The key objection at this level is to appreciate water services through its daily and yearly availability with focus also on the time taken by household members to fetch water. These indicators looks at the proximity and availability of water to the households.

**Figure 8: Distribution (%) of households appreciating amount paid on water**



#### 3.2.4.1 Availability and access to main public water supply.

According to the findings from the SCORECARD survey in the Jakiri Municipality, 42.6% of those households that declared their main source of water is public acknowledge that the water from their

main source is always available throughout the year.

As concerns the time taken for household members from those households mainly using a public source to go fetch water and return home, about 76.5% of these households declared that their members either take less than 15 minutes or fetch water on the spot. Only a minority 8.8% of these households declared that their members take above 30 minutes to go fetch water and return back home.

As concerns daily access to the public water sources, 92.6% of the concerned households declared that they have access to their main source throughout the day.

**Table 7:** Proportion (%) of households with water from public main source available throughout the year; Time taken to go fetch water and back.

<b>Proportion (%) of households with water from public main source available throughout the year</b>	<b>Time taken to go fetch water and back (H09)</b>				<b>Proportion (%) of households having access to main public water source used throughout the day</b>
	On the spot	Less than 15 minutes	between 15 and 30 minutes	More than 30 minutes	
42.6	33.9	42.6	14.7	8.8	<b>92.6</b>

*Source: Scorecard survey Jakiri council, November 2017*

Water system breakdowns and issues of repair works are parameters that could also affect availability and even impair access.

#### **3.2.4.2. Breakdown and Repair of Public Water source.**

Most Public Water Supply Schemes are managed by a committee put in place by the community or authorities. Management also will include maintenance and repairs for the purpose of sustainability.

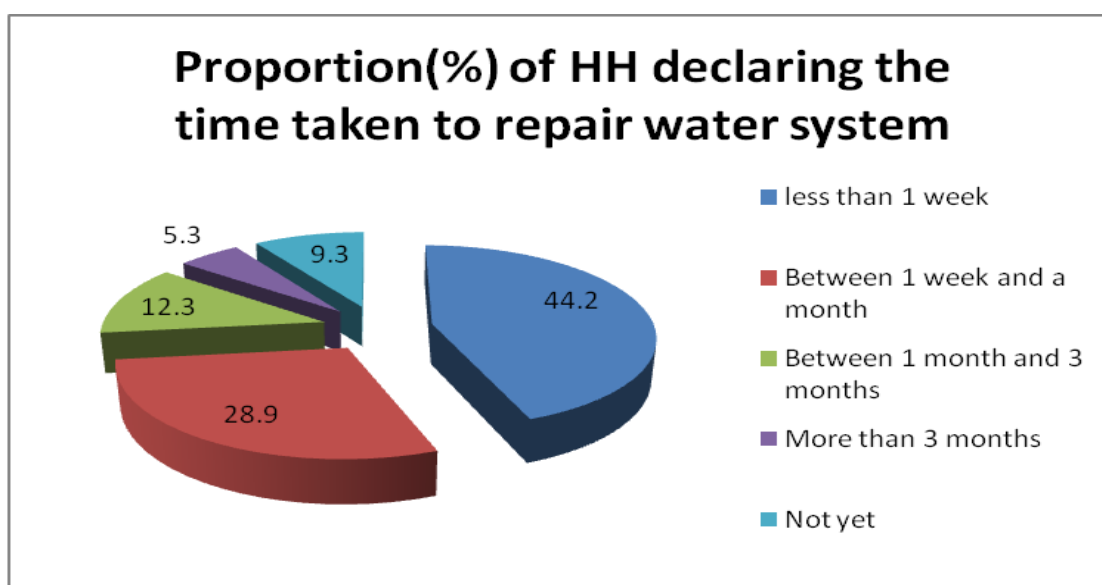
In addition to the fact that households involved here are those that use one of the above mentioned public water schemes as their main source of water, those that use undeveloped springs/streams are excluded.

From the date of the household survey six months behind, 35.3% of the concerned households declared a breakdown of their main public water source for at least once. It shows from the results

that breakdown of main public water sources could be a problem within the municipality.

Looking at time taken to repair main water schemes, 44.2% of the concerned households who declared a breakdown reported that it took less than a week to before repairs done could be done, 28.9% reported that it took above one week and not more than a month to repair their main water sources. About 18.6 of households indicated that it took at least a month before repairs could be done. While 9.3% of households still have their water sources unrepaired. The figure below illustrates the time taken to repair water sources as declared by households. However, 90.7% of those who had had a water breakdown within six months before the survey date declared that their water scheme was repaired irrespective of how long it took before the repairs could be done.

**Figure 9 : Proportion(%) of HH declaring the time taken to repair water system**



The survey also captured information on the institutions and person who have done repairs on the main public water sources within the Jakiri municipality.

#### **3.2.4.3 Institution/person repairing the breakdown of the main public water source**

Concerning the 90.7% of households in section III.2.3.3 who declared that their main water source has been repaired, a majority of them 69.4 % indicated that repairs were done by the water management committee while 2.3 % reported that repairs where done by the mayor. A proportion 7.1% of the concerned households said that administrative authorities did repairs on their main water source while 6.9% of the households talked of the village or quarter head to be the person who did the repairs. A minority of 0.7% indicated that repairs where done by the state.17.4% of the households reported that the repair on the main water source where done by other individuals or institutions. From the above perception one can conclude that more than half of the water sources

are managed by the water management committees. Notwithstanding, repair of the main water source is a general concern as shown by different institutions and persons doing repairs.

**Table 8: Institution/person repairing the breakdown of the main public water source**

Source: Scorecard Survey Jakiri Council, November 2017

### 3.2.5. Needs expressed in terms of water supply

Looking at the needs expressed by the population in terms of water supply in the Jakiri municipality, 20.7% of households (about 1 out of every 5 households in the municipality) expressed certain needs to different Organs or structures within six months before the conduct of the survey among which the needs of 26.6% of them were met. Among those households that expressed some needs, majority of them (60.3%) expressed their needs to a water management committee while 9.5% of the households expressed their needs to the mayor. The village and quarter heads was also another avenue where 9.7% of the concerned households expressed their

<b>Proportion (%) declaring that the breakdown declared was resolved by the</b>						
Mayor	State (government services)	Elite	Water Management Committee	village/quarter head	Administrative Authorities	others
2.3	0.7	5.9	69.4	6.9	7.1	17.4

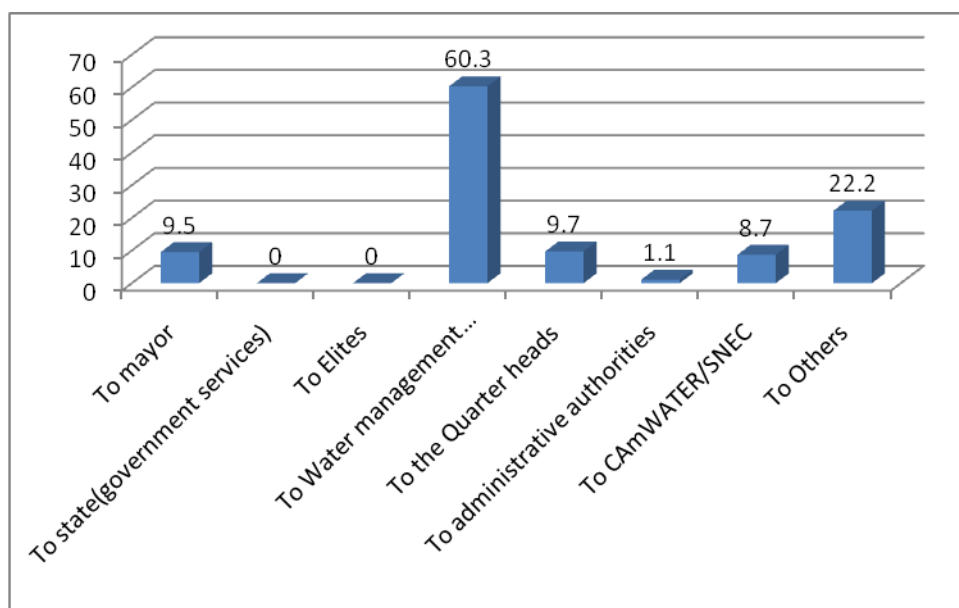
needs. No household expressed a need to the state or Elites, while 22% of the concerned households channeled their needs to other structures. 8.7% of the households reported they expressed their needs to Camwater/SNEC.

Out of all households who express needs on water supply, 73.4% of these households indicated that their needs were not met. The table and figure below shows the different structures and percentages of households expressing needs to.

**Table 9: Needs expressed in terms of water supply**

<b>Proportion (%) of households which have expressed a need in potable water in the last six months</b>	<b>Proportion (%) of households whose need expressed for water was met</b>
20.7	26.6

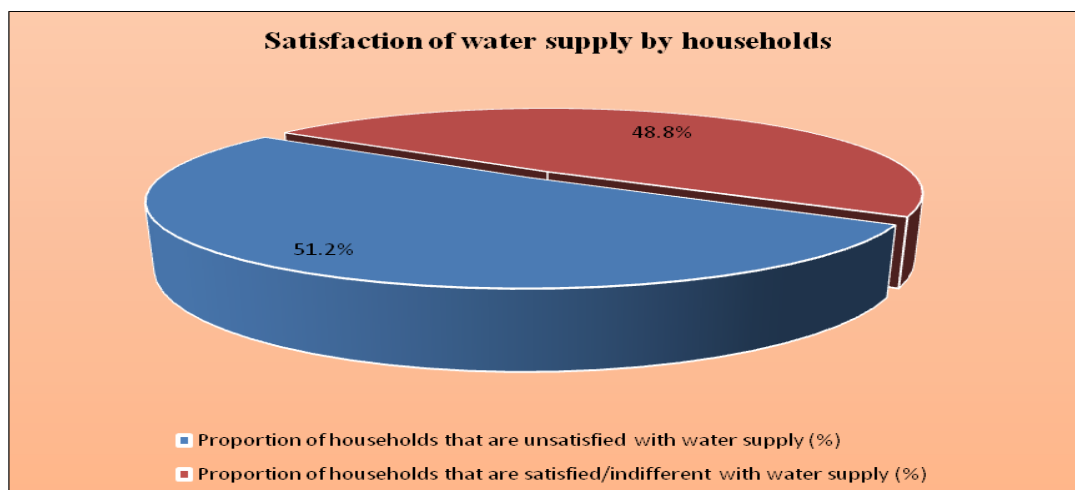
**Figure 10 : Proportion (%) of households which have expressed a need to institution/persons**



### 3.2.6. Dissatisfaction in terms of water supply

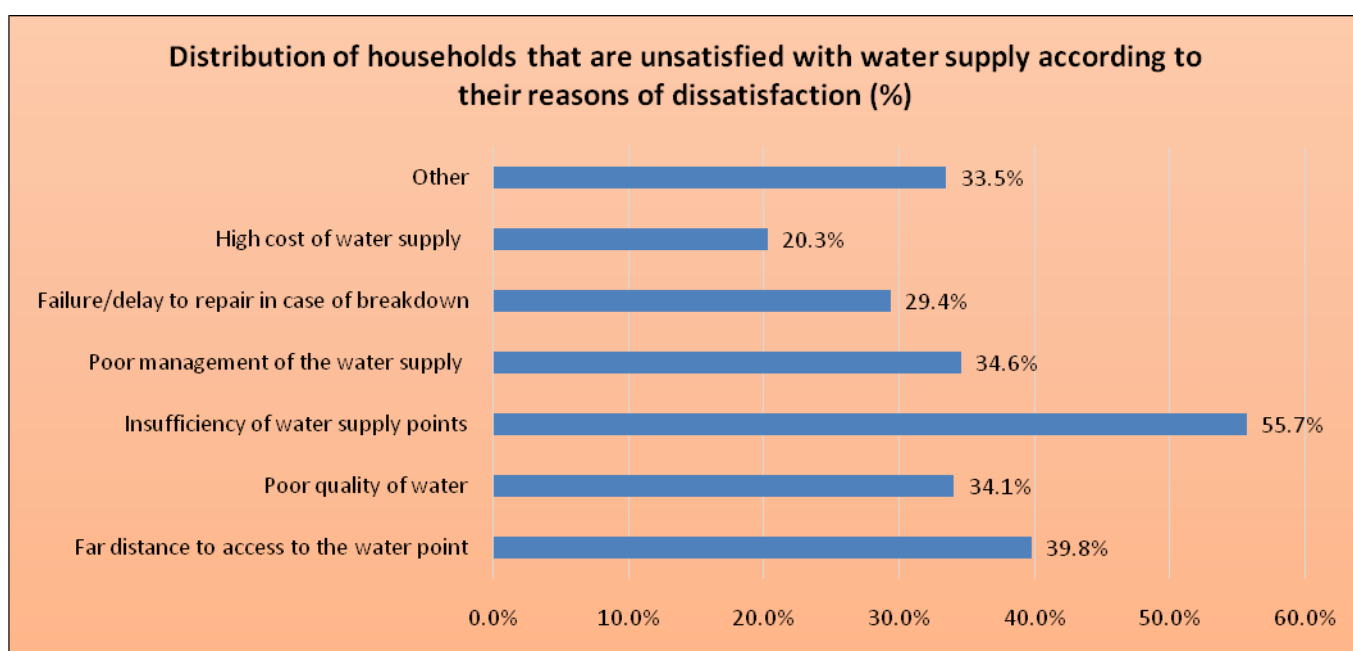
The level of satisfaction of water users on their main water sources reported more than half of the population (51%) not satisfied with portable water provision services amongst which, 55.7% of these unsatisfied households indicated that water points were insufficient, 39.8% of the households talked of far distances of the water points while 34.1% gave their reason to be poor water quality. The poor management of water point was also a reason advanced by 34.6% of households alongside the high water cost and slowness or lack of maintenance declared by 20.3% and 29.4% of households respectively. 33.5% of the households had other reasons justifying their dissatisfaction with the provision of water supply services. The table below shows the proportion of households and reasons expressed by household for not being satisfied with water supply services in the Jakiri municipality.

