

REPUBLIC OF CAMEROON
Peace-Work-Fatherland

MINISTRY OF DECENTRALISATION
AND LOCAL DEVELOPMENT

NORTH WEST REGION

MEZAM DIVISION

SANTA SUB DIVISION

SANTA COUNCIL



REPUBLIQUE DU CAMEROUN
Paix-Travail-Patrie

MINISTERE DE LA
DECENTRALISATION ET DE
DEVELOPPEMENT LOCAL

REGION DU NORD-OUEST

DEPARTEMENT DE LA MEZAM

ARRONDISSEMENT DE SANTA

COMMUNE DE SANTA

Citizen Report Card Mechanism (SCORECARD)
Assessment of public services in the Sectors of Water, Health,
Education, and Council services within the Santa Council Area



REPORT OF THE STUDY

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

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

Realised by POSITIVE VISION CAMEROON (PVC)



May 2018

TABLE OF CONTENT

| | |
|--|-----------------------------|
| LIST OF ABBREVIATIONS | iv |
| LIST OF TABLES..... | vi |
| LIST OF FIGURES..... | viii |
| LIST OF MAPS | ix |
| LIST OF PICTURES | x |
| PREFACE | Erreur ! Signet non défini. |
| EXECUTIVE SUMMARY | xii |
| GENERAL INTRODUCTION..... | xiv |
| CHAPTER I: FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON | 1 |
| 3.1. LEGAL FRAMEWORK OF DECENTRALISATION IN CAMEROON | 1 |
| 3.2. PROMOTION OF LOCAL DEVELOPMENT..... | 2 |
| 3.3. BRIEF PRESENTATION OF SANTA COUNCIL | 4 |
| History and Administrative Presentation of Santa council | 4 |
| Biophysical milieu | 6 |
| The Economic and Human Milieu | 9 |
| Demography (per village, Age pyramid) | 11 |
| CHAPTER II: METHODOLOGICAL FRAMEWORK OF THE SCORECARD STUDY | 15 |
| 2.1. CONTEXT OF THE STUDY..... | 15 |
| 2.2. OBJECTIVE AND METHODOLOGY OF THE CRCM..... | 15 |
| 2.3 Sampling Methodology and Collection of Data | 16 |
| Drawing of Samples..... | 16 |
| Data Collection | 17 |
| 2.3.4.Sample base and selection of clusters | 18 |
| 2.3.6.Questionnaires and Manuals | 19 |
| 2.3.7.Recruitment and Training of data collectors and Fieldwork | 20 |
| 2.3.8.Community sensitization and awareness. | 21 |
| 2.3.9.Data processing..... | 21 |
| CHAPTER III: MAIN RESULTS OF THE SURVEY CONCLUSION AND RECOMMENDATIONS FOR IMPROVEMENT | 22 |
| 3.1. PRESENTATION OF THE TARGET POPULATION FOR THE STUDY | 22 |
| 3.1.1.Characteristics of respondents | 22 |
| 3.1.2.Characteristics of the household heads | 24 |
| 3.2.WATER | 26 |
| 3.2.1.Availability and usage of water services | 26 |

| | |
|---|----|
| 3.2.2.Quality of water services | 30 |
| Cost of water services | 32 |
| Appreciation of water services..... | 33 |
| Breakdown of the main public water source during the last six months | 35 |
| Needs expressed in terms of water supply | 37 |
| Reasons for the non- Satisfaction of the population | 38 |
| Main expectations in the services rendered in the Domain of water | 41 |
| Synthesis in the perception of services in the domain of water and suggested areas of improvement | 42 |
| 3.3.HEALTH SECTOR | 43 |
| 3.3.1.Availability and usage of services in the Health Domain..... | 43 |
| 3.3.2.Cost and quality of health services | 48 |
| 3.3.3.Reasons for the non- satisfaction of the population..... | 50 |
| 3.3.4.Main expectations in the services rendered in the domain of health | 51 |
| 3.3.5.Synthesis in the perception of services in the Domain of Health and suggested areas of improvement | 52 |
| 3.4. Education Sector | 53 |
| 3.4.1.Availability and usage of services in the domain of education per cycle | 54 |
| 3.4.2.Cost and quality of services in the education sector per cycle | 57 |
| 3.4.3.Appreciation of services in the domain of education per cycle | 58 |
| 3.4.4.Reasons for the non-satisfaction of the population in the domain of education per cycle | 59 |
| 3.4.5.Main expectations in the services rendered in the domain of education per cycle..... | 60 |
| 3.4.6.Synthesis in the perception of services in the domain of education and suggested areas of improvement | 61 |
| 3.5.Council Services | 62 |
| 3.5.1.Availability and usage of Council services..... | 62 |
| 3.5.3.Appreciation of council services..... | 64 |
| 3.5.4.Reasons for non-satisfaction of the population with regard the Council services | 65 |
| 3.5.5.Main expectations in the services rendered by the Council..... | 66 |
| 3.5.6.Synthesis in the perception of Council services and suggested areas of improvement | 67 |
| 3.6.1.Conclusion | 68 |
| CHAPTER IV: ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORTING CARD MECHANISM FOR PUBLIC ACTION IN SANTA COUNCIL | 71 |
| 4.2.Plan of Action per Sector | 79 |
| 4.2.1.Plan of Action for Water..... | 79 |
| 4.2.2.Action Plan for Health | 82 |

