

REPUBLIC OF CAMEROON

Peace – Work – Fatherland

MINISTRY DECENTRALISATION
AND LOCAL DEVELOPMENT

NORTH-WEST REGION

DONGA-MANTUNG DIVISION

NKAMBE SUB-DIVISION

NKAMBE COUNCIL



REPUBLIQUE DU CAMEROUN

Paix – Travail – Patrie

MINISTERE DE LA
DECENTRALISATION ET
DEVELOPEMENT LOCAL

REGION DU NORD OUEST

DEPARTEMENT de DONGA
MANTUNG

ARRONDISSEMENT DE NKAMBE

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

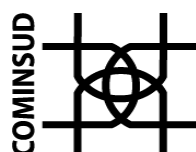


REPORT OF THE STUDY

With the Technical and financial support of the National Community Driven Development

Program (PNDP) in collaboration with the National Institute of Statistics (INS)

Realized by: Community Initiative for Sustainable Development (COMINSUD)



COMINSUD
Community Initiative
for Sustainable Development

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LIST OF ABBREVIATIONS

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

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PREFACE

Inclusive development with full community participation is the key propeller of economic growth especially in poor resource settings like the Nkambe municipality. For this to be achieved a good number of initiatives must be combined with periodic follow up and a feedback mechanism. The Nkambe 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 use 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. Nevertheless, as the council is willing to meet up with 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 should be regarded as a tool and reference document in Planning, implementation and monitoring and evaluation of projects focused in the sectors addressed. For this reason I am pleased to introduce the report with this short preface.

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. I hope that this study will be followed up by many others stakeholders. To crown it up, the people have chosen a direction which is known by them with a free will of making their own decisions, understanding their own interests and defining their own community.



The Mayor, Nkambe Council


THE LORD MAYOR
GABIR P L BANTA?

EXECUTIVE SUMMARY

The Citizen Reporting Card Mechanism (SCORECARD) is a study that translates the perception (vision, objectives, needs, challenges, and assessment of actions) of the people of a council area within a given period. The government of Cameroon came up with 28 sectors each with a strategic vision that if arrived at will plunge the country to emergence by 2035. Government will through these sectors, transfer powers and resources to local councils who will then be responsible for the management of the resources and implementation of projects. Priority social sectors have been selected; sectors that the government knows will directly affect the lives of Cameroonians of all spheres of life, thus improving on their socio-economic situation.

The main strategy of making development community-driven is to make sure that all actors fully participate at the various levels. The citizen control mechanism was put in place to facilitate community ownership of development projects. The scorecard program was done with the help of questionnaires that captured the perceptions of households about the projects implemented in priority sectors for the past years. Citizenship reporting card mechanism for public action” (Scorecard) was conducted with the global objective to capture the populations’ perceptions about their level of satisfaction with public services delivery in the priority sectors in order to promote good governance at the local level thus ensuring increase efficiency in public action. The data for this survey was collected using primary means and was analysed using CSpro and SPSS software.

The Scorecard study was carried out using a participatory approach with information collected from the sample population in all the villages and urban areas; by 10 enumerators who have lived in this municipality for long, with a supervisor ensuring that a perfect job is done. The information was then consolidated, problems identified, and solutions proposed. PNDP, NIS and other partners provided technical services to the Community Initiatives for Sustainable Development (COMINSUD) who facilitated the execution of Scorecard for Nkambe council. Data for the elaboration of this study were collected between September 2017 and October 2017.

From the findings of this survey, it was revealed through the declaration of the population (gathered using questionnaires) that: most households in the Nkambe council area (88.1%) depend largely on rivers and springs for their water. A situation they say is very unsatisfactory to them and needs to be redressed. 41.4% of the households are not satisfied with the water services for various reasons prominent amongst which is the far distance covered for a round

trip as reported by 43.1% of the households due to insufficient water points as affirmed by 61% of the households. Poor water quality is also a call for concern as testified by about 38.5% of the households which is definitely due to poor management as affirmed by 56.4% of the households.

The survey also revealed that the population in the study area have access mostly to and prefer integrated health centres, of which they have to trek over long distances to reach these centres. Regarding health services, 68.5% of the households are not satisfied with services rendered. 44.1% of the above figure declared far distance as reason for dissatisfaction which is further compounded by poor quality services. 45.9% of these households thus expect additional health care units.

As concerns education, a majority of the households belong to villages which have the basic educational cycles of nursery, primary and secondary although a reasonable proportion of the households expressed dissatisfaction with the educational services. Prominent amongst the reasons expressed for their dissatisfaction is; far distance to access a school especially in the primary and secondary cycles, insufficiency of classrooms and worst of high tuition as testified by almost 6 out of 10 households.

With respect to the council services, it was revealed that the council needs to improve on its communication as the population hold to the perception that the council functions in isolation since only a very small and almost insignificant proportion of the population has knowledge of the operations and functioning of the various council services. 74.5% of the households affirm that the Council does not involve them in their actions while up to 77.5% reported that the council action is not visible. The households are therefore soliciting for an increase involvement of the population in the actions of the council.

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

GENERAL INTRODUCTION

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

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

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

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

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

The Scorecard process is in line with the laws and regulations in force. One legal instrument that backs this process is the Prime Minister’s circular n°003/PM of the 27th September 2016, bearing on the orientation of reforms in public finance for the triennial period 2016-2018, prescribing, and the support of Decentralized Local Collectivities (DLC) in the implementation

of reforms in public finance. This particular circular prescribed the following for the preparation of the State budget of the 20th June 2017:

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

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

CHAPTER 1

FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

1.1. 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

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

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

Like in most rural areas of Cameroon, the main occupation of the population of Nkambe is agriculture. From farming and livestock activities and the extraction of local building materials (sand, stones, timber), they are able to take care of the basic consumable needs of the household while surpluses are sold. The money is used for the education of children and to

procure manufactured goods as well as provide shelter for their families. The low level of household incomes partly accounts for poor living conditions of the inhabitants. In practical terms the Nkambe council promotes the local economic development by ensuring that all communities have access to basic social facilities. This is illustrated in the table below.

Table 1: Contribution of the council to Local Development

Sector	Activities of the inhabitants	Support provided by the Council
Education	Opening of lay private schools	Provision of PTA teachers Provision of didactic materials to schools Provision of scholarships to poor and needy
Health	Vaccinations, consultations, medicine stores 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	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

	activities	
Environment and Nature protection	Tree planting campaigns for environmental protection	Provision of trash cans, Provision of public toilet facilities, Creation of dump sites, Provision of trees to fight land degradation environmental management campaigns

1.3. Brief presentation of the Municipality.

1.3.1. Historical and Administrative presentation of the Nkambe Council Area

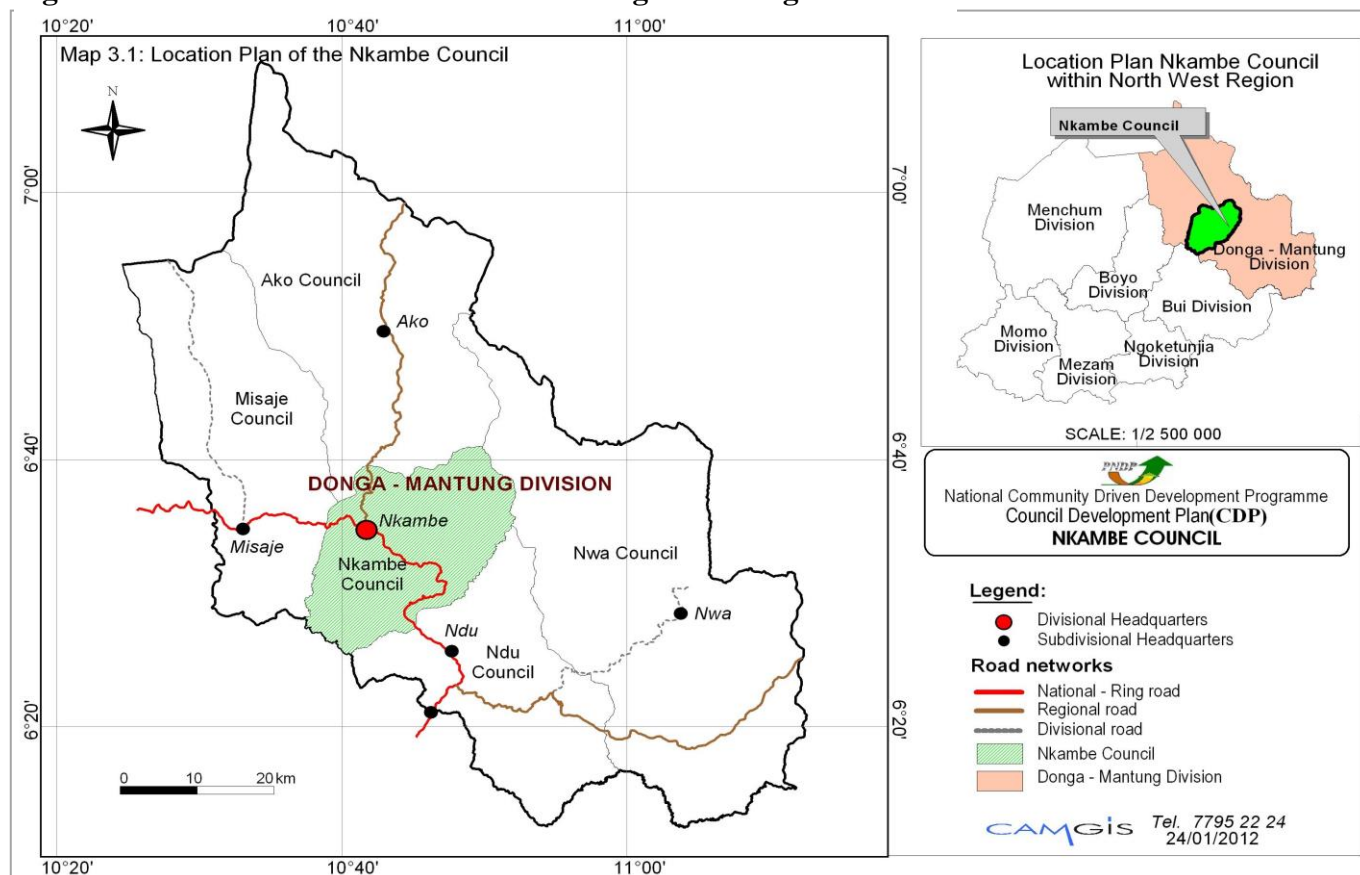
Historically, the Nkambe Division, as it used to be called, remains one of the oldest divisions in the North West Region - which used to be known as the grassfield region. Today one can say that Nkambe town in particular and the Council area in general is witnessing some expansion and growth.