**Figure 11: Distribution of households in Jakiri in terms of their level of satisfaction in water supply**



Source: Scorecard Survey Jakiri Council, November 2017

**Figure 12: Proportion of unsatisfied households according to the different reasons of dissatisfaction of water supply**

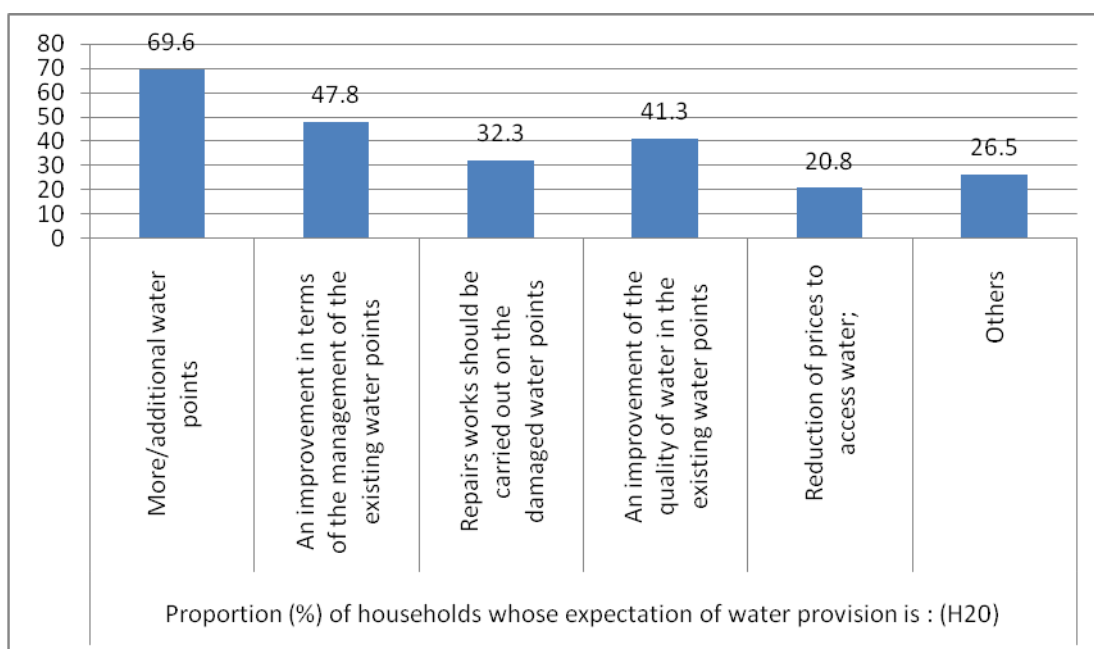


Source: Scorecard Survey Jakiri Council, November 2017

### 3.2.7. Expectations in terms of water supply in Jakiri council.

In other to improve service delivery in water supply within the Jakiri municipality, the study measured the expectations of households

**Figure 13: Proportion(%) of households as per expectations on water service delivery.**



A greater proportion of the households (69.6% referring to about 7 out of 10 households) in the Jakiri municipality expected to have more water points within their villages. 47.8% of households in the municipality where of the opinion that there is need to improve on the management while 41.3% needed to see an improvement in the quality of water in the existing water points. Some household, 32.3%, expected repairs to be done on damaged water points. A reduction on the amount paid to access water was the expectation of 20.8% of the households while 26.6% of households had other expectations different from the ones mentioned.

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

Generally looking at the water supply in Jakiri municipality and the perception of the population on this service, we will acknowledge lapses in the management of the water systems with pertinent issues on quality, price and maintenance, which are to be addressed. Our recommendation will be for the council to create a network of all its water management committees through which they can be trained and given technical support to enhance prompt maintenance.

Looking at accessibility, a small but significant proportion of the population still do not have access to potable water while some take longer time to fetch water due to congestions at water

points or moving over long distances to fetch water.

Water management committees could mobilize resources for the extension of the water supply to other parts of the village in need. Home connections should also be encouraged to reduce congestion in public taps.

The absence and or poor management of improved sources of water tailored for domestic consumption could have a negative effect on the health of the population.

### **3.3. HEALTH SECTOR**

Health is wealth and a healthy population makes up a productive community. Sustainable development goal (SDG) 3 focuses on ensuring healthy lives and promoting the wellbeing for all at all ages. Health service is one of the basic needs of the community and it is the responsibility of the state and council to ensure proper health service delivery in order to be in line with SDG3. The availability and usage of health services is one of the factors that will determine proper health delivery.

Section 19 of LAW No 2004/017 of 22 JULY 2004 on the orientation of decentralisation lays emphasis on municipal councils on setting up, equipping, managing and maintaining council health centers in keeping with the health map, assisting health and social centers by ensuring sanitary inspection in establishments that manufacture, package, store and distribute food products as well as in plans that treat solid and liquid waste produced by individuals or enterprises.

Under social welfare, councils are called upon to participate in the upkeep and management, where necessary of social advancement and integration centre and contribute in constructing, maintaining and managing public cemeteries. Lastly, the coordination of relief operations for the needy is also part of council's responsibility. Health care institutions are either managed/run by the state or the private sector. Health care units from the public sector are made up of: the public Hospital, health care unit (IHC/HC/Dispensary/PMI), the Sub-divisional medical Centre (CMA), any other public medical centres. Private health care units from the private sector comprise: lay Hospital/private Clinic, private denominational Hospital, private Pharmacy, Physician's office, Health Centre, denominational/Dispensary, and any other private medical structure.

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

Health care institutions are either managed/run by the state or the private sector. Health care units from the public sector are made up of: the public Hospital, health care unit

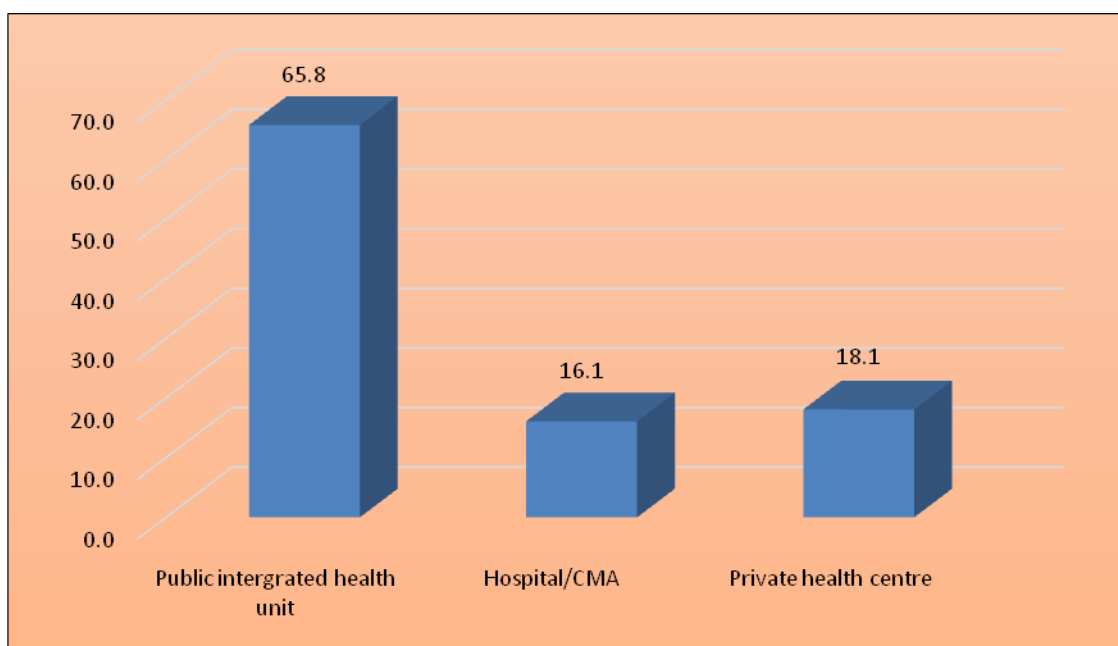


(IHC/HC/Dispensary/PMI), the Sub-divisional medical Centre (CMA), any other public medical centres. Private health care units from the private sector comprise: lay Hospital/private Clinic, private denominational Hospital, private Pharmacy, Physician's office, Health Centre, denominational/Dispensary, and any other private medical structure.

### 3.3.1.1 Availability of services in the health domain

From the household survey conducted, the perception of the population about proximity of different health units could be seen with a majority (65.8%) of the households having the Public Integrated Health Center (IHC) nearest to them as oppose to 18.1% of households having private health centers. The rest of the households (16.1%) declared the availability of a hospital as the closest health unit to them. This also entails that government health units are more available for use within the Jakiri municipality. The figure below clearly shows the distribution (%) of households according to the nearest health unit in the Jakiri municipality.

**Figure 14: Distribution (%) of households according to the nearest health unit**

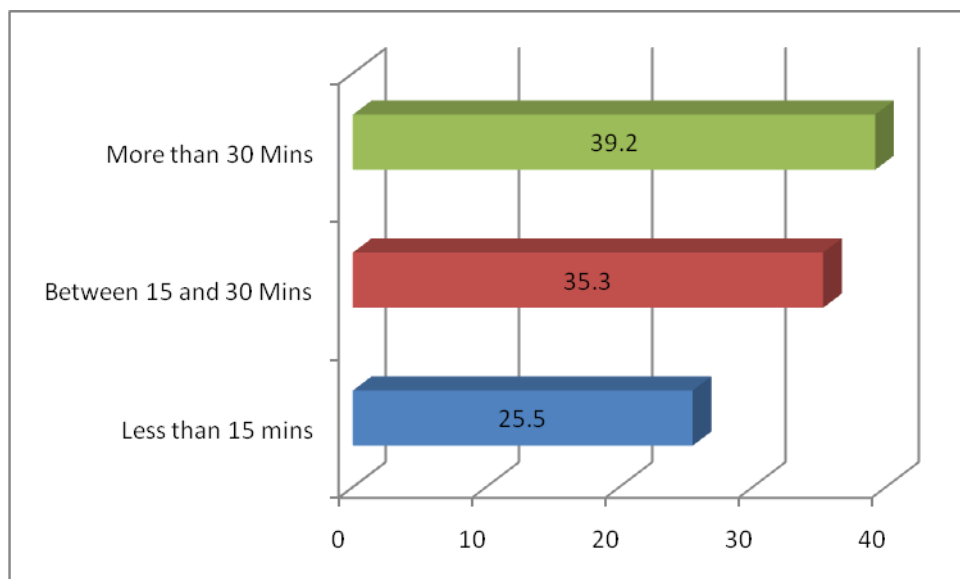


### 3.3.1.2. Time taken to reach Health unit

The nearest health unit cannot completely give the proximity of the health unit to the different households. Physical accessibility addresses the complex relationship between the distribution of the population and the supply of healthcare facilities. In the SCORECARD, it has been measured using the time taken to reach the nearest health units by household members as declared by them. It was noticed that 39.2% of household (that is, about 2 out of every 5 households) declared that their household members could use more than 30 minutes to reach the nearest health unit while

35.3% of households declared that their household members take between 15 and 30 minutes to reach the nearest health unit. A minority of households (25.5%, that represent about 1 out of every 5 households) have a health unit very close to them and their household members use less than 15 minutes to reach there (Figure 15).

**Figure 15: Distribution (%) of households according to the average time taken for a household member to get to the nearest health unit.**



Also the cost and quality of health services is a determining factor for good health service delivery.

### 3.3.2 Cost and quality of health services

Although proximity of the health unit may influence attendance, the management of the health unit, infrastructure and cost of health services may also determine its usage.