| | |
|---|-----|
| 4.2.3.Action Plan for Education..... | 85 |
| 4.2.4.Action Plan Council Services | 90 |
| Photo Gallery | 94 |
| BIBLIOGRAPHY | 96 |
| ANNEXES | 96 |
| Annexe 1: List of the stakeholders involved in the Study | 96 |
| Annexe 2: Questionnaires of the Scorecard Study | 98 |
| Annexe 3: Municipal order putting in place the steering committee of the Citizen Control for Public Action operation in the council..... | 106 |

LIST OF ABBREVIATIONS

CAMWATER: Cameroon Water Corporation
CDE: Camerounaise D’eaux
CDP: Council Development Plan
CFO: Council Finance Officer
CMA : Centre Medical Arrondissement
CRCM: Citizen Reporting Card Mechanism
CS Pro: Census and Study Processing System
CSO: Civil Society Organization
DDSE: Divisional Delegation of Secondary Education
DLC: Decentralised Local Collectivities
DMO: District Medical Officer
EC-CAM4: 4th Cameroon Household Study
GCE: General Certificate of Education
GESP: Growth and employment strategy paper
GPHC: General Population and Housing Census
IBE: Inspector of Basic Education
LD: Local Development
LED: Local Economic Development
LSO: Local Support Organization
MINADT: Ministry of Territorial Administration and Decentralization
MINSANTE: Ministry of Public Health
MT: Municipal Treasurer
MTEF: Midterm Expenditure Framework
NGO: Non-Governmental Organization
NWR: North West Region
OVC: Orphans and Vulnerable Children
PNDP: National Community Driven Development Program
PPS: Probability Proportional to Size Sample
PRSP: Poverty Reduction Strategy Paper
PSUs: Constituted Primary Sampling Units

PTA: Parents Teachers Association

PVC: Positive Vision Cameroon

RBM: Results Based Management.