The Nkambe Division was created by ordinance of the colonial era, emanating from Lagos in 1946 and went operational in 1948, including the Nkambe Divisional Council, which covered the present day Donga-Mantung Division. The councils then were known as Native Authority councils.

Nkambe Central Subdivision, which also harbors Nkambe Council, is found in Donga-Mantung Division. It is bordered to the west by Misaje, to the north by Ako, to the North-East by Nwa Subdivision, to the south-east by Nkambe Subdivision and to the southwest by Noni Subdivision. It has a surface area of **487.4 km²**. The Municipality is situated between latitudes 6° 00' and 6° 01.13' north of the equator and longitudes 10° 01.03' and 10° 01.45' east of the Greenwich meridian.

Nkambe Council falls within the Nkambe Central Subdivision and is the divisional headquarters of Donga-Mantung Division. There are 5 subdivisions in the division, comprising Nwa, Nkambe, Nkambe Central, Misaje and Ako

Figure 1: Location of Nkambe council in Donga Mantung Division



1.3.2. History of Nkambe Council

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

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

1.3.3. Economic and Human Milieu

1.3.3.1. Flora and Vegetation

Pockets of montane and submontane forests abound in the subdivision. They occupy some plains, slopes and riverbanks. None of the forests have been protected. The Njising - a site

comprising a small stand of submontane and montane forest mostly between 1800m and 2200m of altitude, descends to Tabenken village at 1600m, is the largest in the region. Their unprotected status gives room for heavy exploitation for timber, fuel wood, agriculture and medicinal purposes. However, some of the forests remain intact because some are sacred forests; hence conserved traditionally as village shrines. Details of the area of these forests are found in the annex of this report.

In these forests, the afrotropical highland biome species of birds like Bannerman's Turaco, Western Green Tinker bird, Yellow-spotted Barbet, Cameroon Greenbul, Yellow breasted Boubou, African hill babbler, Green Longtail, Fernando Po Oliveback, Bannerman's weaver, etc, are well represented.

The flora of this region is typically montane type with eminent species such as *Croton macrostachyus*, *podocarpus latifolius*, *polyscias fluva*, *Albizia gummifera*, *Schefflera abyssinica*, Mahogany, *Enthandrophragm*, *cylindrium*, *Piptadeniostrium Africana*, *Canarium schweinf* and *Prunus africana*. Some economic species of plants are found in some of the forests like kolanut and eucalyptus.

Among the fauna species we have reptiles of various types, monkeys, hedgehogs and antelopes.

1.3.4. Biophysical Mileu

1.3.4.1. Population distribution

The rate of growth in the urban area of the municipality is far greater than that of the villages. The urban area is a pull centre for various classes of people ranging from students, apprentices and workers of different institutions. Thus Nkambe town is a big agglomeration of population. Nkambe Central Subdivision has a population of about 171,478 inhabitants according to projections as of 2011, and with a population density of 351.8 persons per km². Table 3.1 shows the population distribution.

CHAPTER 2

METHODOLOGICAL FRAMEWORK OF THE SCORECARD STUDY

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. Objective and methodology of the CRCM

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

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

- Appreciate the population's perception on public services in the targeted sectors (Water, health, and education as well as council services).
- Build the capacities of councils, enabling them to capitalize on the lessons learnt and effect changes, following the results of the operation.
- Empower councils and local development actors with the capacity to replicate this operation after successive periods.

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

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

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

2.3. Sampling methodology and collection of data

2.3.1. Drawing of samples

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

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

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

The national sample size of the Scorecard survey is 49,600 households (of which are 4,802

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

2.3.2 Data Collection

The 4,802 households sampled in the NWR were distributed among 276 sampled EAs. Out of the total sampled households and EAs in the Region, Nkambe Council had **320 sampled households** distributed among **20** EAs. At the end of the SCORECARD survey, all EAs were covered and out of the **320** sampled households drawn from this council area, **306** households were successfully identified and interviewed, giving a coverage rate of **95.63 %**.

2.3.3. Sample size and distribution of the sample

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

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

2.3.4. Sample base and selection of clusters

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

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

2.3.5. Selection of households

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

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

Table 2: 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
Nkambe	6	14	20	320	290	90.6
Kumbo	19	0	19	321	278	86.6
Ndop	9	9	18	321	307	95.6
Nkambe	4	16	20	320	279	87.2
Nkambe	5	15	20	320	306	95.6
Oku	6	12	18	320	311	97.2
Total	52	83	135	2242	2067	92.2

Source: SCORECARD, PNDP North West Region

2.3.6. Questionnaires and Manuals

The collection tool adapted from the first Scorecard survey conducted in the pilot Councils in 2017 served as reference material. A questionnaire was thus developed with its instructions

manual for the interviewers (see attached questionnaire).

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

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

2.3.7. Recruitment and Training of interviewers and Fieldworks

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

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

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

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

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

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

of fieldwork for the Nkambe council started on 24th September 2017 and ended on 30th September 2017.

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

2.3.8. Community sensitization and awareness.

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

2.3.9. Data processing

Data entry and processing was done using the software version 6.3 of CSPro. The agents selected for the data entry attended a 3-day training course to familiarize themselves with the operating tools (questionnaires, data entry application) of the SCORECARD survey. The actual entry started on November 20th, 2017 and ended on November 20th, 2017. In order to ensure quality control and to minimize typing errors, all the questionnaires were double-entered, and internal consistency checks were performed. The errors detected were systematically corrected. Following the data treatment, the analysis tables were produced by the programs developed by the NIS as part of the SCORECARD survey according to the tabulation plan established by PNDP.

CHAPTER 3

MAIN RESULTS OF THE SURVEY AND RECOMMENDATIONS FOR IMPROVEMENT

Given the importance of the scorecard mechanism, whose strength and merit is derived from the expressed opinions of citizens in a bid to enable them to make their voice be heard in the development process, this chapter is reserved for the presentation and analysis of data (opinion of citizens) collected from the field. Chapter three will therefore, be structured in to five sections: presentation of the target population, water sector, health sector, and education sector and council services. Tables and various types of charts will be used to facilitate an understanding of the perceptions of the households captured for the various sectors.

3.1. Presentation of the sampled population for the survey

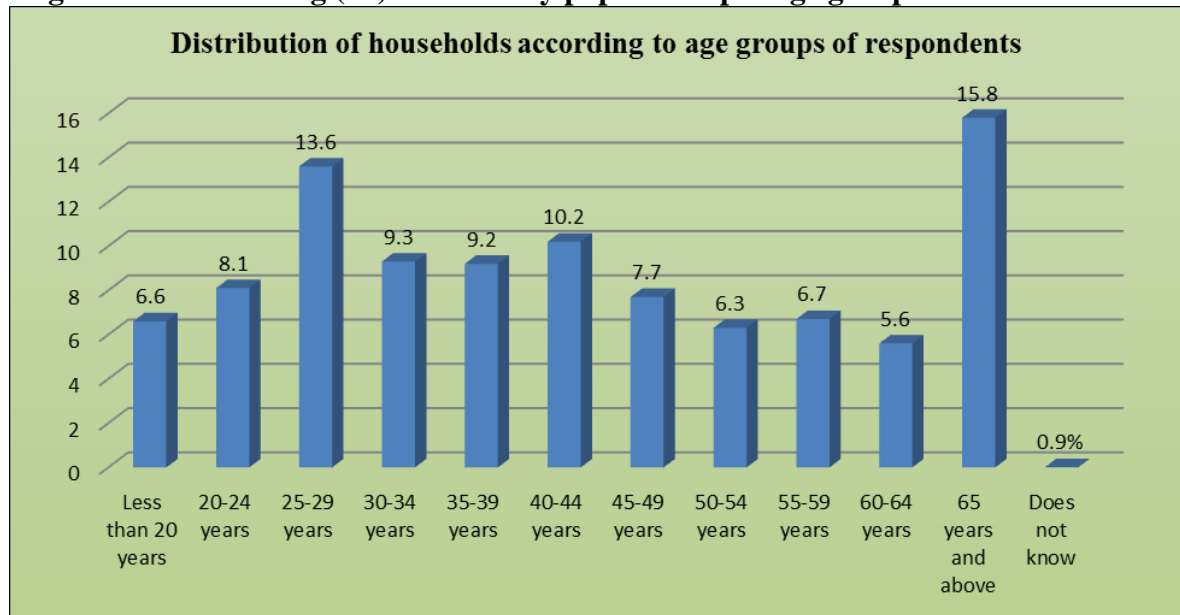
Nkambe Central Subdivision has a population of about 171,478 inhabitants according to projections as of 2011, and with a population density of 351.8 persons per km².

3.1.1 Characteristics of respondents

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

Figure 1 below shows that the majority of respondents (70.8%) are age thirty (30) and below while 36.7% fall between the ages of 30 and 50 years, with proportion of (34%) being greater than 50 years of age. This indicates that about 67 percent of the population targeted for this study is at least 30 years old.