#### 3.3.2.1. Use of services in the health domain

Here, we base our observations on preferences of members in a household in terms of health care facilities. These preferences are considered from the following list of health care facility as displayed below:

- Public integrated health center (it is a government health center with the state registered nurse as the chief of center)
- Hospital/CMA having trained residential medical doctors
- Private health center (owned by private persons or group of persons and headed by a senior nurse)

- Traditional healers
- At the medical store/kiosk
- Go to a medical staff member
- Treat at home/self-medication
- Others

From the study, it was discovered that the members of 53.2% of households in the Jakiri Municipality prefer using the public integrated Health centers while the members of 29.8% of households prefer using the Hospital. 15.5% of households declared that private health centers where the first choices of their members. The members of 1.2% households in the municipality preferred to go to medical stores or traditional healers. Home treatment and the use of medical staff at home is absent in the Jakiri municipality. The table below shows the different health units and the proportion of population seeking medical care

**Table 10: Proportion(%) of households using preferred health care units.**

Preferences of the household in terms of health care facilities							
Public integrated health center	Hospital/CMA	Private health center	Traditional healers	At the medical store/kiosk	Go to a medical staff member	Treat at home/self-medication.	others
53.2	29.8	15.5	0.4	0.8	0.0	0.0	0.2

*Source: Scorecard Survey Jakiri Council, November 2017*

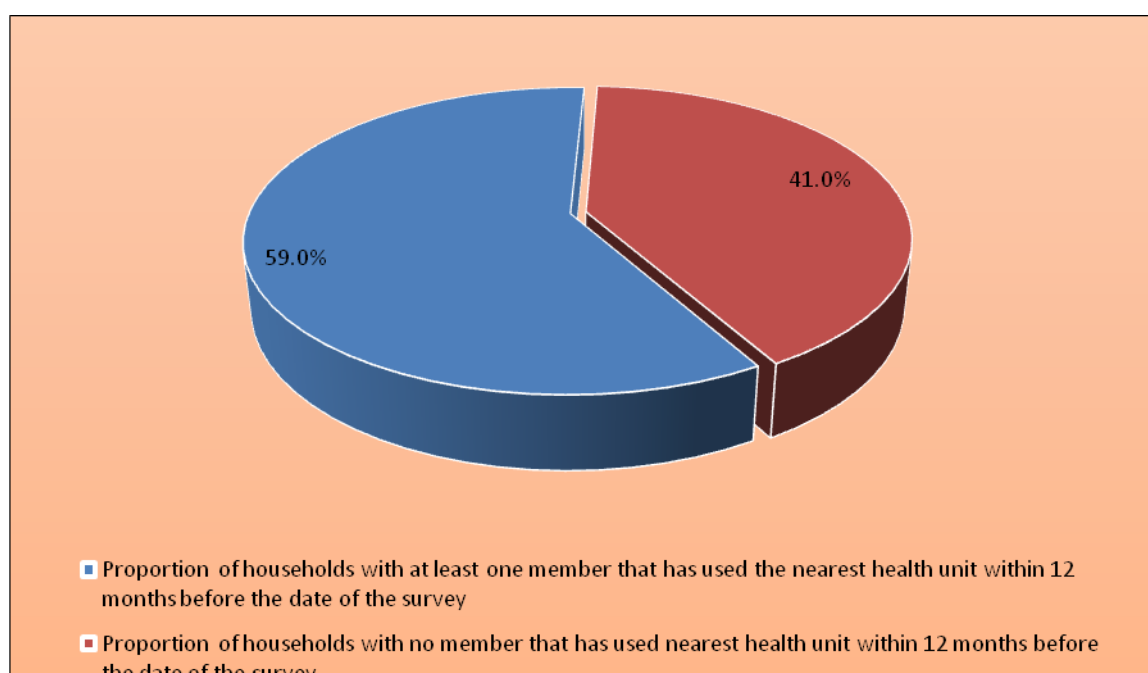
The analysis that follow are based on responses that were given by households with respect to 12 months before the date of the survey

### 3.3.2.2. Appreciation of health services

#### 3.3.2.2.1 Management of the Health unit

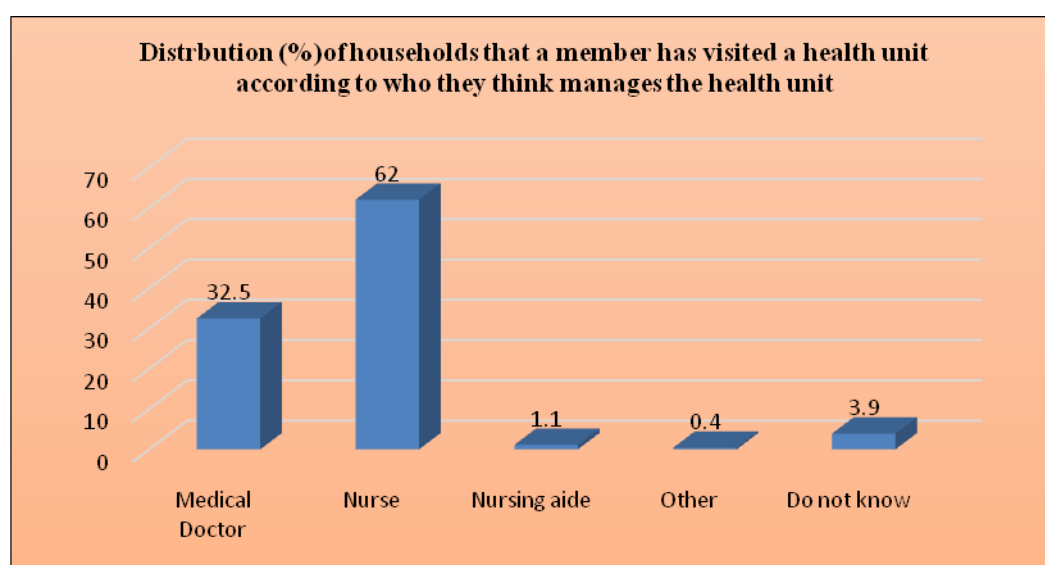
It was noticed that 59% of households (that is about 3 out of 5 households) declared that at least a household member had gone to the nearest health unit at a period that is 12 months before the date of the survey. Among the households that declared a member had visited the nearest health unit within 12 months before the date of the survey, 62% of them acknowledged the presence of a nurse at managerial level of their closest health unit, while 32.5% indicated that a medical doctor manage their closest health unit.. A very small proportion of the households (1.1%) confirmed that a nursing aide manages their closest health unit.

**Figure 16: Proportion of households with at least one member that had visited the nearest health unit within 12 months before the date of the survey**



*Source: Scorecard Survey Jakiri Council, November 2017*

**Figure 17: Distribution(%) of households that a member has visited a health unit according to who they think manages the health unit**



Away from the category of personnel managing the health unit, the infrastructure is also a parameter to measure the level of satisfaction of health care delivery.

### 3.3.2.2.2. Characteristic of health care units visited by a household member

Among the households that declared that at least a member had gone to the nearest health unit within 12 months before the date of the survey, 91.8% of them acknowledged the availability of personnel in the health center while 98.2 acknowledged the availability of basic material/equipment in the nearest health unit.

Among these same households, 98.1% declared that the health unit has a hall/ rooms for hospitalization. Among the households that declared the health unit has hospitalization hall/rooms, 49.7% of them declared the health unit has between 5 and 10 beds, while 11.5% of the households said the hall/rooms do not have beds at all.

Still referring to the households that declared that at least one of their members had visited the nearest health unit within 12 months before the date of the survey, 92.4% declared the health unit has a pharmacy. Among these households that declared the presence of a pharmacy in the health unit, 84.4% of them acknowledged the presence of drugs in the pharmacy.

**Table 11: Characteristics declared by households about the nearest health centre during their last visit**

Characteristics declared by households about the nearest health centre during their last visit						
Availability of basic material/equipment	Existence of hospitalization hall/rooms	Number of beds in the hospitalization halls/rooms (<5 beds )	Number of beds in the hospitalization halls/rooms (b/w 5-10 beds)	Number of beds in the hospitalization halls/rooms (more than 10 beds)	Proportion of households that visited health unit in the past 12 months	Availability of pharmacy with drugs as declared by users in the past 12months.
98.2	98.1	27.4	49.7	11.3	92.4	84.4

*Source: Scorecard Survey Jakiri Council, November 2017*

The survey also considered accessing the cost and quality of health services which is a key parameter of a good health delivery system.

### 3.3.3 Cost and quality of health services

#### 3.3.3.1 Cost of health services

Consultation, which is one of the first and important aspects of diagnosis carry a cost in the different health units and is appreciated as analyzed below.

Among the 59% of households that declared that at least a member had gone the nearest health unit within the 12 months before the survey, 82.9% of them declared they paid a consultation fee in the health unit. Among those who declared that they paid a consultation fee, 20.3% of them paid less than 500FCFA, 44.7% declared they paid between 500FCFA and 1000FCFA, while the remaining 35% declared they paid above 1000FCFA in the health unit.

**Table 12: Proportion (%) of households who declared payment of consultation fee and Amount paid as consultation (F CFA) in the nearest health unit**

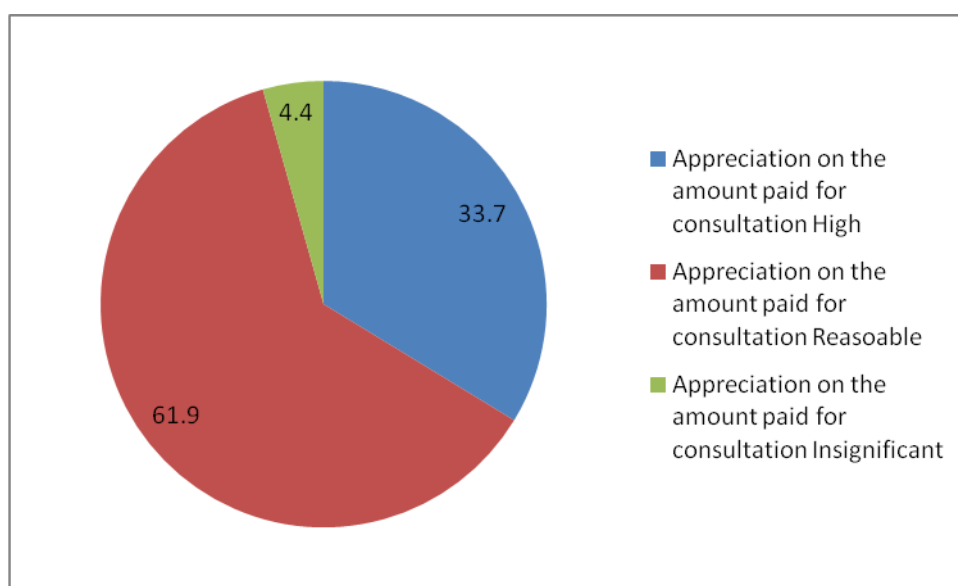
	Amount paid as consultation (F CFA)		
Proportion (%) of households who declared payment of consultation fee in the nearest health unit	Less than 500 FCFA	Between 500 and 1000 FCFA	More than 1000 F CFA
82.9	20.3	44.7	34.9

*Source: Scorecard survey Jakiri council, November 2017*

#### 3.3.3.2 Appraisal of the amount paid in the health care unit

Referring to the households that declared that they paid a consultation fee when a member visited the nearest health unit within the 12 months before the date of the survey, 61.9% of them appraised the fee to be reasonable, while 4.4% of them saw the consultation fee to be insignificant. However, the remaining 33.7% of the concerned households found the fee to be high.

**Figure 18: Appreciation of consultation cost as declared by households attending the nearest health unit.**

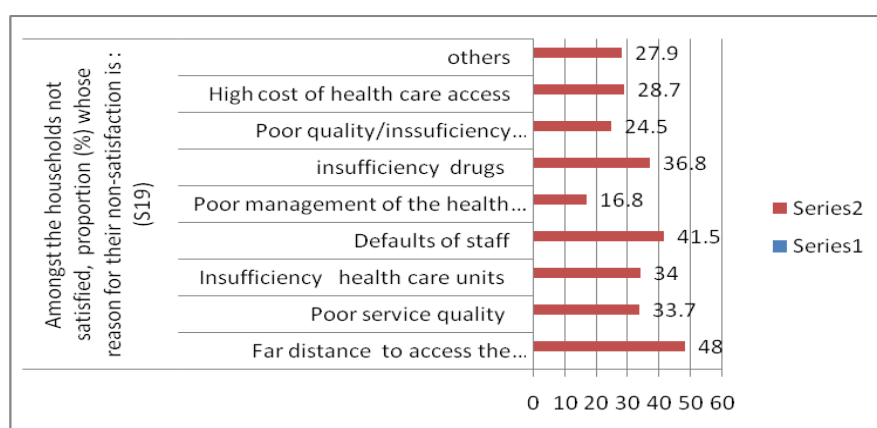


### 3.3.4. Reasons for the non-satisfaction of the population

After looking at the different parameters in rendering health services to the population, we certainly still have a proportion of the population that is unsatisfied with health service delivery in the Jakiri.

Households using nearest health units also did express their dissatisfaction as far as health service delivery is concern in this municipality above 48% of the household reported that far distances to reach health care units was the main reason for their non-satisfaction while 41.5% said staff conduct was their key reason. Other reasons expressed by 36.8% and 34% of households where insufficient drugs and insufficient health care units respectively. Poor service quality was also a key concern to 33.7% of households. Other reasons advanced where high cost of health care access reported by 28.7% of households, poor management of the health care unit declared by 16.8% of household amongst others.

**Figure 19: Proportion (%) of households in Jakiri municipality whose members are not satisfied with the services rendered by health care unit, according to reasons of dissatisfaction.**



Looking at the level and reasons for dissatisfaction in health care service delivery within the Jakiri municipality, households express some expectations.

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

A majority of households of up to 48.3% are of the opinion that additional health care units in areas with far and difficult to access health units will improve service delivery. Other households (46.8%) reported that equipped health care units will help improve on the quality of services offered while 41.6% of households said provision and supply of drugs will help improve health care delivery. A smaller proportion (37.3%) of households declared that the provision of additional staff member will help improve health service delivery in the Jakiri municipality.

**Table 13: Proportion (%) of households as per expectation in health services delivery**

Proportion (%) of households whose expectations in health services are :				
Additional health care units	Provision/supply of drugs	Provision of addition staff member	Equipped health care units	Others
48.3	41.6	37.3	46.8	43.1

*Source: Scorecard Survey Jakiri Council, November 2017*



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

Considering the fact that majority of households use the health units only when they are sick or pregnant, 30 minutes and more is a time too long to reach the health unit and may lead to roadside deliveries or even the death of patients. More so, it is reported that some of the health units are not well equipped with high consultation fee and with some not having drugs in stock.

From the population's perception, we can conclude that IHCs which are highly used by the population should be constructed in villages without the facility by the government. The existing health units should also be well equipped with more attention paid on the availability of drugs in the pharmacies. The Jakiri municipality is more of rural with poor resource setting, thus we suggest a review of the cost of health services especially consultation within the municipality to make health care affordable for all.