SC: Santa Council

SDGs: Sustainable Development Goals

SG: Secretary General

SPSS: Statistical Package for Scientific and Social Research

UNESCO: United Nation Educational, Scientific and Cultural Organization

VDA: Village Development Association

VDC: Village Development Committee

WHO: World Health Organization

LIST OF TABLES

| | |
|---|-----------|
| Table 1: Contribution of the council to Local Economic Development | 3 |
| Table 2: Population per village | 11 |
| Table 3: Vulnerable Populations/ Handicapped (<i>problems, strengths and needs</i>) | 14 |
| Table 4: Distribution of the number of sampled EAs and households by Council..... | 19 |
| Table 5 : Proportion of households in Santa council per type of water systems available | 27 |
| Table 6: Distribution of households in Santa council per main source of public water used | 28 |
| Table 7: Households appreciation of the amount they pay for using the main source of public water..... | 33 |
| Table 8: Proportion (%) of households in Santa council using a public main water source, with water available throughout the year following certain characteristics | 34 |
| Table 9: Proportion (%) of households in Santa council declaring a breakdown of the main public water source used in the course of the last six months | 35 |
| Table 10: Institutions/persons who repaired the breakdown of the main public water source..... | 36 |
| Table 11: Proportion (%) of households in Santa council who have expressed a need for portable water provision in the last six months..... | 37 |
| Table 12: Proportion (%) of households not satisfied by the tap water provision in Santa council. | 39 |
| Table 13: Proportion (%) of households in Santa council according to expectations in water supply: | 41 |
| Table 14: Distribution (%) of households per main choice of health solutions, in Santa council..... | 45 |
| Table 15: Distribution (%) of households whose members have been to the nearest health care unit according to the head of health care unit visited in Santa council..... | 47 |
| Table 16: Characteristics declared about the nearest health care unit visited..... | 48 |
| Table 17: Proportion (%) of households in Santa council, whose members have paid consultation fees at the nearest health care unit | 49 |
| Table 18: Reception of household by the medical staff..... | 50 |
| Table 19: Households in Santa council, whose members have declared that the nearest health care unit solves most of their health problems in the village. | 51 |
| Table 20: Expectations of households in terms of health services in Santa council..... | 51 |
| Table 21: Households in Santa council, whose children have access to education, per type of educational cycle..... | 54 |
| Table 22: Characteristics declared about the school attended per educational cycle | 55 |
| Table 23: Number of pupils and appraisal of teacher's presence in school. | 56 |
| Table 24: Appraisal of the amount paid..... | 57 |
| Table 25: General state of classrooms | 58 |
| Table 26: Dissatisfaction in terms of education services..... | 59 |
| Table 27: Expectations in terms of education in Santa council | 60 |
| Table 28: Request for a service in the Council | 63 |
| Table 29: Delays in obtaining a service in the Council | 64 |
| Table 30: Dissemination of information on Council actions and household involvement in the Council's activities..... | 65 |
| Table 31: Dis satisfaction vis-à-vis Council services | 66 |
| Table 32: Expectations of households in terms of council services in Santa council..... | 67 |
| Table 33 : Synthesis of problems in the Domain of Water in Santa..... | 71 |
| Table 34 : Synthesis of problems in the Domain of Health in Santa..... | 73 |
| Table 35 : Synthesis of problems in the Domain of Education in Santa..... | 75 |

| | |
|--|-----------|
| Table 36 : Synthesis of problems in the Domain of Council service in Santa | 77 |
| Table 37: Plan of action for Water..... | 79 |
| Table 38: Plan of action for Health..... | 82 |
| Table 39: Plan of action for Education | 85 |
| Table 40: Plan of action for Council Services | 90 |
| Table 41 : program for the dissemination of results and the presentation of an action plan | 93 |

LIST OF FIGURES

| | |
|---|-----------|
| Figure 1 : Distribution (%) Of the respondent by age group in Santa council | 23 |
| Figure 2: Sex Distribution (%) Of the respondent | 23 |
| Figure 3: Age Distribution Of household heads | 24 |
| Figure 4 : Sex Distribution Of household heads | 25 |
| Figure 6: Use of tap water source | 28 |
| Figure 7: Proportion (%) of households using public or private water source | 29 |
| Figure 8: Appreciation of the quality of public water supply given in percentage of households: | 30 |
| Figure 9: Assessment of water Odour /Smell | 31 |
| Figure 10: Assessment of water taste..... | 31 |
| Figure 11: Assessment of water colour..... | 32 |
| Figure 12: Appreciation of the amount they pay for using the main source of public water | 33 |
| Figure 13: Time taken to go fetch water and back..... | 34 |
| Figure 14 : Time taken for repairs | 36 |
| Figure 15 : Households whose need for portable water provision expressed was met and proportion not met in Santa council..... | 37 |
| Figure 16 : Time taken to satisfy households need expressed for portable water | 38 |
| Figure 17 : Proportion of household not satisfied according to the reason of dissatisfaction in Santa council..... | 39 |
| Figure 18 : Distribution (%) of households per nearest health care unit in Santa council. | 44 |
| Figure 19 : Average time taken for a household member to get to the nearest health unit. | 45 |
| Figure 20 : Proportion (%) of households whose members have been to the nearest health care unit in the last 12 months in Santa council..... | 46 |
| Figure 21 : Distribution of households that a member has visited a health unit according to who they think manages the health unit | 47 |
| Figure 22 : Households in Santa council whose members have paid consultation fees and their appraisal of the amount paid. | 49 |
| Figure 23 : Households and satisfaction of Council services | 66 |