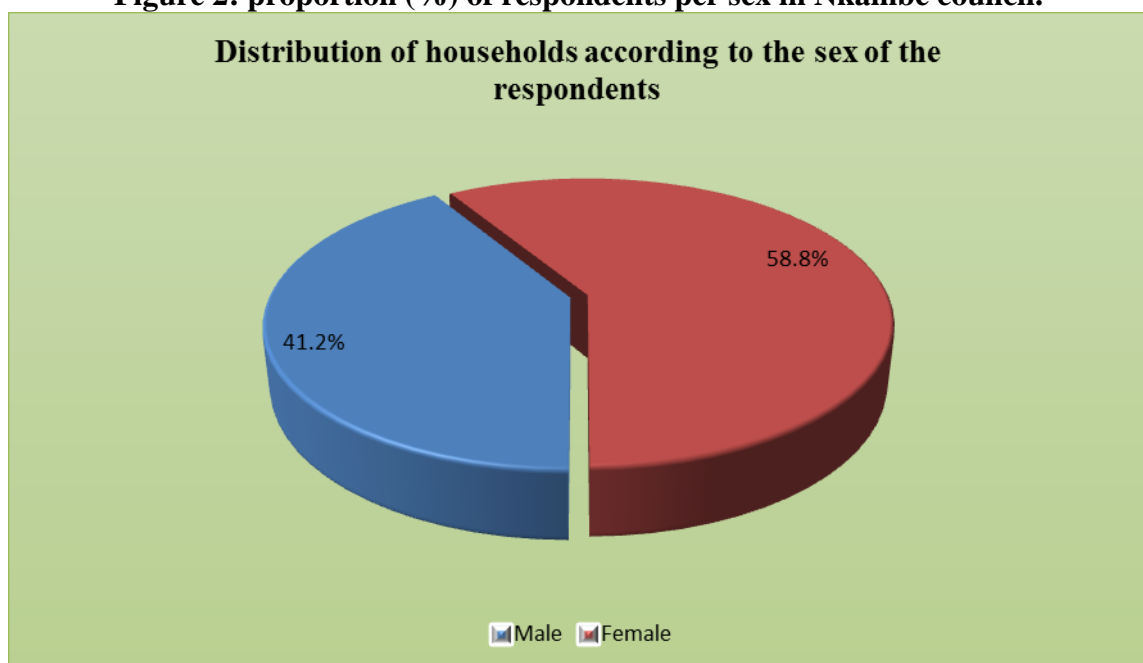
Figure 1 : Partitioning (%) of the study population per age group in Nkambe council



3.1.2. Distribution (%) of respondents per sex in Nkambe council.

Both sex, were targeted for this study in the Nkambe council area. The figure 3 above depicts that majority of respondents reached during this study were female. In specific terms, women constituted 58.8% of the total population of study. That is to say that female participation was higher.

Figure 2: proportion (%) of respondents per sex in Nkambe council.



3.2 WATER SECTOR

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

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

Access to safe drinking water is important as a health and development issue at national, regional and local levels. In some regions, it has been shown that investments in water supply and sanitation can yield a net economic benefit, because the reductions in adverse health effects and health-care costs outweigh the costs of undertaking the interventions. Experience has also shown that interventions in improving access to safe water favour the poor in particular, whether in rural or urban areas, and can be an effective part of poverty alleviation strategies. This indicates the strong effect that access to quality water services has on local development. In this light, the CRCM study carried out in the Nkambe municipality to evaluate the perception of the households as concerns the availability and usage of water services, cost and quality of water services, appreciation of water services and the general appreciation by the households as concerns water services as well as the synthesis in the perception of services in the domain of water and suggested areas of improvement.

3.2.1 Availability and usage of water services

Available water sources in Nkambe 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 Nkambe council area as well as their use or relevance to the community. The survey revealed that the following water sources exist in the Nkambe 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...).

3.2.1.1 Availability of water supply schemes in the Nkambe council area

The survey evaluated the sources of water supply schemes within the Nkambe council area. The findings indicated that 17,2% of households indicated that they use a well equipped with a pump, 1.6% have open pit wells, 4.5% have protected wells and 10.2% have boreholes equipped with manual pumps as water sources. 88.1% of households resort to springs and rivers as water supply while 55.7% of household indicated the availability of tap water (pipe borne water).

Table 3: Proportion (%) of households in Nkambe council as per type of water system available

<i>Well equipped with a pump</i>	<i>Open pit well</i>	<i>Protected well</i>	<i>Boreholes equipped with manual pump</i>	<i>Spring/ River</i>	<i>Access to tap water (pipe borne water)</i>
17.2	1.6	4.5	10.2	88.1	55.7

Source: CRCM survey Nkambe Council November 2017

When household were asked on the main water supply scheme in the Nkambe council area, As per the table below, 52.3% indicated that their main public water source was a river, followed by 27.7% who indicated that they have potable water (pipe born) as their main water source. 16.3% declared wells with pumps, as their main source while 1.7% have open pit wells as main water sources. A minority of 1.6% and 0.3% declared having boreholes with manual pump and protected wells as their main water supply schemes respectively.

Table 4: Proportion (%) of households in Nkambe council per type of water systems used

Main public water source						
<i>Well with pump</i>	<i>Open pit well</i>	<i>Protected wells</i>	<i>Boreholes with manual pump</i>	<i>Source/ River</i>	<i>Potable water adduction</i>	<i>Total</i>
16.3	1.7	0.3	1.6	52.3	27.7	100.0

Source: Scorecard survey, Nkambe council, November2017

3.2.2 Cost and quality of water services

3.2.2.1 Quality of water services

In general, some characteristics making up good drinking water includes: it should have no odour/smell, should not have a taste, and should not have color amongst other characteristics. Household respondents were asked to give their opinion on some of the characteristics highlighted above which recorded the following results;

61,0% of households indicated that the water does not have an odor, 66.3% reported that the water does not have taste, 61.6% declared that the water does not have odor nor smell. Overall only 32.6% of the household perceive that the quality of water services within the Nkambe council area was good.

Table 5: Proportion (%) of households in Nkambe council per characteristics declared of the main water source used

Proportion (%) of households who have declared that the main source of water is owned by a public entity :			
<i>Have a good quality</i>	<i>Does not have odor/smell</i>	<i>Does not have taste</i>	<i>Does not have colour</i>
32.6	61.6	66.3	61.0

Source: Scorecard survey, Nkambe council, November2017

3.2.2.2. Appreciation of water services

From the table only 32.6% of the household heads responded that the water available in the Nkambe council area has good quality. 61.6% indicated that the water does not have odor/smell and 66.3% and 61,0% responded that the water does not have taste and color respectively

Table 6: Proportion (%) of households in Nkambe council using a public main water source, with water available throughout the day/year required for a round trip to get water.

Proportion (%) of households who have declared that the main source of water is owned by a public entity :			
<i>Have a good quality</i>	<i>Does not have odour/smell</i>	<i>Does not have taste</i>	<i>Does not have colour</i>
32.6	61.6	66.3	61.0

Source: Scorecard survey, Nkambe council, November2017

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

This portion of the work examines the time taken to repair the water supply source in case of any breakdown.

The scorecard study went further to evaluate the level of breakdown and the time taken to do maintenance on the various water sources. The result shows that, 30.9% of household reported a breakdown in the water source within the last six months from the date of the interview. Of the proportion of households that declared a breakdown within the last six months, 23.7% reported that it took less than a week for the repairs to be effected, 36.6% indicated that it was repaired within a maximum of one month; 30.8% indicated that it took more than one month for maintenance work to be done while 3% indicated it took more than three months with 6% reporting that the water source had not been repaired since the date it had a breakdown.

Table 7: Proportion (%) of households in Nkambe council declaring a breakdown of the main public water source used in the course of the last six months and time taken to repair.

Proportion (%) of households who have declared a breakdown of the main public water source used in the course of the past six months	Time taken for repairs					Total
	Less than a week	Between a week and a month	Between a month excluded and three months	More than three months	Not yet	
30,9	23,7	36,6	30,8	3,0	6,0	100,0

Source: Scorecard survey, Nkambe council, November2017

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

This portion of the report looked at those who did repairs on the water supply system when it had a breakdown.

With respect to the water maintenance as in the table below, 43.8% of the households declared that the water management committee resolved the problem of water breakdown, 13.8% said repairs were done by elites of the area, 37.5% gave credits to the village/quarter heads for the repairs, 3.1% and 10.0% declared repairs was done by the mayor and administrative authorities respectively.

Table 8: Proportion (%) of households in Nkambe council who have declared a breakdown of the main public water source used in the course of the last six months according to the institution/person repairing the breakdown of the main public water source

Proportion (%) declaring that the breakdown declared was resolved by the:						
Mayor	State (government services)	Elite	Water Management Committee	village/quarter head	Administrative Authorities	others
3.1	1.4	13.8	43.8	37.5	10.0	6.5

Source: Scorecard survey, Nkambe council, November2017

3.2.2.5. Need expressed in terms of water supply

Table 9 presents to us the percentage of those who have expressed a need for potable water in the last 6 months and the persons or institutions to which these needs were directed to. According to the results, 40.7% of household expressed a need for portable water. 43.7% gave their request to the mayor, 39.5% to elites, 36.3% to water management committees and 39.2% gave to village or quarter head.

Table 9: Proportion (%) of households in Nkambe council who expressed a need for potable water in the last six months and quarters directed to.

Proportion (%) of households which have expressed a need in potable water in the last six months	Amongst the households who have expressed a need, proportion (%) whose need was expressed								Proportion (%) of households whose need expressed for water was met
	To the Mayor	To the State (government services)	To an Elite	To the Water Management	To the village/ Quarter head	To the Administrative Authority	To Camwater/SNEC	To others	
40.7	43.7	5.2	39.5	36.3	39.2	6.0	11.7	7.0	18.9

Source: Scorecard survey, Nkambe council, November2017

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

The households have expressed their dissatisfaction regarding water supply. From the table below, about 41.4% of households declared that they are not satisfied by the provision of potable water supply despite resorting to streams and rivers. Out of those who reported that they are not satisfied with water services rendered in their community, 61 % of them declared that their non-satisfaction is explained by the fact that the water points were insufficient, 56.4% said the management of water points are poor with about 43.1% attributed their dissatisfaction to far distances while 38.5% said the water quality was poor.

Table 10: Proportion (%) of households not satisfied and reasons for non satisfaction with the water provision in Nkambe council area.

Proportion (%) of households not satisfied by the potable water provision	Amongst the households not satisfied, proportion (%) whose reason for their not being satisfied is:						
	Far distance of the water point	Poor water quality	Insufficient water points provision	Management of water points	Lack of / Slowness of maintenance in case of a breakdown	High cost of water provision	Others
41.4	43.1	38.5	61.0	56.4	26.6	5.7	12.6

Source: Scorecard survey, Nkambe council, November 2017

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

As per the table below, when asked about households expectation in the water sector, 73.3% of household in Nkambe municipality are of the opinion that more water points should be established. 44.1% of the households are of the opinion that the current water points be maintained and properly managed while 32.5 are of the opinion that repairs works should be carried out on the damaged water points. Another 42.1% of households expect an improvement in the quality of water in the existing water supply points while 8.6% expect a reduction of prices for water access. 30.7% have other opinions to express.