## **3.4. EDUCATION SECTOR**

Education is a fundamental human right and is indispensable for the achievement of sustainable development. SDG 4 ensure inclusive and equitable quality education and promotes lifelong learning opportunities for all.

**Section 20 of Law No 2004/017 of 22<sup>nd</sup> July 2004 on the orientation of decentralization in Cameroon gives councils the following responsibilities:**

### **(a) Education**

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

### **(b) Literacy education**

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

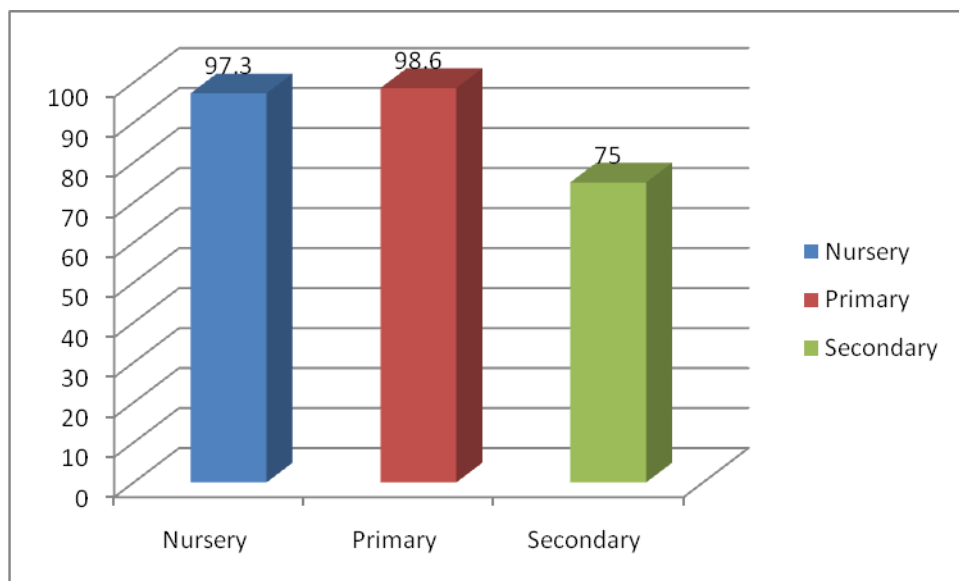
### **(c) Technical and vocational training**

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

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

In this municipality, 97.3% of households declared the availability of at least a Nursery school in their village while 98.6% reported the presence of a primary school in their village. Relatively fewer households (75% of households), compared to households that declared the presence of nursery and primary schools in their villages, declared the presence of a secondary school in their villages. The figure below shows the percentages of household that declare the presence of the different cycles within their respective villages.

**Figure 20: Proportion of households belonging to a village with an educational Cycle**



The average distance covered by children to go to these different schools was also a parameter to measure the quality of educational service delivery in the council area. From the survey results, it can be observed that each household in the municipality has an average of 1.6, 1.9 and 1.6 members in the nursery, primary and secondary schools respectively. According to the declarations of the households on their cognisability of schools existing in their various villages in the municipality, 93.7% of households have at least a member who recognises the presence of a nursery school, 98.6% of them have at least a member that recognises the presence of a primary school and 753% of the households have at least a member that recognises the presence of a secondary school.

As concerns the proximity of these schools to households, it was estimated that children from households in the municipality can take averages of 17.6 mins, 20.7mins and 39.4 mins to get to the nearest nursery, primary and secondary school respectively. Referring to households having at least a child either in the nursery, primary or secondary school, it was revealed that 84.2% of households having at least a child in the nursery school and 71.9% of households having at least a child in the primary school declared that the distance between their households and the schools attended by their children is less than 1km, while 64.8% of households having at least a child in secondary school declared that the distance between their households and the school attended by their children is between 1km and 5km. Although secondary schools were declared unavailable in some villages by households, just 1.4% of households having students in the secondary school.

**Table 14: Average distance covered and average time taken by the children to go to school**

	Average distance covered by the children to go to school				
	Less than 1Km	Between 1Km and 5Km	More than 5Km	Do not know	Total
Nursery cycle	84.2	15.8	0.0	0.0	100.0
Primary cycle	71.9	22.5	1.5	4.0	100.0
Secondary cycle	27.2	64.8	1.4	6.6	100.0

*Source: Scorecard Survey Jakiri Council, November 2017*

A school is regarded to be of a complete structure when we consider other parameters, which also influence the quality of service rendered.

### **3.4.2. Characteristics of school Infrastructure and material**

The results of this section are based on households that have at least a child (who is of course a household member) in the nursery, primary or secondary school.

According to the results got from the SCORECARD survey in the Jakiri Municipality, 96.1% of households in the municipality that have children in the primary school declared that the schools attended by their children have a complete cycle. For the households having at least a child in the secondary school, 87.1% of them declared that the secondary schools attended by their children has a complete 1<sup>st</sup> cycle, while 61.3% of the households declared that the secondary schools attended by

their children have a complete 2<sup>nd</sup> cycle.

Referring to these same households, among the households that have children in the nursery school, 57.3% of them declared that the nursery schools attended by their children have classrooms per class level. 71.2% of them declared that these schools have benches that all the pupils can sit on and 38.8% of them declared that these schools give free textbooks to the pupils. In a similar manner, 58.7% of households having at least in the primary school declared that these schools attended by their children have classrooms per class level, 76.9% of them declared that the schools have benches that can carry all pupils in the schools, while 40.2% of the households declared that the schools give free textbooks to their pupils. As concerns those households that have at least a child in the secondary school, 77.1% of them declared that the secondary schools attended by their students have classrooms per class level while 77.9% of them declared that the schools have benches that can carry all the students.

**Table 15:** Proportion (%) of households having children in the various educational cycles with respect to some basic characteristics of the schools attended by the children of the households

<b>Educational cycle</b>		<b>Characteristics declared about the school attended</b>			
		<i>Has a complete 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			57.3	71.2	38.8
Primary		96.1	58.7	76.9	40.2
Secondary	1 <sup>st</sup> cycle	87.1	77.1	77.9	
	2 <sup>nd</sup> cycle	61.3			

*Source: Scorecard Survey Jakiri Council, November 2017*

Another parameter used to measure the level of service delivery was the average number of children in the classroom.

### 3.4.3 Appreciation of services in the domain of education per cycle

The appreciation of services in the domain of education was also done by households in the Jakiri municipality that have at least a child in the nursery, primary or secondary school.

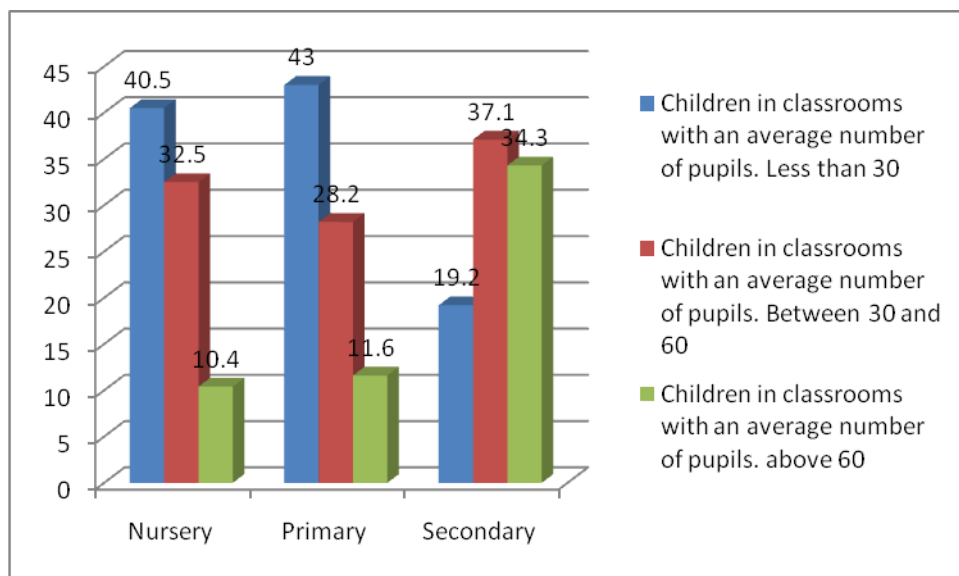
Looking at the figure below 40.5% of households having at least a child in the nursery school reported an average of less than 30 children in a classroom for the nursery cycle, 32.5% of the households declared between 30 and 60 pupil, while 10.4% of the households reported having more

than 60 pupil in the classroom.

As concerns the primary cycle, a majority of the households having at least a child in the primary school (43%) reported having less than 30 pupil in a classroom as while 28% of the households declared an average of between 30 to 60 pupils in a classroom. A lesser percentage of the households (11.6%) reported having above 60 pupils in a classroom.

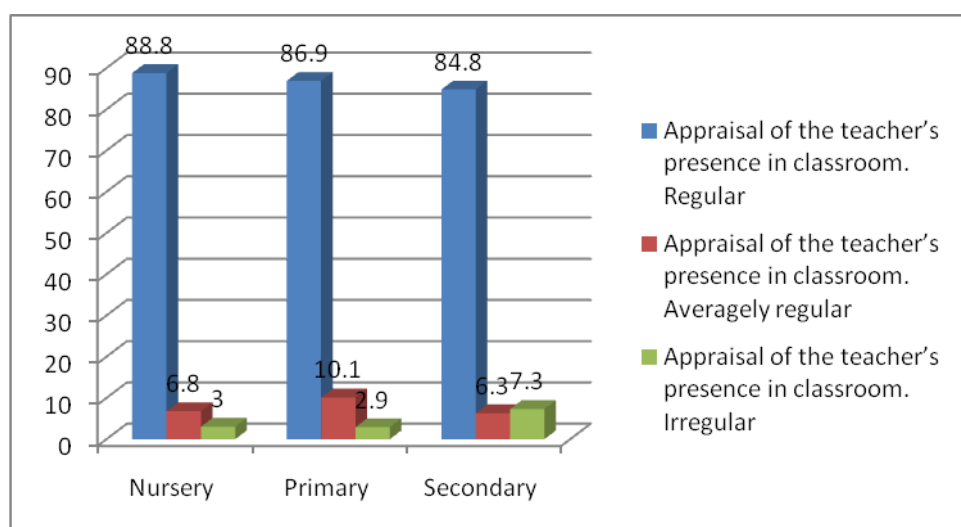
For the secondary cycle, only 19.2% of household shaving at least a child in the secondary school reported of an average of less than 30 students in a classroom, while 37.1% reported having between 30 to 60 students in a classroom. The rest of the households (34.3%) declared that the secondary schools hosting their children had an average of more than 60 students in a classroom.

**Figure 21:** Proportion (%) of households in Jakiri council whose children are going to school and are in classrooms with an average number of pupils.



The presence of teachers in the classroom is also another parameter, which was used by the survey to measure the quality of services offered in the education sector. Its appraisal proved that teachers in the three cycles are more regular as declared by about 88.8%, 86.9% and 84.8% of households with children in the Nursery, Primary and Secondary cycles of education respectively. Nevertheless about 7.3% of households still reported irregularity of teachers in the secondary cycles as demonstrated in the figure below.

**Figure 22: Proportion (%) of households in Jakiri council according to the appraisal of the teacher's presence in classroom.**



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

#### 3.4.4.1. Cost of Educational Services

Education should be affordable by all as it is a basic need for every community. The table below shows the average amount spent by households on a child per year in the different cycles of education. According to the norms of basic education in Cameroon, Nursery and primary education are supposed to be tuition free in the public institutions.

An appraisal of the cost spent by households on a student or pupil throughout a school year as school fee (registration, tuition and PTA) indicates that 96.2% of households having a child/children in the Nursery cycle acknowledge payment of the required fee for education and reported spending an average of 13,610 FRS as such. On the other hand, 99.3% of households having at least a child I the primary school declared they payed tuition fee and spend a yearly average of about 10, 488 Frs. per year on a child in the Primary cycle. For households having children in the secondary school, 98.6% of them declared paying tuition fee, and on average, pay a yearly fee of approximately 28, 942Frs per child.

The Nursery cycle may seem more expensive than the primary for the reasons that schools provide feeding and transportation services to the children in nursery as opposed to the primary cycle.

**Table 16:** Proportion (%) of households having paid the required fees for education and average amounts paid per cycle of education.

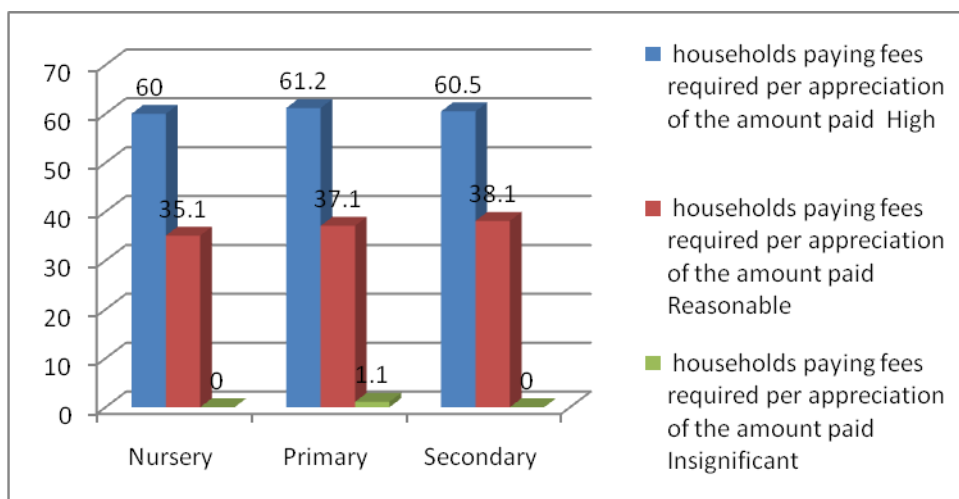
Educational cycle	Proportion (%) of households having paid the required fees for education	Average school fees expenditure spent throughout a school year per child (CFA Francs)
Nursery	96,2	13,610
Primary	99,3	10,488
Secondary	98,6	28,942

Source: Scorecard Survey Jakiri Council, November 2017

#### 3.4.4.2 Appreciation of the amount paid as school fee per cycle

Households appreciation of the different amounts spent per child in the different education cycle proved that approximately 60.5% of the households looks at the amount spent to be high, about 37% of households reported the amounts as reasonable while an insignificant number of households(0.4%) reported the amount as low.