LIST OF MAPS

| | |
|--|------------------------------------|
| Map 1 : Council Location map vis-à-vis division's chief town and in Cameroon | 5 |
| Map 2 : Forest exploitation map (UFA, VC, FC) | Erreur ! Signet non défini. |
| Map 3: Population map per village and countryside type..... | 13 |

LIST OF PICTURES

| | |
|---|----|
| Pictures 1 : Training of Enumerators at Tubah Centre | 94 |
| Pictures 2 : Enumerators writing the selection test and field work..... | 95 |

PREFACE

Accountability and good governance is a major component of every decentralised entity such as the municipal council. This premise justifies the Citizen Report Card Mechanism (CRCM) (SCORECARD), supervised by PNDP (a tool designed in 2004 with objective to improve on the living conditions of the populations in rural areas on the one hand, and to boost the decentralization process, on the other hand), in collaboration with the National Institute of Statistics. This implies a strong involvement of the grass-roots populations as regards the execution of all its activities. The implementation of the citizens' role in Santa council therefore will help to incorporate the views and feedback of households within the municipality by focusing on important strategic issues and so help to monitor the execution of our plan. The global objective of this activity is to promote good governance at the council level, and increase the efficiency of Santa Council by capturing the perception of the population as to the services provided by the council in specific sectors such as health, education, water, and main council services. In other words, the leading indicators tracked in this study will help us respond to an array of issues before they actually become problems. In this way therefore, the council will have justification to make better allocation and prioritizing decisions that will enable her see exactly which initiatives are necessary to meet its goals. Quantitative and qualitative data was obtained based on the perception of the population following a well-designed and statistically representative study with special attention to four sectors as mentioned above.

The findings reflect the expressed opinions of users in Santa council and equally highlights the strengths and weaknesses in the delivery of these services. The Citizen Report Card Mechanism (CRCM) therefore has a well calculated focus; to obtain the perceptions of the population, identify lapses in the delivery of services by our council in the sectors under study and thus empower the council executive towards the fulfilment of their mandate. The CRCM seeks to ameliorate the efficiency of our development actions at the local level by revamping village development behaviours and creating confidence, transparency and accountability among our stakeholders. It is an objective that focuses on encouraging the exploitation of the results and plan of action for implementation at the council level and its use by stakeholders as a working tool for resource mobilization and partnership building thus aligning everyone to the mission and vision of our Council. On the whole, the results of the study is so inviting and serve as a springboard to mainstream the population's needs at the grassroots level, into the interventions of all development actors and stakeholders within and without the council area. We therefore adopt this study as a working document that will strengthen our population's involvement in the management of local public affairs and so, we strongly commit to implement the recommendations and the plan of action earmarked therein.



The Mayor Santa Council.

EXECUTIVE SUMMARY

The National Community Driven Development Program (PNDP) is a tool put in place by the Government with the help of its technical and financial partners in a bid to support local development and support councils in the decentralization process. After the first two phases which have been considered satisfactory, the government has instituted the third phase known as the *consolidation phase*. The Development objective of this third phase is to reinforce the management of local public funds as well as the participatory development process within the Santa council and other councils in the country, so as to guarantee sustainable and quality infrastructure as well as socio-economic services. Amongst the different expectations of the 3rd phase of PNDP, One of the targeted result indicators is “the number of councils which have put in place an operational mechanism for citizen control and access to information.” For this targeted result to be obtained, the “*Citizenship report card mechanism for public action*” (*Scorecard*) was conducted.

The CRCM can therefore be defined as all citizen action which aims amongst others to appreciate the pertinence of actions, projects, public services as well as the means allocated for them; controlling public action and/or obliging officials to be accountable to their citizens. The global objective of this activity is to promote good governance at the local level, and increase the efficiency of public action (The best public services offered, the clearest Conception of public policies); make the voice of the vulnerable and marginalised population heard, by measuring the perception of the households as to the services provided by the council in specific sectors such as health, education, water, and main council services with the help of a questionnaire. The Civil society organization recruited to carry out the study in the Santa Council was Positive Vision Cameroon (PVC). 15 enumerators were recruited by PVC for the council. Upon recruitment, the 15 enumerators per council and council supervisors were trained and drilled on data collections and 10 out of the 15 enumerators were selected for the data collection proper. The selection was done based on the knowledge of the terrain and by merit. The data obtained was analyzed by PNDP/NIS using CS Pro and SPSS softwares.