Table 11: Proportion (%) of households in Nkambe council according to expectations in water supply

Proportion (%) of households whose expectation of water provision is :					
More/additional water points	An improvement in terms of the management of the existing water points	Repairs works should be carried out on the damaged water points	An improvement of the quality of water in the existing water points	Reduction of prices to access water;	Others
73.3	44.1	32.5	42.1	8.6	30.7

Source: Scorecard survey, Nkambe council, November 2017

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

From the results presented above, 88.1% of household in the Nkambe Council have spring/river as the major source of water. 55.7% of the household have access to portable/pipe borne water. The survey revealed that 52.7% household use spring/river while 27.7% use pipe borne as the main source of water. 32.6% of household in the Nkambe Council area perceive that the quality of water is good. 30.9% of household experienced a breakdown within the last 12 months as at the date of the survey. 66.6% of household reported that it took over a week and not more than three months for the breakdown to be repaired. 30.8% of household reported that it took more than a week but less than three months for the breakdown to be repaired.

Overall, 66.6% of household in the Nkambe Council are unsatisfied with the provision of water services within the council area. Majority of the household (61.2%) say there is insufficiency in the number of supply points and 58.2% of the household reported that the water was of poor quality.

In terms of expectations, 73.3% of household in the council area expects that additional water points should be created while improvements should be done in managing the existing points as reported by 44.1% of the households.

3.3 HEALTH SECTOR

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

health on development and poverty reduction, and conversely, with the impact of development policies on the achievement of health goals. In particular, it aims to build support across government for higher levels of investment in health, and to ensure that health is prioritized within overall economic and development plans.

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

3.3.1 Availability and usage of services in the health domain.

3.3.1.1 Availability of services in the health domain

From the table above, 36.3% of household indicated that Public Integrated health center are closest to them meanwhile 31% and 32% of households responded that they have Hospital/CMA and private health center closest to them respectively.

Households were asked about the average time taken to reach the nearest health care unit. Of which 19.4% said that they take less than 15 minutes, 32.9% take between 15 to 30 minutes while 47.8% of households take more than 30 minutes to reach the closest health unit.

Table 12: Partitioning (%) of households per nearest health care unit and time taken to reach there, in Nkambe council.

Nearest health centre (S01)				Total	Time taken to reach there (S02)			Total
Public integrated health center	Hospital/CMA	Private health center	None		Less than 15 minutes	Between 15 and 30 minutes	More than 30 minutes	
36.3	31.0	32.6	0.0	100.0	19.4	32.9	47.8	100

Source: Scorecard survey, Nkambe council, November 2017

3.3.1.2 Use of services in the health unit

From the table below, 34.2% of households prefer public integrated health center, 34.9%

prefer CMA/hospital, 30.4% prefer private health centers and 0.5% prefer other health care facilities. Within the Nkambe Council area, 0% of households indicated a preference for traditional healers, medical store/kiosk, medical staff member or take treatment at home or self-medication.

Table 13: Partitioning (%) of households per main choice of health solutions, in Nkambe council.

Preferences of the household in terms of health care facilities								Total
Public integrat ed health center	Hospital / CMA	Private health center	Traditional healers	At the medical store/kiosk	Go to a medical staff member	Treat at home/self-medication.	others	
34.2	34.9	30.4	0.0	0.0	0.0	0.0	0.5	100.0

Source: Scorecard survey, Nkambe council, November2017

3.3.1.3 Attendance at the nearest health care unit

The Citizenship report card mechanism for public action” (SCORECARD) study also enables the citizens to give an assessment of their level of appreciation as to the health services rendered to them within the Nkambe Council area. The table below evaluates the perception of household heads according to the usage of the health facilities.

From the table below, 65.4% of household members have been to the nearest health care unit while 34.6% of household members have not visited the nearest health care unit according to the survey carried out within the Nkambe Council area.

As portrayed on the table below, 42.2% of households indicated that the head of the health unit was a medical doctor, 52.1% indicated that they were nurses who headed the health units, 5% said it was a nurse aid and 0.7% said the health units were headed by others whom they could not identify to fall in any of the categories highlighted.

Table 14: proportion (%) of households whose members have been to the nearest health care unit and according to them who the head of health care unit visited is.

Proportion (%) of households using the nearest health care unit	Head of health care unit, for households using the nearest health centre				Total
	Medical Doctor	Nurse	Nurse aide	Others	
65.4	42.2	52.1	5.0	0.7	100.0

Source: Scorecard survey, Nkambe council, November2017

With respects to the characteristics of the hospitals visited, 97.5% of the population said there were personnel present, 97.5% declared pharmacies existed, 97.1% were of the opinion that admission rooms were present, 94.8% made us to understand that basic materials were available, 90% of these very respondents claimed drugs were available and a minimal 25.7% said the hospital had an average of 5-10 beds per room.

Table 15: Characteristics declared by households about the nearest health centre during their last visit

Characteristics declared by households about the nearest health center during their last visit					
Presence of person	Availability of basic material/equipment	Existence of hospitalization hall/rooms(<5beds)	Number of beds in the hospitalization halls/rooms (b/w 5-10)	Existence of a pharmacy/pro-pharmacy	Availability of drugs
97,5	94,8	97,1	25.7	97,5	90,0

Source: Scorecard survey, Nkambe council, November2017

3.3.2 Cost and quality of health services

3.3.2.1. Cost of health services

Access to healthcare services is not free in Cameroon, as shown in Table below. All households paid a fee at the health unit they visited. Every household declared that they paid some money during their visit to their preferred health care units.

With regard to the assessment of the amount of fees paid as consultation, a majority of households 68.1% of those who have paid consultation fees said that the amount is reasonable. Though this amount is perceived to be reasonable by majority of the population, it is however important to note that it is higher than what is supposed to, and applies in public hospitals (600FCFA per person). 30.0% of the household are of the opinion that the amount paid is high and just a smaller proportion of household 1.9% within the Nkambe Council area are of the opinion that the amount is insignificant.

Table 16: Proportion (%) of households who declared payment of consultation fee and Amount paid as consultation (F CFA) in the nearest health unit .

Proportion (%) of households that paid consultation fees at the	Average amount paid for consultation fees (FCFA)	Partitioning (%) of households paying consultation fees, per appreciation of amount paid	Total

nearest health care unit								
	Less than 500 FCFA	Between 500 and 1000 FCFA	More than 1000 F CFA	Total	High	Reasonable	Insignificant	
89.7	23.3	67.8	8.9	100.0	30.0	68.1	1.9	100

Source: SCORECARD survey, Nkambe council, November 2017

3.3.3 Appreciation of health services

3.3.3.1. Reception of medical staff

According to the result presented on the table, 62.5% of the population judged the behaviour of the medical personnel as good while 27.5% said it was average while 10% said the character of health personnel was bad.

Table 17: Proportion (%) of households in Nkambe council attending the nearest health care unit with declaration on the reception of the medical staff.

Partitioning (%) of households attending the nearest health care unit, according to the reception of the medical staff: (S14)			
<i>Good</i>	<i>Average</i>	<i>Bad</i>	Total
62.5	27.5	10	100

3.3.4 Reasons for the non-satisfaction of the population.

The table below presents the opinion of the inhabitants of the Nkambe Council area with reasons for their non-satisfaction with services offered at various health units. It was revealed by the survey that 31.6% of inhabitants in the Nkambe Council area are not satisfied with services offered by the health care units. The survey equally assessed the reasons for non-satisfaction by the inhabitants of the Nkambe Council area. The following reasons were earmarked: 44.1% said the health unit were located at far distances and difficult for them to access the health care units, 36.4% of households indicated that poor quality of services were been provided, 39.5% said there exists insufficiency health care units, 16.9% of household said defaults related to the health care unit staff, 15.7% poor management of the health care units, 29.4% reported insufficiency of drugs, 27.9% reported poor quality/insufficiency of equipment (scissors, syringes, alcohol, cotton, betadine, medical scale etc), 27.9% reported of high cost with regards to health care access and 35.8% have other reasons for their non-satisfaction apart from the ones highlighted above.

Table 18: Proportion (%) of households in Nkambe municipality whose members are not satisfied with the services rendered by health care unit, according to reasons of dissatisfaction

Proportion (%) of households whose at least one household member declared that majority health problems in the village have being solved	Proportion (%) of households not satisfied with health services rendered	Amongst the households not satisfied, proportion (%) whose reason for their non-satisfaction is :								
		Far distance to access the health care units	Poor quality of services provided	Insufficiency of existing health care units	Defaults related to the health care unit staff	Poor management of the health care units	insufficiency of drugs	Poor quality/insufficiency of equipment	High cost with regards to health care access	others
68,5	31,6	44,1	36,4	39,5	16,9	15,7	29,4	18,6	27,9	35,8

Source: Scorecard survey, Nkambe council, November2017

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

From the table below, when asked to give their expectations, 45.9% of households are of the opinion that they should be provided with additional health care units, 29.7% expect that drugs should be made available, 14.5% of household hold the opinion that some staff members be transferred while 36.4% of household expect that the health units should be equipped and 56.6% had other reasons which were not previewed on this area of expectations.

Table 19: Main expectations in the services rendered in the domain of health

Proportion (%) of households whose expectations in health services are :				
Additional health care units	Provision/supply of drugs	Transfer of a staff member	Equipped health care units	Others
45,9	29,7	14,5	36,4	56,6

Source: SCORECARD survey, Nkambe council, November2017

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

From the results presented above, public integrated, CMA/Hospitals, and Private Hospitals are almost equally available to households in the Nkambe Council area. Averagely 30% of households indicated that any of type of Hospital is available in their locality. Most households have a preference for Public Integrated Health Centres. Only 19.4% of households in the Council area use less than 15 minutes to visit a health unit and over 80% of households use above 15 minutes.

Overall, 65.4% of household in the Nkambe Council are satisfied with health care delivery by the institutions with 67.8% paying between 500 frs to 1000frs before receiving health services. 34.6% of households are not satisfied with health care services within the council area and the lead cause for their non-satisfaction is due to the distance they cover to have access to the health units (44.1%).