**Figure 23: Households Appreciation of the amount paid as school fee per cycle**



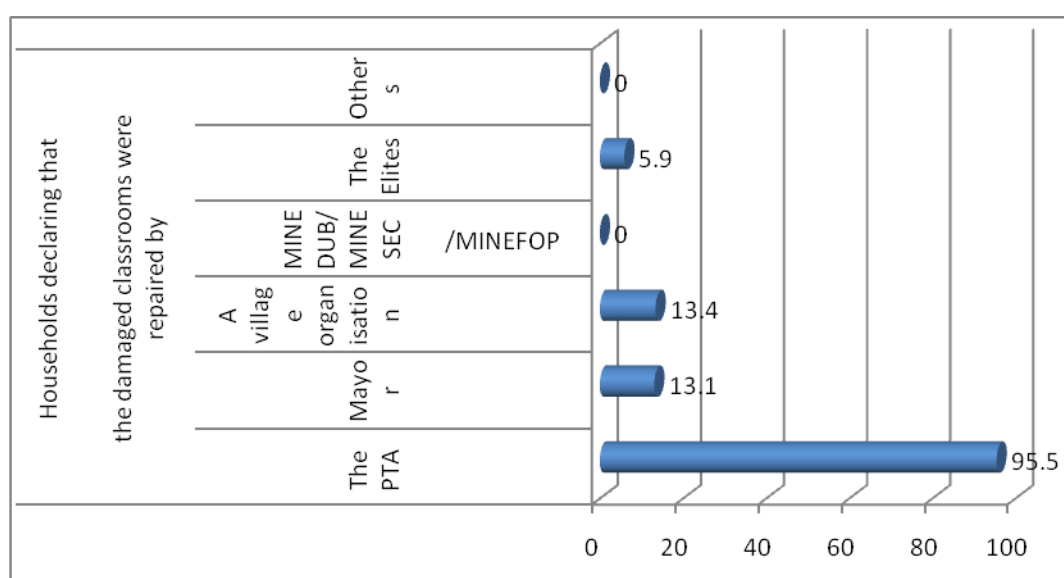
#### 3.4.5. General state of classrooms and repairs of educational structures within the Jakiri Municipality

Stakeholder participation in repairs on educational infrastructure is important as it is also one of the parameter that measures the level of participation of stakeholders in promoting education within the Jakiri municipality. The perception on which stakeholders that does repairs on damaged

classrooms in the municipality was got from households that have children in the nursery, primary or secondary cycles of education.

As concerns the nursery cycle, 95.5% of households that have children in the nursery school declared that repairs on damaged classrooms in the schools attended by their children are done by the PTA. This shows the level of interest that parents possess in promoting education of their children at the nursery cycle. In the same line, 13.1%, 13.4% and 5.9% of the concerned households also reported that the Mayor, village organizations, and the elites do repairs respectively. It should be worth noting that no household mentioned the concerned ministry, which is the Ministry of Basic Education (MINEDUB), to have any contribution on repairs of damaged classrooms in schools attended by their children.

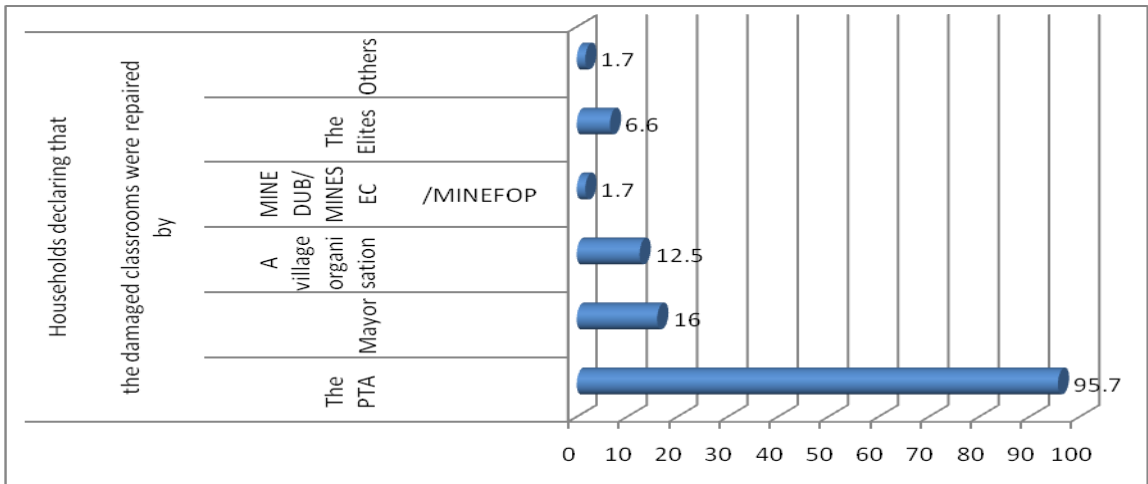
**Figure 24:** Proportion (%) of households having children in the nursery school according to the entities that repair the damaged classrooms of the schools attended by their children



For the primary cycle, 95.7% of households that have children in the primary school reported that the damaged classrooms in the schools attended by their children are repaired by the PTA, while a very low percentage of these households (1.7%) mentioned MINEDUB for contributing in repairs.. On the other hand, 16% of these households also mentioned that some of the damaged classrooms are repaired by the mayor. Figure 25 below throws more light on households' declaration on who repairs the damaged classrooms in the primary cycle.

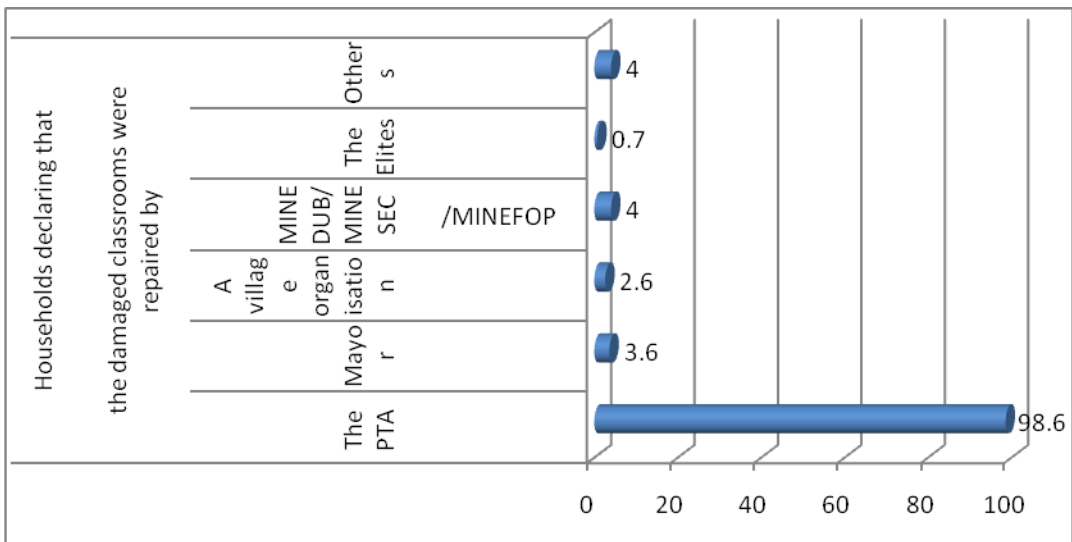


**Figure 25: Proportion (%) of households having children in the primary school according to the entities that repair the damaged classrooms of the schools attended by their children**



For the secondary cycle, 98.6% of the household having children in the secondary school declared that damaged classrooms of the schools attended by their children are repaired by the PTA. It turned out that the very few of these households (0.7%) identified elites as contributors of classroom repairs in the schools attended by their children. More importantly, the proportion of the concerned households that mentioned the assistance of the Ministry of Secondary Education (MINESEC) for the repairs of damaged classrooms attended by their children is very poor; just about 4% of the households did mention MINESEC’s assistance.

**Figure 26: Proportion (%) of households having children in the primary school according to the entities that repair the damaged classrooms of the schools attended by their children**

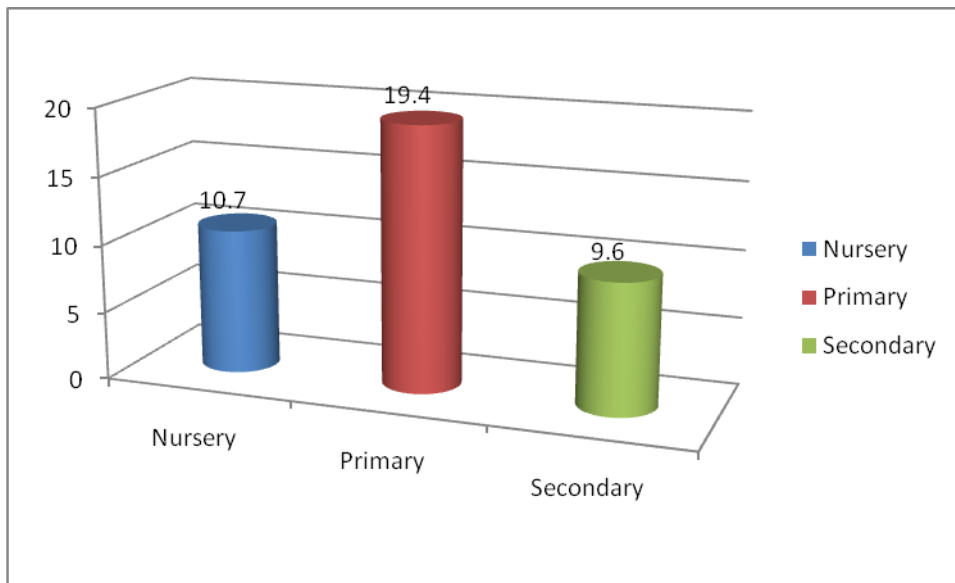


The study also captured reasons for household’s dissatisfaction on the provision of educational services within the Jakiri municipality.

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

Out of the households who gave their opinion on the use and perception of educational services, 10.7% of these households were not satisfied with services provided at the Nursery cycle, 19.4% of households also declared not being satisfied with educational services at the primary cycle while a lesser but significant 9.6% of households were not satisfied at the secondary cycle. This is demonstrated in figure 27 below.

**Figure 27: Proportion (%) of households not satisfied with educational services per cycle.**



#### Satisfaction of education services

The figure below shows the percentage of households against reasons advanced for not being satisfied with educational service delivery in the different cycles of education.

Looking at reasons advanced by households who were not satisfied with educational service delivery, 83.2% of these households pointed out that the number of classrooms were insufficient. Insufficient equipment and teachers with high tuition fee were other concerns voiced by more than 50% of households within the nursery cycle.

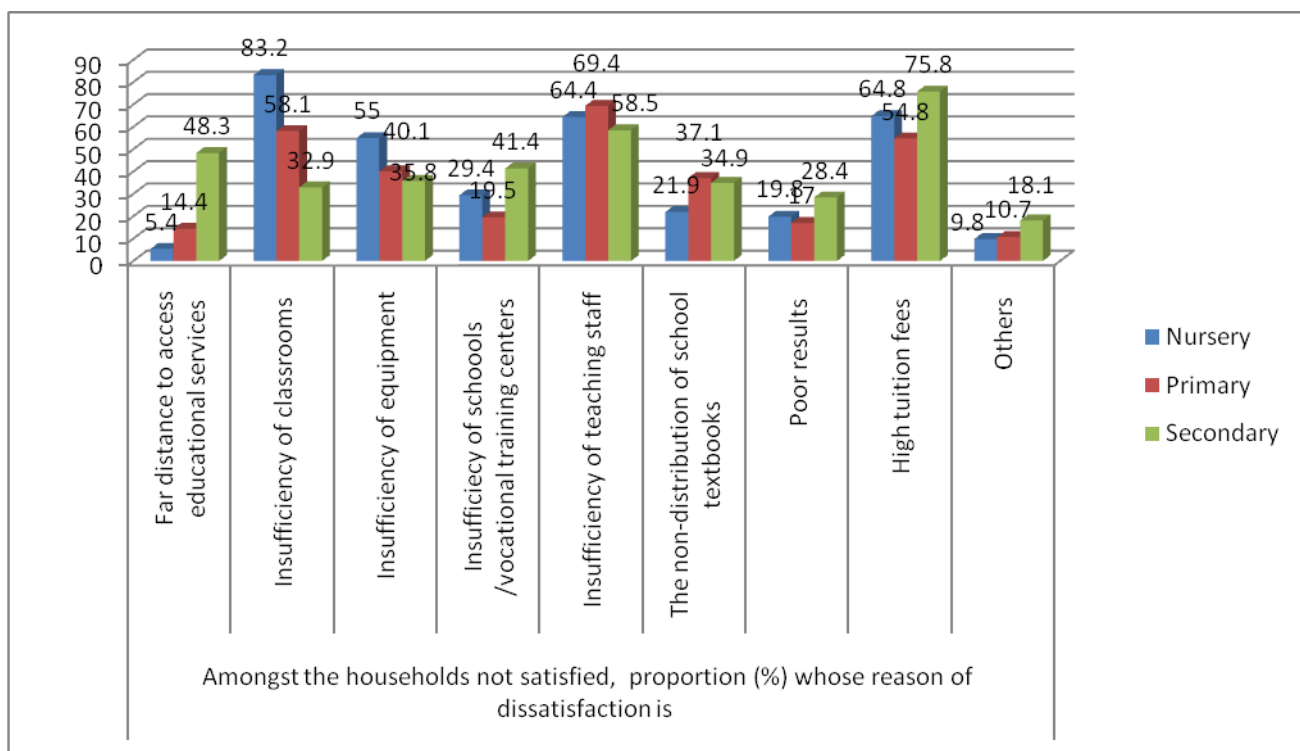
Points raised by a majority of households expressing their dissatisfaction in the primary cycle of educational includes insufficient classrooms reported by 58.1% of households, insufficient teaching staff reported by 64.4% of households and high tuition fee reported by 54.8% of households.