As far as the water sector is concern in the Santa council, there is an absolute need for additional water points to fill the gap in water supply given that over 75% of the households still carry water from springs and rivers. Management of water points is equally a call for concern given that the response to breakdown of water points is slow, the quality of water need urgent improvement as declared by 53,3% of households This is reflected in the reasons for their non-satisfaction which stands at 55% while 50% of the household expect an improvement in the quality of the water to meet

World Health Organization (WHO) standards as mentioned above. Training and putting in place of a water management committee can go a long way to improve the water situation.

With regards health sector in Santa, the results of the study suggest that, the households expect an improvement in the staffing situation and increase in health units with 71% and 64% respectfully. They think that having health unit close to them will better address their health problems. There is equally inadequate supply of drugs at the health units. About 2/5 of the households do not have access to a medical doctor. It is worth noting that the entire health district had only one medical doctor at the time of this study.

As far as the education sector is concern in Santa, it can be seen that, nursery, primary and secondary cycles are present in the council. However the population expects an increase in teaching staff in all cycles as confirm by 55%, in nursery, 63% primary and 59% in the secondary cycle. As concerns fees, 73%, in the nursery and 60% and 68% in the primary and secondary a cycle's respectively think it is high. Also, the intervention of the mayor and concern ministries is inadequate as only 4% in the nursery and 13% and 9% primary and secondary cycles respectively acknowledged the intervention of the mayor in case of repairs. In the same way majority of the household revealed that the concern ministries do not take care of repairs in the nursery, primary and secondary cycles respectively. Most often, building and maintenance of structures in these schools is done by the PTA. Hence the need to encourage, support and ensure the proper functioning of this development organ.

In line with the council services, the most popular service requested by households is the Issuance of birth certificates and certification of official documents. Most of those who go to the council go there for these services. For quite a long time, the councils have been associated or identified with these services. The households of this council are of the opinion that the reception for these services is good. However (20.5%) of the households think there are delays in obtaining the services due to limited working material while (23.4%) attribute the delays to corruption. The households expressed dissatisfaction over the non-involvement of the population in the management of development activities by the council (86.4%), unavailability of the council executive (Mayor and his deputies), poor visibility of council actions on the population (84%), limited communication on income /expenditure with only 7.4% affirming their awareness. Only 8% of the households are aware of the council annual budget. The households' are therefore soliciting for an increase involvement of the population in the actions of the Santa council. To this effect, a plan of action to address the above concerns has been elaborated.

GENERAL INTRODUCTION

Given that accountability and good governance are essential ingredients of development and 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.

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

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

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

This study was carried out in line with the laws and regulations in force. A 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 reporting card mechanism for public action in the council area, main results and suggestions for improvement, action plan for the implementation of the CRCM in the council area, general conclusion and recommendations

CHAPTER I: FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

3.1. LEGAL FRAMEWORK OF DECENTRALISATION IN CAMEROON

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

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

According to section two (2) of the general provisions of law no 2004/017 of 22 July 2004 on the orientation of decentralisation, Decentralization shall consist of devolution by the state of special powers and appropriate resource to regional and local authorities. Decentralization shall constitute the basic driving force for promotion of development, democracy and good governance at local level which is very much in line with the objectives of the Scorecard study.

The government has gone ahead to enact laws in favour of the vision. Law No 2004/017 of 22 July 2004 fixes the general rules and regulations on decentralization and equally agrees that decentralization is principally the fundamental axis to promote development, democracy, and good governance at the local level. Art. 3 of this law states that the council has a general mission which is local development and the improvement of the living conditions of its inhabitants. Part III of this same law on ‘Powers devolved upon councils’ section 16 states that powers to provide Drinking water supply shall be devolved upon councils. Section 19 is concern with the setting up, equipping, managing and maintaining council health centres in keeping with the health map of the council, as well as assisting health and social centres.

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

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

To reinforce the decentralization drive, the Cameroon government has created a ministry of decentralization and local development that will work closely with local councils to ensure local communities are actively involved in all development actions from conception to realization.

3.2. PROMOTION OF LOCAL DEVELOPMENT

Local Development (LD) is the process by which public, business, and Non-Governmental partners work collectively to create better conditions for growth and development. The aim of this is to improve the quality of life for all. In this respect, collective projects are organized and supervised by the council since it is its duty to promote the economic, social, health, educational, cultural and sports development of the Council Area.