45.9% of household expect additional health facilities to be created to enable them make maximum use of these services.

3.4. EDUCATIONAL SERVICES

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

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

(a) Education

In keeping with the school map, setting up, managing, equipping, tending and maintaining council nursery and primary schools and pre-school establishment. Other responsibilities under

this law include the recruitment and management of back-up staff for the schools, participating in the procurement of school supplies and equipment, participating in the management and administration of State high schools and college in the region through dialogue and consultation structures.

(b) Literacy education

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

(c) Technical and vocational training

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

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

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

a) Nursery schools

As per the table below, all household have a nursery school in their community. Averagely, 1.6 of children from the household attends the nursery school and 79.5% cover less than 1km and averagely 16.7minutes to attend the nursery school.

b) Primary schools

The table below indicates that all household have a primary school in their community. Averagely, 2.3 of children from the household attend the primary school and 76.5% cover less than 1km and averagely 22.1 minutes to attend the school.

c) Secondary schools

With the global enrolment ratio at 75% in 2014, the challenge that must be addressed to achieve universal secondary education (USE) by 2030 is to expand national education systems. In many countries, it is not just teachers that are missing: secondary schools are often lacking too. The gap that has to be closed to achieve USE is bigger than it is for UPE, and far more countries are affected (76%). Of the 139 countries facing the biggest gaps, only 41 (or 29%) will have enough secondary teachers in classrooms by 2020 according to UNESCO.

According to the survey carried out in the Nkambe Council, 94.4% of household have a secondary school in their community. Averagely, 1,7 of children from the household attend the secondary school and 25% cover less than 1km and averagely 22.1 minutes to attend the school.

Table 20: Partitioning (%) of households in NKAMBE council, whose children have access to education, per type of educational cycle.

<i>Available Cycle</i>	<i>Proportion of households belonging to a village with an educational cycle</i>	<i>All</i>		
		<i>Average number of children from the household attending the nearest school</i>	<i>Average distance covered by the children to go to school(E03)</i>	<i>Average time spent by the children to reach the school on foot</i>
<i>Nursery</i>	100,0	1,6	79,5	16,7
<i>Primary</i>	100,0	2,3	76,5	22,1
<i>Secondary</i>	94,4	1,7	25,0	70,6
<i>Vocational training</i>	0	0	0	0

Source: SCORECARD survey, Nkambe council, November2017

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

In Cameroon, school is compulsory for children between the ages of six and 14 years. The government introduced free primary education in the year 2000. Therefore, enrolment at primary level is high, at around 90% of pupils.

Households frequently face a wide range of user fees for publicly provided primary education, including textbook fees, compulsory uniforms, PTA dues, and various special fees such as exam fees and community contributions to district education boards. These costs prove too much for the poorest families and children have to leave school early. Tuition and fees at the secondary school level are indeed very high and unfortunately remain unaffordable for many families.

Parents/Teachers Associations (PTAs) play a significant role in financing education in both the public and the private schools. In addition to the school fees, PTAs also levy parents a yearly amount for specific PTA projects in each school

In some instances, it has been reported that children are excluded or punished in public and private schools for not having paid their PTA levy, which amounts to 5000 FCFA per child. Incidents have occurred where children's annual report cards have been withheld for non-payment of these fees.

Most of these fees are often fixed arbitrarily by head teachers or PTA presidents and imposed on all pupils. Whereas, the presidential decree No 2001/041 of February 19, 2001, provides that PTA fees are paid on a voluntary basis and pupils of public primary schools are exempted from the payment of any fixed annual dues.

However, the report further revealed that 74% of homes still consider PTA fees as compulsory and that the payment of extra fees for the construction of classes, revision classes and other activities are made compulsory by school heads.

With respect to the nursery cycle, 100% of households spend on nursery education for their children. They reported that they spend averagely 1550 F CFA for fees in nursery schools. 48.4% of households perceive that the amount is high while 51.6% perceive the amount to be reasonable.

Regarding the primary cycle, 100% of households paid fees for their children in primary schools. Households reported they paid averagely 748 F CFA in Primary schools. 49.2% said the amount paid was high and 50.8% are of the opinion that the amount is reasonable.

As far as the secondary cycle is concerned, 98.4% of households paid fees for their children in secondary schools. Households reported they paid averagely 2 865 F CFA in secondary schools. 53.6% said the amount paid was high and 46.4% are of the opinion that the amount is reasonable.

Table 21: Cost of education here entails all a parent spends on average per child at each level of education per annum

Educational cycle	Proportion (%) of households having paid the required fees	Average school fees expenditure spent	Partitioning (%) of households paying fees required per appreciation of the amount paid	Proportion (%) of households which paid extra charges in addition to the required fees for education
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	for education	throughout a school year per child (CFA Francs)	High	Reasonable	Insignificant	compulsory payment from the school officials	Willful payment from the parents	Total
Nursery	100.0	1.550	48,4	51,6	0,0	0,0	100.0	100.0
Primary	100.0	748.36	49,2	50,8	0,0	0,0	100.0	100.0
Secondary	98.4	2.865	53,6	46,4	0,0	0,0	100.0	98.4
Vocational training	100.0	1.550	48,4	51,6	0,0	0,0	100.0	100.0

The survey equally assessed the education sector in terms of quality of services in the sector per education cycle. On the table below we would be examining the perceptions of households in regards to the availability of benches for all pupils to sit on, if the school has a complete cycle and has a classroom per class level, and if textbooks are distributed in the school.

Nursery

According to the results, 68.5% of households with children in nursery school reported to have benches available for children to seat on. 77.3% reported that text books are distributed in the school.

Primary

In line with the primary cycle, 99.7% of household reported that they have a complete primary school which runs from primary one to primary six as per the regulations enforce. 60.1% reported that there are available benches for pupils to sit on and 84.8% reported that text books are distributed to the pupils in various schools.

Secondary

As concern the secondary cycle, 9 out of 10 household indicated that they have complete secondary school cycle which comprises of the first (form one to form five) and second cycle (lower and upper sixth) cycles. 8 out of 10 households said the schools have a complete workshop and 9 out 10 of households equally reported that there are classrooms for each class level as well as available benches for each student. They all reported that text books are not distributed to students in school.

Table 22: Quality of Services offered in the educational Sector per cycle

Educational cycle	Characteristics declared about the school attended				
	Has a complete cycle	Has A complete workshop	Has a classroom per class level	Availability of benches for all pupils to sit on	Distribution of school textbooks in the school

Nursery	0.0	0.0	0.0	68.5	77.3
Primary	99.7	0.0	0.0	60.1	84.8
Sec ond ary	0.0 2 nd cycle	95.4	80.9	93.5	95.2
Vocational training					

Source: Scorecard survey, Nkambe council, November 2017

3.4.3 Appreciation of services in the domain of Education per cycle

One of the biggest issues facing schools and teachers today is overcrowding. A combination of an increasing population and a decrease in funding has caused class sizes to rise. According to UNICEF standards, a class size is capped at 15-20 students. Unfortunately, many classrooms now regularly exceed thirty students, and it is not uncommon for there to be more than forty students in a single class. Classroom overcrowding has sadly become the new norm.

Numerous studies have investigated the influence of class size on student attitudes, behaviors, and outcomes. The overwhelming majority of these studies have focused on elementary school and even pre-school effects of class size on pupil/student achievement.

After the scorecard survey carried out in October 2017 in the Nkambe council area, the following results were obtained as concerns the proportion of household going to school within the council area:

Nursery

Following the report of the households interviewed, 37.9% of household indicated that their children are less than 30 in the classroom, 39.7% said there are between 30 to 60 children in a classroom and 6.9% of household indicated that there are above 60 children in a classroom.

While assessing the effective presence of teachers in the schools, 15.6% of household said the teachers are regular, 92.2% said teachers are averagely regular and 4.9% indicated teachers are irregular in the nursery schools within their communities.

Primary

Regarding the household interviewed, 17.2% of household indicated that their children are less than 30 in the classroom, 58.6% said there are between 30 to 60 children in a classroom and 12.8% of household indicated that there are above 60 children in a classroom.

While assessing the effective presence of teachers in primary schools, 11.4% of household said the teachers are regular, 85.6% said teachers are averagely regular and 10.8% indicated teachers are irregular in schools within their communities.

Secondary

From the household interviewed, 5.4% indicated that their children are less than 30 in the classroom, 21.4% said there are between 30 to 60 children in a classroom and 68.4% of household indicated that there are above 60 children in a classroom.

While assessing the effective presence of teachers in secondary schools, 4.8% of household said the teachers are regular, 80.2% said teachers are averagely regular and 14.9% indicated teachers are irregular in schools within their communities.

Table 23: Proportion (%) of households in Nkambe council whose children are going to school and are in classrooms with an average number of pupils and the teacher's presence in classroom.

Educational cycle	Proportion (%) of households in Nkambe council whose children are going to school and are in classrooms with an average number of pupils.				Proportion (%) of households in Nkambe .council according to the appraisal of the teacher's presence in classroom.		
	Less than 30	Between 30 and 60	above 60	DNK	Regular	Averagely regular	Irregular
Nursery	37.9	39.7	6.9	15.6	92.2	4.9	37.9
Primary	17.2	58.6	12.8	11.4	85.6	10.8	17.2
Secondary	5.4	21.4	68.4	4.8	80.2	14.9	5.4
Vocational training							

Source: Scorecard survey, Nkambe council, November2017

The data presented on the table below concerns the perception of household in the Nkambe council area about persons responsible for the repair of their school infrastructures when they get bad. From the responses of households who have children in the primary schools, 35.9% and 31.1% of households with children the primary schools indicated respectively that all repairs are done by the elites and mayor. The results equally show that the Ministries paid very little attention to repairs.