For the secondary cycle, a majority of the households (75.8%) reported on high tuition fee while 58.5% of households declared that insufficient teaching staff was one of the reasons behind their non satisfaction in the educational services provided. An average of about 43% of household also

did mentioned that far distances to access educational services and insufficient schools were some of the reasons of their non satisfaction.

With these reasons advanced above, the survey then captured expectations of households regarding services rendered in the domain of education per cycle.

**Figure 28:** Proportion (%) of households not satisfied and reasons



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

Amongst expectations advanced by households on the Nursery cycle of education, 24% of households mentioned the need for more classrooms to be built and 26.6% of them expressed the need for the recruitment of more teaching staff. As concerns expectations raised by households of the municipality for the improvement of primary education, amongst the various expectations raised, 35.6% of households expressed the need for more classrooms to be built, 43.2% expressed the need for more teachers to be recruited and 25.6% expressed more efforts on the distribution of textbooks. Looking at the expectations raised by households for the improvement of the secondary cycle of education, 14.8% and 16.7% of households expressed the need for the building of more classrooms and the recruitment of more teachers respectively. As concerns cost reduction of education, 18.3% of households in the municipality expressed the need for nursery education, 23.0% of households expressed the need for primary education and 13.8% expressed the need for secondary education.

The table below shows the proportion of households with their expectations in the different

educational cycles.

**Table 17: Expectations in terms of education in Jakiri council**

Education al cycle	Proportion (%) of households whose expectations in the domain of education are : (E19)								
	To have a school located nearby	Built more classrooms	Add more 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	8.7	24.0	18.7	11.0	26.6	15.5	7.3	18.3	5.3
Primary	8.6	35.6	23.5	12.2	43.2	25.6	12.0	23.0	7.1
Secondary	10.8	14.8	11.1	10.3	16.7	10.4	6.9	13.8	1.4

*Source: Scorecard Survey Jakiri Council, November 2017*

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

From analysis done on the population's perception of educational services, the efforts of service providers in making basic and secondary education available and closer to  $\frac{3}{4}$  of the population is applauded. Nevertheless, about 25% of households declared that their villages do not have at least a secondary school as students move across villages to attend school. Majority of schools in all the cycles especially basic cycles do not have enough classrooms and teachers and the tuition cost is still reported high.

Our suggestions will be for the government and private sectors to increase the number of schools and evenly distribute them within the municipality considering the population density. More teachers should also be posted to schools in this municipality while the council should support and fill the staffing gap by recruiting and paying some in schools that are in urgent need of teachers.

The attendance of schools in poor resource settings could be impaired when tuition fee is high. The cost of education especially the secondary level should be address by both the public and the private sectors.

Although council services cover different domains that enhance development, the council as an institution offers specific services which have also been appraise from user satisfaction within this

study.

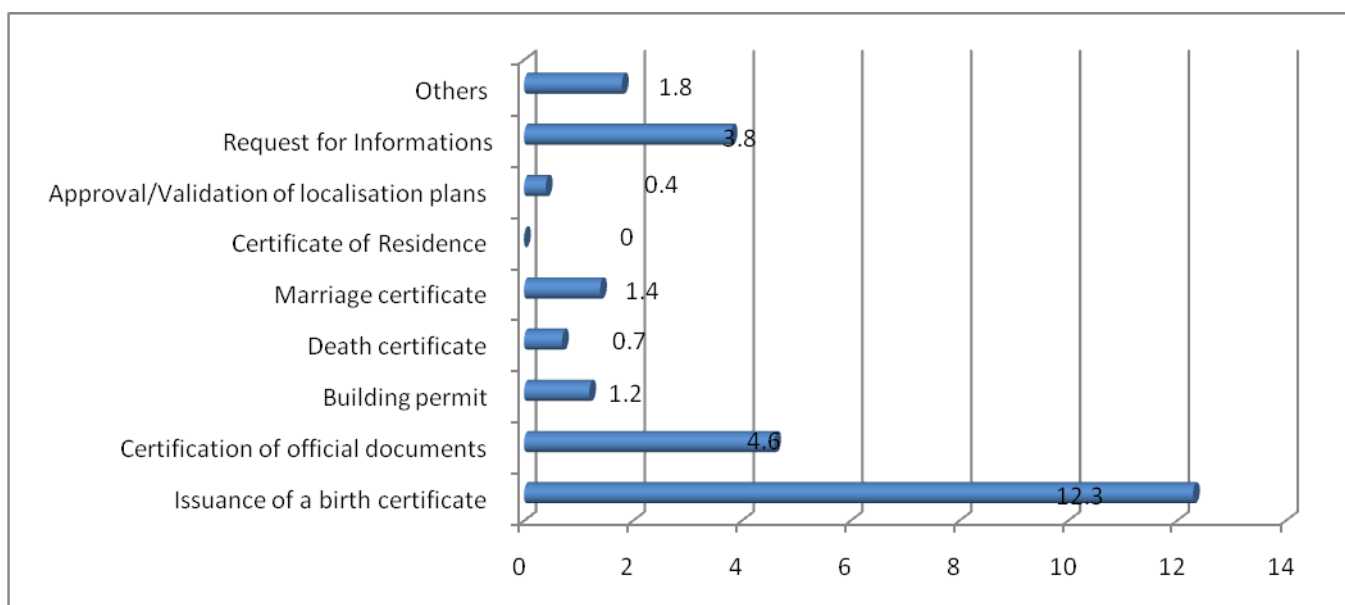
### 3.5. SERVICES OFFERED BY THE COUNCIL INSTITUTION

Referring to section 4 of the 2004 law on decentralization empowering the councils with administrative and financial autonomy for the management of local interests with the council board being responsible to promote economic social; health; educational; cultural and sports development in their respective areas of jurisdiction. The council services appraised in this study are mostly institutional and offered at the council chambers.

#### 3.5.1 Availability and usage of council services

More than 8 different services are offered by the council. Within the 12 months before the date of the conduct of the SCORECARD survey, 12.3% of households of the Jakiri Municipality have had at least a member that had requested for the issuance of a birth certificate. 4.6% of households had at least a member who had requested for the certification of an official documents, 3.8% have had at least a member that requested for information and 1.4% of the households requested for the issue of marriage certificates. These were frequently requested services by the population. Nevertheless very small percentages, 0.7% and 0.4%, of households reported that at least a member had requested for services on the issue of death certificates, and approval of validation and localization plans respectively. The figure below shows the proportion of households against the different council services requested.

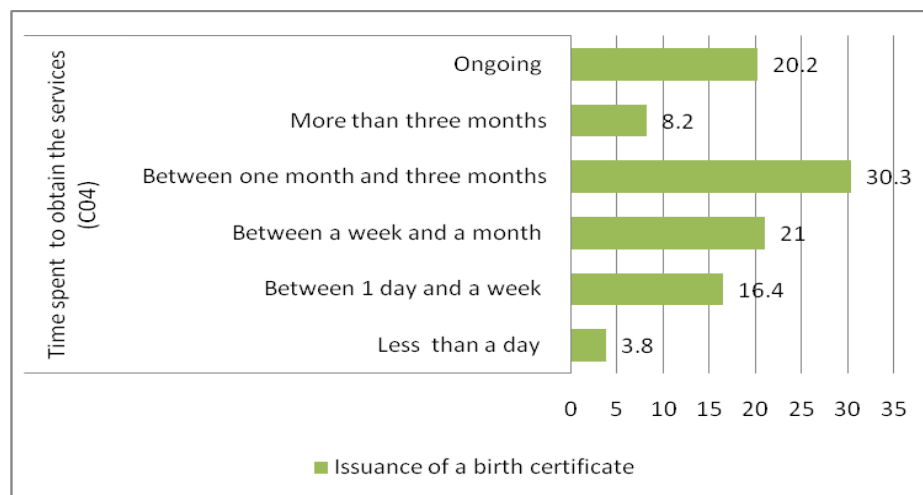
**Figure 29: Proportion (%) of households in the Jakiri municipality and services requested council within the last 12 months**



Among those households that at least a member had solicited for the issuance of a birth certificate, a majority of them (30.3%) of them declared that it took them between 1 and 3 months for the document to be produced, 3.8% of them said it took just a day for the document to be issued, while 20.2% of households said the issuance of the document is still in process.

It should be worth noting that since it's a relatively small percentage of households that declared they had requested for the issuance of a birth certificate, their distribution with respect to the time taken for the issuance of the document may not be representative, and may not give a real reflection on the perception of households on how long the council takes to issue this document.

**Figure 30: Proportion (%) of households that have sought the issuance of a birth certificate as per time spent to obtain the services.**



### 3.5.2 Cost and quality of services within the council institution

Looking at the council and inclusive development specifically the dissemination of information, 68.0% (about 7 out of 10) households perceive that the council supports the village and quarter in development actions. 55% of households also reported that the council involves their villages and quarters in planning.

Very little communication with the population exists on the council annual budget and on its income and expenditure. This can be seen as only about 7.9% of households (about 2 out of every 25 households) in the municipality have at least a member that is informed of the council annual budget, as well as only 8.7% of households (still about 2 out of 25 households) in the municipality have at least a member that has information on the council's income and expenditure.

**Table 18:** Dissemination of information on Council actions and household involvement in the Council's activities

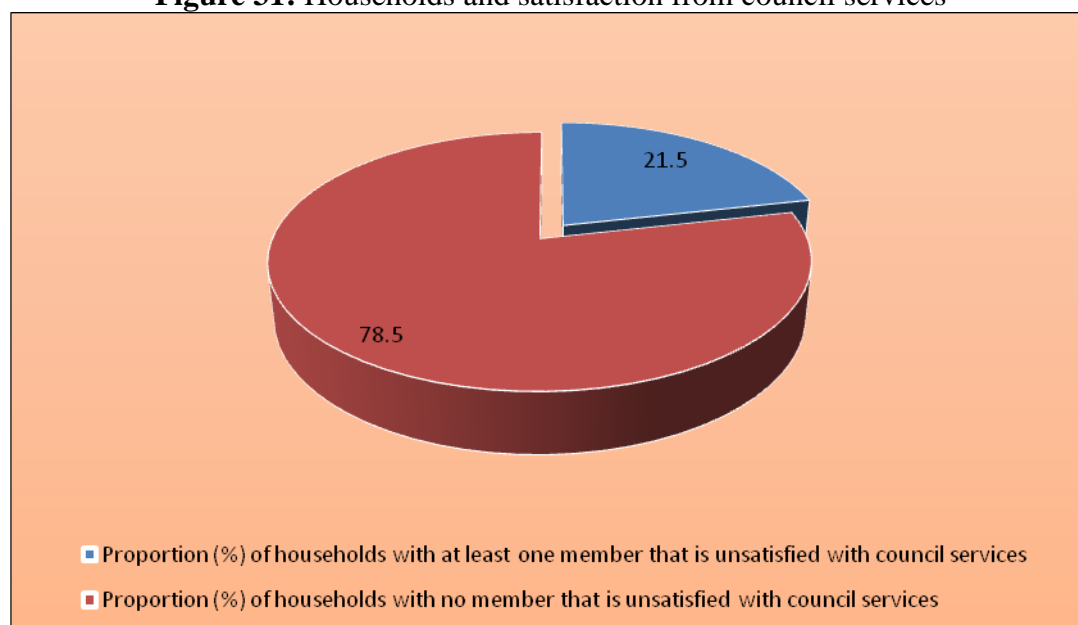
<b>Proportion of household who declared that they have been involved or were informed on the council activities</b>					
<i>Participation in village assemblies</i>	<i>Communication on the council annual budget</i>	<i>Communication on income and expenditures of the council</i>	<i>Support the village/quarter in development actions</i>	<i>Involving the village/quarter in planning</i>	<i>Involving the village /quarter in programming and budgeting sessions</i>
29.8	7.9	8.7	68.0	55.5	33.4

Source: Scorecard Survey Jakiri Council, November 2017

### 3.5.3 Appreciation of council services

From the different parameters above, one can appreciate council service delivery. A greater proportion of the population as declared by 78.5% of households are satisfied with council service delivery while the remaining 21.5% reported not being satisfied.