Decentralization is based notably on the Constitution embodied in Law No. 96/06 of 18 January 1996. On the strength of the provisions of article 55 of the said constitution, ‘decentralized local entities of the Republic shall be regions and councils. This duty is bestowed upon all councils by Law No. 2004/17 on the Orientation of Decentralization, Law N0 2004/018 of 22 July 2004 on Rules Applicable to Councils and Law No. 2004/19 on Rules Applicable to Regions. According to sections 15, 16, &17 of this law; councils have the power to foster development in the following ways:

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

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

money is used for the education of children and to procure manufactured goods as well as provide shelter for their families. Santa council promotes the local economic development by ensuring that all communities have access to basic social facilities. This is illustrated in the table below;

Table 1: Contribution of the council to Local Economic Development

| 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 portable water and electricity to communities |
| Governance | Civil registration Elaboration of council development planning process, Promotion of sporting activities | Assisting the vulnerable to establish birth certificates, Sponsoring sporting activities at council level, Provision of holiday jobs to students, Employment of inhabitants to execute temporal projects of the council |
| 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, |
| Environment and Nature protection | Tree planting campaigns environmental | Provision of trash cans, Provision of public toilet facilities, Creation of dump sites, Provision of trees to fight land degradation environmental management campaigns |

Source: Santa CDP 2017

3.3. BRIEF PRESENTATION OF SANTA COUNCIL

History and Administrative Presentation of Santa council

Santa Sub Division is the Gateway into the North West Region from the rest of the Country and is one of the seven administrative units (Sub Divisions) of the Mezam Division in the North West Region of Cameroon. It lies between longitudes 9 °58'and 10°18' east of the Greenwich Meridian, and between latitudes 5°42'and 5°53' north of the equator. Santa town, which is its capital, is situated some 20km to the south of Bamenda, the North West Regional capital, and about 60km north of Bafoussam, the Regional Capital of the West Region.

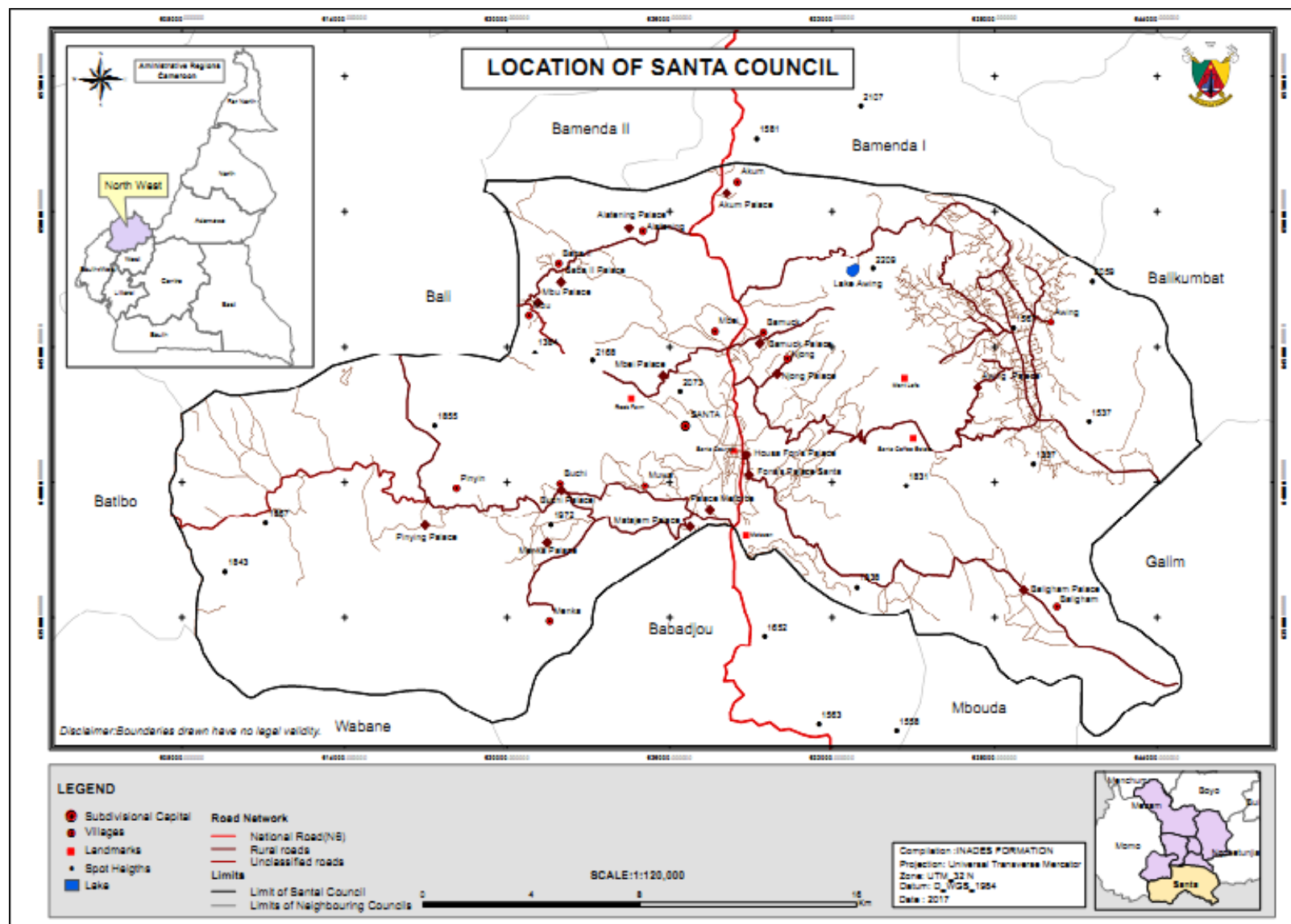
It is located to the Southern part of the region and bounded by the following; Balikumbat and Galim to the East, Batibo and Wabane Sub Divisions to the South West, Bali to the West, Bamenda I and Tubah to the North, Bamenda II to the North West and Babadjou to the South. The surface area is estimated at 533 sq Km.