Table 24: Proportion (%) of households in Nkambe council declaring that the damaged classrooms were repaired per stakeholder type

Educational cycle	Proportion (%) of households declaring that damaged classrooms were repaired by

	The PTA	Mayor	A village organization	MINEDUB/MINESEC /MINEFOP	The Elites	Others
Nursery	2.3	10.8	9.2	1.6	10.2	13.8
Primary	14.0	31.1	23.8	15.3	35.9	34.0
Secondary	6.8	8.2	12.1	6.5	12.6	6.2
Vocational training	0.0	0.3	0.0	0.4	0.8	0.2

Source: Scorecard survey, Nkambe council, November 2017

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

The survey sought to understand the reasons for the non-satisfaction of the inhabitants of the Nkambe Council area. The following reasons were highlighted to better assess their level of dissatisfaction: Far distance to access educational services; insufficiency of classrooms; insufficiency of equipment; insufficiency of schools /vocational training centers; insufficiency of teaching staff; the non-distribution of school textbooks; poor results; high tuition fees and others reasons not highlighted above.

Nursery

From the survey, only 5% of the household indicated that they were not satisfied with the services offered in the nursery schools in the Nkambe Council area. However, they did not indicate the reasons for their dissatisfaction.

Primary

From the survey, 21.2% of the household indicated that they were not satisfied with the services offered in primary schools in the Nkambe Council area. 25.5% said far distance to access educational services were their reasons; a significant 56.4% of household indicated insufficiency of classrooms; meanwhile 49% said insufficiency of school equipment; 23% insufficiency of schools /vocational training centers; 61.5% insufficiency of teaching staff; 47.0% the non-distribution of school textbooks; 38.7% poor results; 53.5% high tuition fees and 10.5% advanced others reasons not highlighted above.

Secondary

From Table 23 above, 6.8% of the household indicated that they were not satisfied with the services offered in secondary schools in the Nkambe Council area. 40.2% said far distance to access educational services were their reasons; a significant 26.4% of household indicated insufficiency of classrooms; meanwhile 42.3% said insufficiency of school equipment; 21.8% insufficiency of schools /vocational training centers; 55.7% insufficiency of teaching staff; 28.0% the non-distribution of school textbooks; 30.5% poor results; 47.0% high tuition fees

and 10.9% advanced others reasons not highlighted above.

Table 25: Partitioning (%) of households in Nkambe council according to their reason for dissatisfaction

Education al cycle	Proportion (%) of house holds not satisfi ed with educa tional servic es	Amongst the households not satisfied, proportion (%) whose reason of dissatisfaction is :								
		Far distance to access educational services	Insufficiency of classrooms	Insufficiency of equipment	Insufficiency of schools /vocational training centers	Insufficiency of teaching staff	The non-distribution of school textbooks	Poor results	High tuition fees	Others
Nursery	5.0	*	*	*	*	*	*	*	*	*
Primary	21.2	25.5	56.4	49.0	23.0	61.5	47.0	38.7	53.5	10.5
Secondary	6.8	40.2	26.4	42.3	21.8	55.7	28.0	30.5	47.0	10.9
Vocational training										

Source: Scorecard survey, Nkambe council, November2017

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

With the dissatisfactions expressed above, household expressed their expectations for improvements in the council area.

In the nursery cycle, 2.3% of household expect to have a nursery school located nearby; 10.8% expect more classrooms built; 9.2% need additional equipment; 1.6% expect more nursery schools to be created; 10.2% expect more teaching staff to be recruited; 13.8% distribute school textbooks; 6.4% improve the quality of the results; 8.6% reduce the costs and 5.2% have others expectations not previewed during the survey.

In the primary cycle, 14% of household expect to have a nursery school located nearby; 31.1% expect more classrooms built; 23.8% need additional equipment; 15.3% expect more nursery schools to be created; 35.9% expect more teaching staff to be recruited; 34% distribute school textbooks; 15% improve the quality of the results; 20% reduce the costs and 10% have others expectations not previewed during the survey.

Regarding the Secondary cycle, 6.8% of household expect to have a nursery school located nearby; 8.2% expect more classrooms built; 12.1% need additional equipment; 6.5% expect

more nursery schools to be created; 12.6% expect more teaching staff to be recruited; 6.2% the distribution of school textbooks; 7.1% the improvement of the quality of the results; 7.9% the reduction of the costs and 5.7% have others expectations not previewed during the survey.

Table 26: Proportion (%) of households in Nkambe council, per type of expectations in the domain of education and per educational cycle.

Educational cycle	Proportion (%) of households whose expectations in the domain of education are :								
	To have a school located nearby	Built more classrooms	Add additional Equipment	Create more schools /vocational	Recruit more teaching staff	Distribute school textbooks	Improve the quality of the	Reduce the costs	Others
Nursery	2.3	10.8	9.2	1.6	10.2	13.8	6.4	8.6	5.2
Primary	14	31.1	23.8	15.3	35.9	34	15	20	10
Secondary	6.8	8.2	12.1	6.5	12.6	6.2	7.1	7.9	5.7
Vocational training	*	*	*	*	*	*	*	*	*

Source: SCORECARD survey, Nkambe council, November2017 *imply the data is insignificant

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

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

Households reported that teachers are not regular in classes and children cover far distances before attending schools. It was equally reported through the scorecard survey that, nursery and primary school children have adequate sitting space in their schools than those of the secondary and high schools as some classes are overcrowded.

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

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

3.5. SERVICES OFFERED BY THE COUNCIL INSTITUTION

Decentralization involves bringing services closer to the population by an authority that is put

in place by the population through universal suffrage or democracy. The provision of public services to the population through decentralization aims at increasing the access to these services by the population, as well as a higher level of efficiency and effectiveness of these services through accountability and good governance.

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

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

3.5.1. Availability and usage of council services

From the information presented on the table below, at least a household member reported that he/she had requested one, some or all of the following service(s) within the past 12 months: Issuance of a birth certificate, Certification of official documents, building permit, death certificate, Marriage certificate, certificate of residence, approval/validation of localization plans, Request for information and other services.

The very first indicator (from this declaration from households) is that if someone had requested for a service from the council, such a service exists. In other words, households reported that the Nkambe council issues birth certificates, certifies official documents, grant Building permits, issues Death certificates and Marriage certificates, and Certificates of Residence, Approves/Validates localization plans, provides information and other services.

In specific terms, the most requested council service as indicated by most households is the birth certificate as reported by 25.1% of household. Of the 25.1% who had requested a service

from the council within the past 12 months, 92.2% are of the opinion that the reception for the said service was good with 45.9% who requested for the issuance of a birth certificate reporting that it took him/her less than one day for the birth Certificate to be issued. 38.3% reported that it took them up to a week (7days) before the birth certificate was issued. 14.3% of the household indicated that it took them over a week for it to be processed. During the survey period, 1.5% of the household indicated that the process for the issuance of birth certificate was ongoing.

In terms of other services requested at the Nkambe Council, 7.1% of household reported they went to the council for certification of official documents, 1.2% requested for issuance of death certificates; 3.4% for marriage certificates; and 6.5% visited the council to request for general information.

Table 27: Proportion (%) of households in Nkambe council which have requested for a council service in the last 12 months.

<i>Services</i>	<i>Proportion of households which have requested for a service in the last 12 months</i>	<i>Proportion of households which are of the opinion that the reception for the said service was good</i>	<i>Time spent to obtain the services</i>					
			Less than a day	Between 1 day and a week	Between a week and a month	Between one month and three months	More than three months	Ongoing
Issuance of a birth certificate	25.1	92.2	45.9	38.3	2.8	7.1	4.4	1.5
Certification of official documents	7.1	*	*	*	*	*	*	*
Building permit	2.3	*	*	*	*	*	*	*
Death certificate	1.2	*	*	*	*	*	*	*
Marriage certificate	3.4	*	*	*	*	*	*	*
Certificate of Residence	0.4	*	*	*	*	*	*	*
Approval/Validation of localization plans	0.5	*	*	*	*	*	*	*
Request for Information	6.5	*	*	*	*	*	*	*
Others	2.2	*	*	*	*	*	*	*

Source: Scorecard survey, Nkambe council, November2017

3.5.2. Appreciation of council services

Table 28 : Proportion (%) of household in Nkambe council who declared that they have been

involved or were informed on the council's activities

Proportion (%) of household who declared that they have been involved or were informed on the council activities					
Participati on in village assemblies	<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>
22.8	8.6	9.0	63.0	40.4	27.5

Source: SCORECARD survey, Nkambe council, November 2017

As illustrated on the table below, 22.8% of household heads declared that within the past 12 months they have participated in village assemblies. 8.6% of the households indicated that they received communication on the Nkambe Council's annual budget, 9% received communication on the expenditures of the Council.

63% of household reported that the council supported the village or quarter in development actions and 40.4% of household were involved in village or quarter planning meeting. 27.5% of household indicated that they were involved in programming and budgeting session of the Nkambe Council.

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

From the table below, 51.5% of household are unsatisfied with the services offered by the council meanwhile 48.5% are satisfied with council services. The Survey examined the various reasons for why the households are unsatisfied with the services offered by the Nkambe Council.

As indicated on the table below, 13.7% of the households say the procedures are cumbersome in processing their request, 26.3% are unsatisfied because they have experienced poor behavior of Nkambe Council staff. Some of the attitudes that make the inhabitants to be unsatisfied are late coming to work, absenteeism, poor reception and corruption. 15% indicated that their non-satisfaction is due to the unavailability of Nkambe Council Executive. 77.5% of household reported that there is poor visibility of council actions in their community and 74.5% reported that their dissatisfaction is their non-involvement in the management and participation of activities. 20.6% had other reasons for non-satisfaction which were not indicated on the scorecard.

Table 29: Proportion (%) of households in Nkambe council whose members are unsatisfied with the council services and reasons of dissatisfaction vis-à-vis Council services

Proportion (%) of households not satisfied with council's services	Amongst the households not satisfied, proportion (%) whose reason of dissatisfaction is :					
	Cumbersome procedure with regard to the processing of users' requests	Non-involvement of the populations in the management of development activities by the council	Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...)	Poor visibility of the council action on the populations	Unavailability of the council executive (the Mayors and his/her deputies)	Other
48.5	13.7	74.5	26.3	77.5	15.0	20.6

Source: SCORECARD survey, Nkambe council, November2017

3.5.4. Main expectations in the services rendered by the council

Table 30: Proportion (%) of households in Nkambe council having expectations, per type of expectations

Proportion (%) of households whose expectations in terms of council services are :				
Increased involvement of the populations in the decision-making process	Increased communication by the council as far as its development actions are concerned	More transparency as far as management is concerned	Closeness of the Council to the populations	Others
61.2	56.1	68.8	58.7	38.9

Source: SCORECARD survey, Nkambe council, November2017

Certain expectations were presented by the people to the Nkambe council. One important concept of good governance involves participation. 61.1% of the inhabitants expect increased involvement of the populations in the decision-making process. 56.1% are of the opinion that the council should increase communication by the council as far as its development actions are concerned, 68.8% of the household perceive that transparency as far as management is concerned should be improved, meanwhile 58.7% of the population are of the opinion that there is need for closeness of the council to the population and 38.9% have other expectations which have not been highlighted by the scorecard.