**Figure 31:** Households and satisfaction from council services

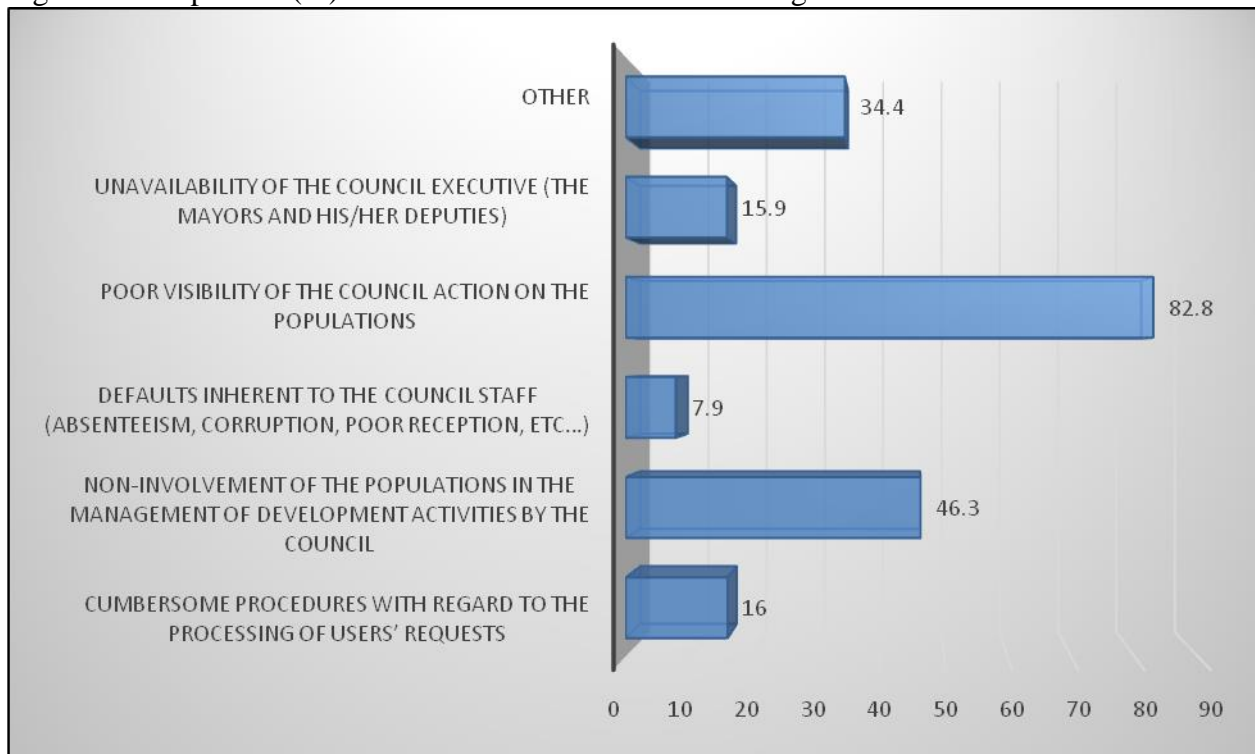


### 3.5.4 Reasons for the non-satisfaction of the population with regard to the council services

Out of the 21.5% of households in the Jakiri municipality who declared their non satisfaction in council service delivery, 82.8% perceive poor visibility on the council action on the population as

one of the reasons of non-satisfaction, 42% reported the non-involvement of the population in the management of development activities by the council, and 16% declared that the procedures with regards to the processing of users' request are cumbersome. The bar chart below looks at the percentage of unsatisfied households per reasons of non satisfaction.

Figure 32: Proportion (%) of unsatisfied households according to their reasons of non satisfaction



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

For an improvement to be envisaged in council service delivery, a majority of 60.6% of households expect that the involvement of the population in the decision making process of the council should be increased.

Increase communication by the council on development actions is the expectation of 55.4% of unsatisfied households while getting council services and projects closer to the population were expectations from about 52.7% of households which could help improve on council service delivery in the Jakiri municipality. Improving on transparency by management was another key expectation from 34.5% of households amongst other expectations as seen in the table below.



**Table 19:** Expectations of households in terms of council services in Jakiri council

<b>Proportion (%) of households whose expectations in terms of 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
60.6	55.4	34.5	52.7	49.4

Source: Scorecard Survey Jakiri Council, November 2017

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

Generally looking at council services, about 75% of the users were satisfied with these services. Nevertheless, the council still needs to involve to a greater extend the population in the decision-making process and accountability to enhance transparency as far as management of resources is concerned. Visibility of council actions should also be communicated to the public before and after the action.

Councilors of the different constituencies should serve more as a link between the council and the population especially in communicating information that is vital for the development of the community.

## 3.6. Conclusion and main Recommendations.

Bottom to top approaches in management has been proven to be the most successful and inclusive manner to govern. This study has clearly brought out the perception of the population of Jakiri according to the basic services offered to them in the four different domains. Its results if used will go a long way to enhance the development of the municipality and achieving a satisfied and supporting population.

The results of the survey indicate that the Jakiri municipality experiences some problems that hinder it from developing properly and its citizens to live a life that is up to their expectations. Some key problems mentioned in the survey include:

- Limited number of water points within the municipality
- Poor quality of water
- Poor management of water sources
- Insufficient equipments in health units
- limited number of health care units

- insufficiency of drugs in healthcare units
- limited number of school in secondary cycles
- Far distant to access secondary schools
- high tuition fees
- Little or no population's involvement in decision making at the level of the council
- Little or no population's involvement in development actions
- transparency in management at the level of the council

These problems can be turned in to solutions with the given potentials and partners which the council is working with.

### **Main recommendations**

This survey identified issues that if properly addressed, the quality of life as well as development goals at local and national levels will be achieved. Much can be achieved if development is carried out in a participatory manner. From the above Problems, we therefore recommend that:

- The study(perception survey) should be taken into consideration in council and sector ministries planning and implementation of activities. This will enhance participatory development and ownership of the development process within the municipality.
- Council should create a water Network within which trainings are done to empower water management committees and technical assistance given to these committees. More attention should also be paid to private health care units and the PTAs in terms of finance and capacity building to better assist the government in service delivery in the sector of water, health and education respectively. We also would encourage join planning meetings of sectorials and the council in addressing issues of basic needs for the purpose of maximizing resources.
- Selected members of the community should be co-opted to sit in alongside councilors during the budgetary and planning sessions of the council.
- Water management committees could mobilize resources for the extension of the water supply to other parts of the village in need. Home connections should also be encouraged to reduce congestion in public taps.
- For the educational sector, more classrooms should be constructed with the recruitment of more teachers who could be P.T.A paid or council paid in all the cycles of education.
  - The construction of health units in villages without health units and equipping of existing once with increase accessibility.

## CHAPTER 4

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

#### 20. Synthesis of the problems identified per sector

##### Synthesis of problems in the Domain of Water in Jakiri Council

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Water	Insufficiency of water points	Identification of sites for the construction of catchments/boreholes.	√	
		Construction of new water catchment points	√	√
		Construction of new water points and boreholes in all quarters	√	√
	Poor management of water points	Train water management committee	√	
		Put in place or Revamp water management committees for each water point	√	
		Reduce the time required to repair a broken water point	√	
		Supervision of the management committee by the Council and DD MINEE Bui	√	√
	Poor quality of water	Improve water quality through treatment	√	
		Sensitization of the population to clean, fence and protect water sources	√	
		Sensitize the community on the qualities of good drinking water	√	
		Technical inspection of sites and purification equipment		√

	Delay in maintenance in case of breakdown	Prompt maintenance be ensured	√	
		Elaboration of a mechanism for prompt repairs of water points.	√	
		The council should provide of technical and financial assistance in case of breakdown	√	
		Sensitize the population on the importance of securing maintenance fund	√	
	Far distance to water points	Extension of water to central locations	√	.√
		extension of water to all quarters	√	√
	High cost of water provision	Draft a complain to the service in charge	√	
		Harmonization of rates		√

**Table 21: Synthesis of problems in the Domain of Health in Jakiri**

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Health	Insufficiency of existing health care units	Feasibility studies for the creation of new health units by DMO/Council	√	√
		Creation of new health care units		√
		construction of new health care units	√	√
	Far distance to access the health care units	Make use of community health workers/ partner with transporters to care for the sick at lower cost	√	
		make available a weekly visiting Doctor	√	
	Poor quality/ insufficient equipment	Provision of more equipment	√	√
		provision of improved equipment		√
	Insufficiency of drugs/pharmacies	Provision of more drugs	√	√
		Construction of pharmacies		√
		Partner with transporters who can collect drugs from the administrative head quarter to the health unit	√	
		DMO should ensure regular supply of drugs		√
	High cost of access to health care	Creation of mutual health institution and sensitization of the households to join	√	
		Make health policies that will henceforth cater for the poor		√
	Poor management of health care units	Put in place/ revamp a management committee at the health unit	√	
		DMO and Jakiri Council to step up supervision and monitoring	√	√
	Few beds in Hospitalization rooms	Make available sufficient beds in hospitalization rooms	√	√
		Increase the durability of hospitalisation beds by following up and ensuring that the beds are handled with care	√	
	Default related to health care unit staff	Increase assiduity of staff	√	
		Putting in place of a suggestion box	√	

		Step up monitoring and institute attendance registers	√	
		training of staff on customer service	√	

**Table 22: Synthesis of problems in the Domain of Education in Jakiri**

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Education	Insufficiency of teaching staff	Recruitment and payment of PTA teachers	√	
		Government to provide more staff		√
	High tuition	Enforce the law on free tuition in nursery and primary public schools		√
		ensure parents are not exploited in secondary schools		√
		Encourage the payment of school fees in instalments	√	√
	Far distance to access educational services	Feasibility studies for the creation of new schools	√	√
		creation of more schools		√
		Construction of more schools	√	√
	And Insufficiency of schools	Provision of a public and affordable means of transport to pupils and students	√	
	Insufficiency of classrooms	Construction and equipping of classroom blocks	√	√
		Use of local building material for the construction of temporary classrooms	√	
	Insufficiency of equipment	Adequate equipment be provided		√
		timely provision of minimum package	√	
		Provision of equipment and increase in the minimum package	√	
	Non distribution of textbooks	Lobby for the provision of books from Book Aid International (NGO)	√	
		Creation and construction of school libraries		√
	Over populated classrooms in secondary schools	Reduce the number of students per classroom to 60	√	
		Construction of more classrooms		√
		Introduction of more streams (A, B, C, D,...)	√	
		Ensure the implementation of policies related to class sizes		√
	The complete absence of vocational training schools	Creation of Vocational training Centres		√
		construction and equipment of Vocational training Centres		√
		Sensitize parents on the importance of vocational training centres, encourage	√	

	High cost	parents to send children to the created centres		
		Harmonize, reduce costs and burdens		√
		Award of scholarships to students	√	
		Policy review on school fees		√

**Table 23: Synthesis of problems in the Domain of Council service in the Jakiri Municipality**

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Council Services	Non-involvement of the population in the management of development activities	Continuous involvement of the population in the development of Jakiri municipality	√	
		Representatives of the population should visit the council and invite council executive during development meetings	√	
		Invite representative of various villages during council development planning workshops	√	
	Poor visibility of the Council action on the population	Make the Council action more visible through the realization of concrete projects	√	
		Provide reports of village activities	√	
		Inform the council about village plans	√	
		Support village actions morally, financially and materially.	√	
		Allocate projects to villages proportionately	√	
	Default inherent to Council staff	Continuous follow up and monitoring of the behaviour of council staff to ensure satisfactory performance	√	
		Put in place a suggestion box for the public	√	
		Report to council executive all staff who act unethically	√	
		Provide capacity building opportunities for council staff.	√	
		Sanctions to staff who act unethically. Recruit more staff	√	
	Cumbersome procedures with regards to the processing of user request	Facilitate the procedure regarding the processing of user request	√	
		Reduce bottle necks in processing files	√	
		Make the procedure for obtaining documents clear and simple	√	
	Poor communication on the Council annual budget and activities	Step up communication on the annual budget and activities	√	
		Send village executive to attend council budgetary sessions.	√	
		Read notices and communiques on the council notice board frequently.	√	

		Get in contact with councillor of the village to update village on council activities Make available the annual budget on the council notice board.	√	
		Recruit a communication officer	√	
		Create a functional website, email and Face book page to display council information.	√	



## 25. Action plan for the water sector

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

**Table 24: Action plans**

<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 potable water available and affordable to all and sundry in Jakiri council area within 5 years</b>	1. To develop and Improve accessibility to portable water	Identify and develop additional water points and water systems	Number of water points and villages with potable water supply	From the WMC , council reports and field observations	-Availability of water points with regular flow -Sufficient resources (financial, human and material)	Water is available to all and affordable in the community	5years	The population, technical service of the council, VDA and WMCs	DD MINEE Bui NGOs Member of parliament	To be determined through studies.

		2: To repair and continue to maintain all damaged water systems and water points.	-Recruit and train water technicians -Acquire tools and equipment for water management Sensitise the population on good practices in use of water facilities	Recruitment and training report. Observations and testimonies No of persons recruited	Council report on training of technician. Report from WMC on repairs	Adequate financial and material support from the community	Prompt repair of damaged water points	5years	The population, technical service of the council, VDA	DD MINEE Bui NGOs Member of parliament	To be determined through studies.
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		3. To improve on the safety of water	Periodic cleaning and treatment of water points and system with use of chlorine where and when necessary.	Testimonies from users Observation Results of water tests	Users testimonies Pictures taken during maintenance Reports of works	Adequate financial and material support from the community council Strong commitment from the population	Quality of water is improved, cleaning of water sources and treatment is frequent.	5years	The population, technical service of the council, WMCs VDAs	DD MINEE Bui NGOs Member of parliament	
		4. To improve on management of water system and points	Revamp and train the water management committee on resource mobilization, maintenance and governance	List of trained WMCs, Attendant sheets of meetings. Recruit stand taps managers	Councils report Minutes, Attendance sheets of meeting	High level of commitment, basic knowledge in reading and writing	Trained WMCs exist in all villages with water systems, Periodic meetings are held,	5years	The population, technical service of the council, VDC	DD MINEE BUI, NGOs Member of parliament	To be determined through studies.