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

The Nkambe Council has a host of services but from the survey, it was revealed that out of the so many services that are provided by the council, the population mostly go in for the

establishment of birth certificates, marriage certificates and certification of official documents. It has also been revealed that the people of the Council area are not involved in the decision making process of the council. For example, when it comes to Involving the village/quarter in planning, 80.5% of the population attests to the fact that they were either informed of or participated in the activity. As far as activities like Communication on the council annual budget and Involving the village /quarter in programming and budgeting sessions, only a negligible proportion (1.6% and 19.6%) declared they were involved. If the local population is not part of the planning process in the councils especially when it comes to issues related to resource management, it reveals also that they are not really part of their development process. It is suggested that the council authorities get the people fully involved in the activities of the municipality.

3.6. CONCLUSION AND MAIN RECOMMENDATIONS

The intention of this study was to identify and analyze some of the major problems faced by the inhabitants of the Nkambe council in various sectors (water health, Education and council services) with the intention of proposing solutions that can alleviate if not eliminate the negative situation in these sectors. The results of the survey indicate that the Nkambe council experiences some problems that hinder it from developing properly and its citizens to live a life that is up to their expectations. Some of these problems include;

- Limited number of water sources
- Undeveloped water sources
- Poor quality of water
- Insufficient number of health personnel available in hospitals
- Limited number of health care units
- Insufficiency of drugs in healthcare units
- Insufficient or complete absence of equipment in healthcare units
- limited number of school in the nursery, primary and secondary cycles
- Far distant need to cover in order to access schools
- Non distribution of school textbooks in the nursery and primary cycles
- High tuition fees
- Population's involvement in decision making at the level of the council
- Population's involvement in development actions
- Transparency in management at the level of the council

Though the survey pointed to several issues that adversely affect the development of the

municipality, there is much hope as the council as well as other sectors has great potentials that can turn these problems into solution if the right orientation is provided.

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

3.6.1. Recommendations:

Following the important participation of the population in the decision making process, in acknowledging the importance of opinion expressed through the scorecard by the households interviewed during this process, the following recommendations can be made:

1. The Nkambe Council should integrate CRCM (SCORECARD) in her plan of action and should use the model provided by PNDP to have the population of the council area actively participating in shaping the decision making process. This shall assist the council in identifying priority areas as per the needs of the inhabitants and addressing the need expressed;
2. The Nkambe council should map out important water catchment areas to enable her have a sustainable plan for the supply of water to the various communities in the council area in the long term;
3. The Nkambe council should do an inventory of all current water catchments in the council area. It should further identify villages and their major sources of water supply. Priority should be given to areas where the catchments are still under developed. The council should equally liaise with the Village Development Associations to understand if construction and distribution of water is their major agenda during the current year.
4. The council should take stock of all current water points and do routine (quarterly) checks through village councils or Village development Associations to check the operation of water management committees in the various localities.
5. The Nkambe Council should create a Council Water Inspection Committee. This committee should from time to time inspect the management of water in various villages/localities in the council area. The Committee's main objective is to ensure timely intervention or support through the council in the domains of water management within the council area;
6. The Nkambe Council should lobby for more experienced health personnel to be sent to the Public Integrated Health Centres especially medical doctors, midwives and quality

nurses to improve on the image and usage of the health units;

7. The Nkambe Council should lobby or advocate for additional services to be added to the Public Integrated Health Centres to boost the image of the institution and attract more persons to the health unit;
8. The Nkambe Council should lobby/advocate for the construction and/or rehabilitation of health care structures which are out of use and acquire modern health care equipment;
9. The Council should improve on its communication, education and sensitization strategies towards the inhabitants to get the population more aware of council actions and services offered by the Council;
10. The council should improve on the participation of the population in its affairs through quarterly communication in various localities or the usage of communication boards on the activities of the council. Local communication means “Town cryers” could be used to give out information on council’s actions especially if the localities are the beneficiary of the activities.

CHAPTER 4

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

4.1. Synthesis of the problems identified per sector

Table 29: Synthesis of problems in the Domain of Water in the Nkambe Municipality.

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

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

Table 30: Synthesis of problems in the Domain of Health in Nkambe

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

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

Table 31: Synthesis of problems in the Domain of Education in Nkambe

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

		Increase in the minimum package for schools		
	Insufficiency of schools	Creation of more schools with complete cycles		
		Localization of the school sites and provision of land		
		Provision of local manpower and material for construction of new schools		
	Non distribution of textbooks	Make available textbooks in all cycles		
		Lobby for the provision of books from Book Aid International (NGO)		
		Construction of school libraries		
		Construction of council libraries		
	Poor results	Sensitization of pupils/students on learning strategies, Orientation.		
		Institute prizes for high performing pupils and students		

Table 32: Synthesis of problems in the Domain of Council service in the Nkambe Municipality

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	External
Council services	Non-involvement of the population in the management of development activities	Increase involvement of the population in the development of Nkambe municipality		
		Representatives of the population should visit the council and invite council executive during development meetings		
		Invite representative of various villages during council development planning workshops		
	Poor visibility of the Council action on the population	Make the Council action more visible through the realization of concrete projects		
		Provide reports of village activities		
		Allocate projects to villages proportionately		
		Support village actions morally, financially and materially.		
	Default inherent to Council staff	Continuous follow up and monitoring of the behavior of council staff to ensure satisfactory performance		
		Take action against staff who act unethically		
		Put in place a suggestion box for the public to get feedback on staff services		

		Train council staff on customer service		
		Provide capacity building opportunities for council staff.		
		Recruit more staff		
	Cumbersome procedures with regards to the processing of user request	Facilitate the procedure regarding the processing of user request		
		Enable means of reporting to council executive in cases of delays or corruption		
		Make the procedure for obtaining documents clear and simple to the population through orientations		
		Reduce bottle necks in processing files.		
	Poor communication on the Council annual budget and activities	Ensuring that councilor of the village frequently updates village on council activities		.
		Make available the annual budget on the council notice board		
		Create a functional website, email and Facebook page to display council information.		
		Training of communication officers on mass media uses		

4.2. Action Plan per Sector

Table 31: Action Plan for the Water Sector

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

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Water	To make potable water available and affordable to the population in Nkambe council area within 5 years	1. To develop and Improve accessibility to potable water	Provision of additional water points and sources especially to villages and quarters	Number of villages and quarters with potable water supply	WMC and council reports and field observation	Availability of sufficient financial resources are mobilised	Water is available and affordable in the communities	5years	The population, technical service of the council, VDC	DD MINEE DONGAMATUNG NGOs Member of parliament	To be determined by a careful study
		2: To identify and harness water sources in villages	Inventory of water points and identification of new ones	Number of new water catchments	Report from DD MINEE, Donga matung From council reports and field observation	Many undeveloped water sources are found in the communities	Many water sources are found and developed in the communities	5years	The population, technical service of the council, VDC	DD MINEE DONGAMATUNG NGOs Member of parliament	

		3: To repair all damaged water points and WSS.	Train members of the WMC	Number of actions carried out by the WMC	Report from DD MINEE, Dongamatung Council Report Field visits	Adequate financial and material support from the community	All damaged water points are repaired in time	5years	The population, technical service of the council, VDC	DD MINEE DONGAMATUNG NGOs Member of parliament	
			Train technicians and provide tools for O & M	Number of technicians recruited and trained	Testimonies Council Report	Adequate financial and material support from the community	All damaged water points are repaired in time	ongoing	The population, technical service of the council, VDC	DD MINEE DONGAMATUNG NGOs Member of parliament	
		4. To improve quality of water	Periodic cleaning and treatment of water points	Number of interventions for cleaning and treatment of water points	Councils and WMC reports Minutes, Attendance sheets, field visits	Adequate financial and material support from the community	Quality of water is improved, cleaning of water sources and treatment is frequent	5years	The population, technical service of the council, VDC	DD MINEE DONGAMATUNG NGOs Member of parliament	
		5. to improve on management of water points and WSS	Revamp the water management committee	Number of committee put in place in the council area, periodic meetings	Councils report Minutes, Attendance sheets	High level of commitment, training of members	Management committees exist in all quarters and villages and function based on accepted guidelines	5years	The population, technical service of the council, VDC	DD MINEE DONGAMATUNG NGOs Member of parliament	

Table 32: Action Plan for the Health Sector

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

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Health	To ensure quality and affordable health care to all and sundry in Nkambe council area by 2023	1: To Improve the staffing situation	Lobby for the recruitment of more staff	Number of 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	5 years	The population, technical service of the council, VDC, management committee	Ministry of public health, DMO Nkambe NGOs Member of parliament	To be determined by a careful study
		2: To provide more health care units	Lobby for the creation and construction of more health care units	Number of health care units created and constructed	Report from DMO Nkambe From council reports and field observation	Many health care units are available	Many health care units are available access to health care increased	5years	VDAs, the council, The member of parliament	Ministry of public health, DMO Nkambe	To be determined by a careful study

		3: To provide more drugs.	Recruitment of pharmacy attendants in different health units provision of drugs	Pharmacies are equipped with drugs	Report from DMO Nkambe Council Report Field visits	Adequate drugs are supplied to the health care unit	Drugs are provided in the health care unit at affordable cost	5years	The population, technical service of the council, Mayor VDA, management committee	Ministry of health, Member of parliament, DMO Nkambe	To be determined by a careful study
		4. To provide more equipment	Lobby for the provision of equipment to health units in need	Number and quality of equipment provided	Councils report Management committee report, DMOs report with inventory	Adequate equipment's are made available	There is an improvement in the quality of health	5years	The population, Mayor, technical service of the council, VDA, management committee	Ministry of health, Member of parliament, DMO Nkambe	To be determined by a careful study
		To improve on populations attitudes and behaviours towards health facilities	Carryout extensive and regular sensitization of the population to go for consultations in recognised health centers	Number of people visting health units	Field observation Hospital reports	Community members care about their health status	More people remain healthy in the council area	ongoing	The population, Mayor, technical service of the council, VDA, management committee	Ministry of health, Member of parliament, DMO Nkambe	To be determined by a careful study

Table 33: Action Plan for the Education Sector

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

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Education	To ensure greater access to quality and affordable education to all and sundry in Nkambe council area by 2023	1: 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 Dongamantung/ IBE Nkambe	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, VDC, PTA, Mayor	Ministry of Basic /Secondary education IBE Nkambe/ DDSE NGOs Member of parliament	To be determined by a careful study
		2: To create more 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 IBE Nkambe/ DDSE Dongamantung From council reports and field observation	Many nursery, primary and secondary schools are available	All school cycles are available and there is a reduction in time taken to reach the nearest school	5years	VDC, the council, The member of paliament, PTA	Ministry of Basic/ Secondary education, IBE Nkambe, DDSE Dongamantung	To be determined by a careful study

		3: To provide more classrooms.	Construction of more classrooms	New classrooms are constructed and equipped	Report from DDSE Dongamatung/ IBE Nkambe, Council Report, Field visits	More available classrooms	More available and equipped classrooms with permanent material and children learn in coNkambece condition	5years	The population, technical service of the council, Mayor VDC, management committee, PTA	Ministry of Basic/ Secondary education, IBE Nkambe, DDSE Dongamatung	To be determined by a careful study
		4: To distribute school textbooks	Lobby for a Mass distribution of textbooks	Number and quality of textbooks provided	Report from DDSE Dongamatung/ IBE Nkambe, Council Report, Field visits, testimony of parents	More and varied textbook are made available,	Children have access to textbook and the quality of results is improved	5years	The population, technical service of the council, Mayor VDC, management committee, member of parliament, PTA	Ministry of Basic/ Secondary education, IBE Nkambe, DDSE Dongamatung, NGOs	To be determined by a careful study

		5. To provide more equipment	Lobby for the provision of equipment to all schools	Number and quality of equipment provided	Councils report Management committee report, IBE/DDSE report	Adequate equipment's are made available	There is an improvement in the quality of education	5years	The population, Mayor, technical service of the council, VDC, management committee,PTA	Ministry of Basic/ Secondary education, IBE Nkambe, DDSE Dongamatung, NGOs	To be determined by a careful study
		6. To improve on the quality of results	Quality standards set for all schools, teachers given targets, scholarship opportunities announced	Number of continuous assessments(CAs) per week, Number of seminars and workshop organized for staff	Copies of CAs, publication of quality standards, invitation for different seminars, reports of IBE/DDSE	More follow up is ensured at all levels of learning	Sustained improvement in quality of results	5years	School authorities, teaching staff, pupils/ students, NGOs	Ministry of Basic/ Secondary education,IBE Nkambe, DDSE Dongamatung,	To be determined by a careful study
		7. To reduce the cost of access	Reduction in cost of access to education, provision of scholarship	Number of new cases enrolled after reduction,	Enrolment registers, reports of school authorities, minutes of PTA meeting	More pupils and students have access to learning	More awareness and increase in literacy	5years	School authorities, IBE/DDSE pupils/ students, NGOs	Ministry of Basic/ Secondary education,IBE Nkambe, DDSE Dongamatung	To be determined by a careful study

Table 34: Action Plan for the Council Services Sector

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

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Council services	To bring local administration closer to the population and empower the council to take greater charge of their own development in line with decentralization by December 2019	1: To involve the population in decision making To enhance local relevant structures to be more engaged in decision making processes	-Invite the population and other key stakeholders during council sessions and other meetings -Train councillors to better understand their roles and responsibilities as representatives of the people. -Organise development form for councillors to engage with various stakeholders	Number of stakeholders and socio professional group who attended the council session	From council reports and attendance sheets, invitation letters distributed, council notice board, Dispatch letters	Increase in number of actors invited during council sessions, Increase in the use of council services	More stakeholders participate in decision making, Sustained increase in the use of council services	1 year	The Secretary General	Mayor PNDP	To be determined by a careful study

		2: To communicate all development actions within the council to the population	Announcements through various media houses, Social media, Construction and placement of council notice boards at strategic locations of the town, development of a website, email and face book 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 and better use of services offered by the council Updated website Frequent use of all communication means	1 year	The SG of the council The population	The Mayor PNDP DD communication DD P&T	To be determined by a careful study
		3: To ensure transparency in management, accountability and increase population's access to decentralised services.	-Publish administrative and financial account of the council yearly, Publish the annual investment plan of the council -Publish services offered by the	Number of stakeholders who are aware of the accounts	All accounts and income sources are published on the notice board	Administrative and financial accounts are published	More awareness on the administrative and financial accounts is created	1 year	The municipal treasurer Council finance officer Council cahier The SG	Divisional treasury, Other financial services	To be determined by a careful study

			council and conditions for accessing these services including free services and cost for paid services -Opening of special civil status centres, Employment of registrars, Creation of mobile registration centres -Carryout extensive and regular sensitisation and campaigns on the services offered by the council	Number of special civil status centres created, Number of registrars employed	Area view of the special centres, field visits, list of newly recruited employees	Communities are willing to host the centres,	Increase access of the population to decentralised services, Increase number of households benefiting from decentralised services	1year	technical service of the council, Mayor	PNDP MINADT	To be determined by a careful study
		4. To provide more equipment to support the proper functioning of the council	Need identification, Procurement of equipment Train staff on the proper use of equipment and maintenance	Number and quality of equipment acquired	Councils report Report of the stores accountant	Increase in council revenue	There is an improvement in quality of equipment used by council workers	1year	Mayor, technical service of the council, stores accountant	PNDP Suppliers, Contractors	To be determined by a careful study

PROGRAM FOR THE DISSEMINATION OF RESULTS

DATE	VENUE	ACTIVITY	EXPECTED RESULTS	PERSONS RESPONSIBLE
	COMINSUD and Nkambe 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)	CRCM supervisor for Nkambe, CDO Stakeholders
	Nkambe council	Oorganisation 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 Nkambe CDO Stakeholders
	COMINSUD	Writing of report	01 report is written taking in to consideration the various observations made by participants of the workshop	SRCM supervisor for Nkambe
	PNDP	Submission of final Report	A final report is submitted to PNDP for technical validation	COMINSUD

ANNEXES

Annexe 1: List of the stakeholders involved in the survey

Annexe 2: Questionnaires of the Scorecard survey

Annexe 1: List of the stakeholders involved in the survey

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

ANNEXE 2: Questionnaire

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



PLANIFICATION
REGIONAL
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

Section I. BACKGROUND INFORMATION	
A01 Region	_____ __
A02 Division	_____ __
A03 Council	_____ __ __
A04 Batch number	_____ __
A05 Enumeration Area Sequential number	_____ __
A06 Residence stratum : 1=Urban 2=Semi-urban 3=Rural	_____ __
A07 Name of the locality	_____
A08 Structure number	_____ __ __
A08a Household number in the sample	_____ __
A09 Name of the household head	_____
A10 Age of the household head (in years)	_____ __
A11 Sex of the household head : 1=Male 2=Female	_____ __
A12 Name of the respondent	_____
A13 Relationships between the respondent and the household's head (see codes)	_____ __
A14 Sex of the respondent: 1=Male 2=Female	_____ __
A15 Age of the respondent (on a bygone-year basis)	_____ __
A16 Phone number of the respondent	_____ __ __ __ __ __
A17 Date of beginning of the survey	_____ __ __ / __ __ /
A18 Date of end of the survey	_____ __ __ / __ __ / __ __
A19 Name of the enumerator	_____ __
A20 Name of the council's supervisor	_____ __

A21 Data collection result	4=Absence of a qualified respondent	_
1=Complete Survey	5=Empty house or no house responding to the given address	
2= Incomplete Survey	96= Any other reasons (to be specified)	
3=Refusal	(If the answer is different from nd 2, the questionnaire should come to an end)	
1 a		
A22 Assessment of the quality of the survey	1= Very good 2=Good	_
	3=Average 4=Poor 5=Very poor	

CODES

A13

1 = Household Head 3 = Son/Daughter of the Household head or of 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

Section II. POTABLE WATER		
H01	Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system?	1=Yes 2=No 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)
Section II. POTABLE WATER		
H01a	Is your main water supply source run by a public or owned by a private entity? 1=Public 2=Private If 2 → H14	_
H02	What is your main public water supply source? (Just a single answer) 1= Well equipped with a pump 4= Boreholes equipped with a manually operated pump 2= Open pit well 5= Spring/ river 3=Protected well 6 =Access to tap potable water	_
H03	What is the quality of the said water? 1=Good 2=Poor 3=Indifferent	_
H04	Does this water have an odour? 1=Yes 2=No 8= Does not know.	_
H05	Does this water have a taste? 1=Yes 2=No 8= Does not know.	_
H06	Does this water have a colour? 1=Yes 2=No 8= Does not know.	_
H07	Do you pay something to get this water? 1=Yes 2=No If no → H08	_
H07a	If yes, how much do you spend on average per month? (give an amount in FCFA)	_ _ _ _
H07b	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	_
H08	Is this water available throughout the year? 1=Yes 2=No	_
H09	How many times do you need, on average, to go on foot and fetch water and come back? 1=On the spot 2=Less than 15 minutes 3=Between 15 and 30 minutes 4=more than 30 minutes	_
H10	Has this water point had a breakdown at a given time during the last six months, notably since? 1=Yes 2=No If no H11.	_

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

	1=Personal initiative 2=Obligated by the medical staff to do so	
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor	_
S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no S17	_
S16	Are drugs always available? 1=Yes 2=No 8=Do not know	_
S17	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No	_
S18	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 → S20	_

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

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

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

H. Reduce the costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. Others (specified) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V. COUNCIL SERVICES

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

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

C15	What do you expect from the council team? (Several answers are possible).	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Any other expectation?	X. Any other expectation (to be specified) : _____	<input type="checkbox"/>