## 26. Action Plan for the Health Sector

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

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

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

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

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

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

		2: To Improve the staffing situation of schools in the council area	Lobby for the recruitment of more staff	Number of staff recruited	From council reports and field observation , Report from DDSE Bui/ IBE Jakiri	Increase in number of staff available, PTA teachers employed.	More staff are available and committed to teach in the various schools	5years	The population, technical service of the council, VDA, PTA, Mayor	Ministry of Basic /Secondary education IBE Jakiri/ DDSE NGOs Member of parliament	To be determined through a study.
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		3: To provide more classrooms and improve repair of school infrastructure	Construction of additional classrooms in needy schools Maintain school infrastructure Lobby the government to include money for school repairs in school budget.	New classrooms are constructed and equipped	Report from DDSE Bui/ IBE Jakiri, Council Report, Field visits	More classrooms available	More equipped classrooms are available and children learning in a conducive condition	5year s	The population, technical service of the council, Mayor VDA, management committee, PTA/council	Ministry of Basic/ Secondary education. IBE Jakiri, DDSE Bui	To be determined through studies.
		4. To reduce the cost of accessing Educational Services	Reduction in cost of access to education, provision of scholarship	Number of new cases enrolled after reduction, Testimonies from parents	Enrolment registers, reports of school authorities, minutes of PTA meeting	More pupils and students have access to learning	More awareness and increase in literacy	5year s	School authorities, IBE/DDS E pupils/ students, NGOs	Ministry of Basic/ Secondary education, IBE Jakiri, DDSE Bui	To be determined through studies.

## 28. Action Plan for the Council Services

**STRATEGY OF THE COUNCIL SERVICES SECTOR:** To enhance quality of services to the population, ensure peace and development

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
<b>Council services</b>	To enhance quality of services to the population and empower the council to take charge of their own development in line with decentralization by December 2019	1: To mobilise and engage the population to actively contribute in the development process and make use of council services	Invite key stakeholders to council sessions and other reflection meetings with council officials	Number of meetings organised and number of stakeholders and socio professional groups who attend	From council reports and attendance sheets, invitation letters distributed, council notice board, Dispatch letters	Increase in number of actors invited during council sessions, Increase in the use of council services	More stakeholders participate in decision making, Sustained increase in the use of council services	1 year	The Secretary General	Mayor PNDP	To be determined through studies.

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

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

## **ANNEXES**

**Annex 1: List of the stakeholders involved in the survey**

**Annex 2: Picture Gallery**

**Annex 3: Questionnaires of the Scorecard survey**

## List of stakeholders

- 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 ;

**Photo Gallery**



**Jakiri council Chambers**



**Mentoring of Enumerators in the field**



**Debriefing of Enumerators**



**Training of Enumerators**



## ANNEXE: Questionnaire

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



PLANIFICATION MINISTRY OF  
DEVELOPMENT

SECRETARIAT GENERAL

GENERAL SECRETARY

PROGRAMME NATIONAL DE DEVELOPPEMENT

NATIONAL COMMUNITY DRIVEN  
DEVELOPMENT PROGRAM

PARTICIPATIF

CELLULE NATIONALE DE COORDINATION

NATIONAL COORDINATION UNIT

### *Citizen Report Card*

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

<b><u>Section I. BACKGROUND INFORMATION</u></b>	
<b>A01</b>	Region _____  __
<b>A02</b>	Division _____  __
<b>A03</b>	Council _____  __
<b>A04</b>	Batch number _____  __
<b>A05</b>	Enumeration Area Sequential number _____  __
<b>A06</b>	Residence stratum : 1=Urban 2=Semi-urban 3=Rural  __
<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>	Date of beginning of the survey _____  __ / __ / __
<b>A18</b>	Date of end of the survey _____  __ / __ / __
<b>A19</b>	Name of the enumerator _____  __
<b>A20</b>	Name of the council's supervisor _____  __

<b>A21 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 given address	
3=Refusal	(If the answer is different from 1 a	
	96= Any other reasons (to be specified) nd 2, the questionnaire should come to an end)	
<b>A22 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 A. Well equipped with a pump     _   B. Open pit well     _   C. Protected well     _   D. 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 <del>2=No</del> If no    H11.	_

<b>H10a</b>	If your water point had a breakdown at a given point in time during the last six months, notably since ....., how long did it take for it to be repaired? 1=Less than one week 2=Between one week and one month 3=Between one month and three months 4=Over three months 5=Not yet, if 5, → H11		_
<b>H10b</b>	Who repair it?  Who else?	1=Yes 2=No A=Mayor (Council) B=State C=An elite D=The Water Management Committee E=the village/quarter head F=CAMWATER/SNEC/CDE X=Other partners/stakeholders : _____	_   _   _   _   _   _   _   _
<b>H11</b>	Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes H13 →		_
<b>H12</b>	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice		_
<b>H13</b>	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		_
<b>H14</b>	Did you express any need in terms of potable water supply in the course of the last 6 months, more specifically since .....? 1=Yes 2=No If no → H18		_
<b>H15</b>	To whom did you submit your request/needs? (several answers are possible)  Other?	1=Yes 2=No 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 : _____	_   _   _   _   _   _   _   _   _
<b>H16</b>	Has your need been met? 1=Yes 2=No If no → H18		_
<b>H17</b>	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 3=Over three months 2=Between one and three months		_
<b>H18</b>	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied If 1 or 2 → H20.		_
<b>H19</b>	State the reasons of your non--	1=Yes 2=No	
<b>Section II. POTABLE WATER</b>			
	satisfaction with regard to water supply in your village (several answers are possible).  Any other reason?	A. Far distance to access to the water point B. Poor quality of water C. Insufficiency of water supply points D. Poor management of the water supply E. Failure/delay to repair in case of breakdown F. High cost of water supply	_   _   _   _   _   _

		X. Any other reasons to be specified :  __	
<b>H20</b>	<p>What are your expectations in terms of supply of potable water? (Several answers are possible).</p> <p>Any other expectation?</p>	<p>1=Yes 2=No</p> <p>A. Additional water points ;</p> <p>B. Improvement in terms of management of the existing water points;</p> <p>C. Repair works should be carried out on the damaged water points ;</p> <p>D. Improvement of the quality of the existing water points ; E. Reduction of price ;</p> <p>X. Other expectations to be specified :  __ </p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>

### Section III. HEALTH

<b>S01</b>	Which is the nearest health care unit to your household? 1= Public integrated health Centre    2= Hospital/CMA    3= Private health Centre	__
<b>S02</b>	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes    2=Between 15 and 30 minutes    3=Between 30 minutes and 1 hour, 4 = Over 1 hour	__
<b>S03</b>	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center    5=Medicine store 2=Hospital /CMA    6=Go to a medical staff member 3=Private health center    7= Treat at home /Self-medication 4=Traditional healers    8=Others (to be specified)	__
<b>S04</b>	Has any member of your household gone, at least once, to the nearest health care unit in the course of the last 12 months, specifically since ..... ? 1=Yes    2=No    If no → S17	__
<b>S05</b>	Who is in charge of managing such health care units? 1=Medical doctor    2=Nurse    3= Nurse aider    4=Other (to be specified) _____ 8= Does not know	__
<b>The last time a member of your household is taken care of in such a health care unit,</b>		
<b>S06</b>	Were the medical staffs present? 1=Yes 2=No	__
<b>S07</b>	Were minor medical equipment (such as scissors, syringes, spirit, cotton, betadine, thermometer, tensiometer, medical scale, etc.) always available? 1=Yes    2=No 8=Do not know	__
<b>S08</b>	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no → S10.	__
<b>S09</b>	How many beds are available in the hospitalization rooms? 0= None, 1=Less than 5 beds    2=Between 5 and 10 beds    3=Over 10 beds    8=Does not know.	__
<b>S10</b>	How much did he/she pay for one consultation? (Session fees) 1=Free of charge    3=Between 500 and 1000 CFAF 2=Less than 500 CFAF    4=Over 1000 CFAF    If S10=1 → S14	__
<b>S11</b>	How do you appraise the said amount? 1=High    2=Affordable    3=Insignificant	__
<b>S12</b>	In addition to the consultation fees, did the household member who received treatment give a tip to the medical staff for him/her to be better taken care of? → 1=Yes    2=No If no    S14	__

<b>S13</b>	If yes, did the person do it willingly or is he/she obliged by the medical staff to do so? 1=Personal initiative      2=Obliged by the medical staff to do so	__	
<b>S14</b>	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring      2=Fair      3=Poor	__	
<b>S15</b>	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes      2=No <del>If no</del> 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>	<p>State the reasons of your nonsatisfaction with regard to health services provided within the health care unit you attend? (several answers are possible)</p> <p>Any other reason?</p>	<p>1=Yes    2=No</p> <p>A. Far distance to access the health care units</p> <p>B. Poor quality of services provided</p> <p>C. Insufficiency of existing health care units</p> <p>D. Defaults related to the health care unit staff</p> <p>E. Poor management of the health care unit</p> <p>F. Insufficiency of drugs</p> <p>G. Poor quality of/Insufficiency of equipments</p> <p>H. High cost with regard to health care access</p> <p>X. _____ To _____ be _____ specified) _____ :</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>
<b>S20</b>	<p>What are your expectations with respect to health care services?</p> <p>Any other expectations?</p>	<p>1=Yes    2=No</p> <p>A. Additional health care units</p> <p>B. Supply of drugs</p> <p>C. Transfer of a staff member</p> <p>D. Equipped health care units</p> <p>X. _____ Other _____ to _____ be _____ specified _____</p>	<p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p> <p> __ </p>

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

<b>E05</b>	Is the school (name of the cycle) attended by children from your household provided with a complete cycle? 1=Yes      2=No		_	1st cycle  _	2nd cycle  _	
<b>E06</b>	Is the vocational training center attended by children from your household provided with a complete workshop deemed suitable to their various trades? 1=Yes   2=No   3=Does not know					_
<b>E07</b>	Is the school (name of the cycle) attended by children from your household provided with a class-room per class level? 1=Yes   2=No	_	_	_		_
<b>E08</b>	Are all the children seated on a bench in the school (name of the cycle) attended by children from your household? 1=Yes      2=No	_	_	_		_
<b>E09</b>	Are school textbooks distributed to pupils in the school (name of the cycle) attended by children from your household? 1=Yes      2=No	_	_			
<b>E10</b>	How many student does a classroom attended by children from your household contain (name of the cycle)? 1=Less than 30      3=Over 60 2=Between 30 and 60      4=Does not know	_ _	_ _	_ _		_ _
<b>E11</b>	How do you assess the frequency of the attendance of teachers in the class-room(s) (name of cycle) in	_	_	_		_
	which the children from your household are enrolled? 1=Regular   2=Averagely regular   3=Irregular					
<b>E12</b>	How much do you pay per child from your household on average (registration, tuition fees, Parent-teacher associations' fees (PTA) (name of the cycle) throughout a school year? (write down the average amount)	----- (estimated in FCFA)	----- (estimated in FCFA)	----- (estimated in FCFA)		----- (estimated in n FCFA)
<b>E13</b>	How do you appraise such amount? 1=High   2=Affordable   3=Insignificant	_	_	_		_
<b>E14</b>	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes   2=No      If no      E16	_	_	_		_
<b>E15</b>	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes      2=No	_	_	_		_
<b>E16</b>	When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2 =No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organisation D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified)	_   _   _   _   _	_   _   _   _   _	_   _   _   _   _		_   _   _   _   _

	_____ Any other?	_	_	_	_
<b>E17</b>	In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. → If 1 or 2 E19.	_	_	_	_
<b>E18</b>	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village? (Several answers are possible) Any other reason? 1=Yes 2=No A. Far distance to access the education service B. Insufficiency of class-rooms C. Insufficiency of equipments D. Insufficiency of schools  E. Insufficiency of teaching Staff  F. No distribution of text books  G. Poor results  H. High tuition fees  X. Any other reason to be specified	_   _   _   _    _    _    _    _    _    _	_   _   _   _    _    _    _    _    _	_   _   _   _    _    _    _    _    _	_   _   _   _    _    _    _    _    _
<b>E19</b>	Do you have any expectations in terms of provision of education services in the (name of the cycle)? (Several answers are possible) Any other expectation? 1=yes 2=No A. Have a school located nearer to the village/quarter B. Build more class-rooms C. Add additional Equipments D. Create more school/vocational training center E. Recruit more teaching staff F. Distribute text books G. Improve the results H. Reduce the costs X. Others (specified) _____	_   _   _   _   _   _   _   _   _   _   _	_   _   _   _   _   _   _   _   _   _   _	_   _   _   _   _   _   _   _   _   _   _	_   _   _   _   _   _   _   _   _   _   _

**Section V. COUNCIL SERVICES**

<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 <i>If C03=1 2, 3, 4 or 5</i> → <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  <i>If C04=1</i> → <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 C. Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...) D. Poor visibility of the council action on the populations E. Unavailability of the council executive (the Mayors and his/her deputies) X. Any other reasons (to be specified) _____	__   __   __   __   __   __
<b>C15</b>	What do you expect from the council team? (Several answers are possible). Any other expectation?	1=Yes    2=No A. Increased involvement of the populations in the decision-making process B. Increased communication by the council as far as its development actions are concerned C. More transparency as far as management is concerned D. Closeness of the Council to the populations X. Any other expectation (to be specified) : _____ _____	__   __   __   __   __