In 1961, the Ngemba Council was created, comprising of two parts, Upper Ngemba and Lower Ngemba. This council was later split into two in 1964 and named Mankon Urban Town Council and Ngemba Rural Council. The urban town council took care of the urban population while the Ngemba Rural council was in charge of the rural populations of both the upper and lower Ngemba.

In 1968, the Santa Area Council was created to function in lieu and place of Upper Ngemba. Baligham for reasons of proximity was formally detached from Bali Rural Council and attached to Santa Area Council. The name of the council was later changed to Santa Rural Council in accordance with Law No 74-23 of 5th December 1974. The Name was later changed to the Santa Council in accordance with law N° 2004/018 of 22nd July 2004.

Constituent Villages: the Council area is made up of 13 villages which are; Akum, Alatening, Awing, Baba II, Baligham, Bamock, Buchi, Mbei, Mbu, Menka, Njong, Pinyin and Santa. The urban part is comprised of parts of santa village, Njong Bamock and Mbei village. In terms of chieftaincies, seven (07) out these 13 villages have 2nd class chieftaincies while the other 6 are 3rd class chieftaincies.

Map 1 : Council Location map vis-à-vis division's chief town and in Cameroon



Biophysical milieu

Relief description

The relief of the council area is characterized by a hilly topography which forms part of the western highlands that stretch from the west to the northwest region. It is marked by altitudes that range from about 1500m above sea level in Baligham to 2600m above sea level in Awing at the boundary with Wabane Sub Division. Mt. Lefo (2300m) in Awing is the second highest mountain in the region after Mt Oku.

Hydraulic description

Lake: lake Awing is one of the most important water bodies in the council area and has been recognised by UNESCO as a world heritage site. As a major crater lake, it is one of the beautiful attractions of this area which is also being developed as a major touristic attraction. Its effects are seen in the neighbourhood as mist rises to cover the hills in the form of fog.

Rivers: Several rivers; streams and springs characterize the area. Most of which are temporary. They flow during the rainy season and dry off during the dry season. Some of the main rivers include; Mifi, Matazen, Mbunfon, Saptsi, Melung, Custom, Makemtikong, Achailam, Nephew, Milieus, Njom, Mewungne to name a few. Water from some of these streams is used for irrigating farmlands (market gardening). The streams are also used as demarcation of boundaries for some of the chiefdoms.

Waterfalls: waterfalls are spotted on some of the mountain slopes and they are more evident during rainy season when the volume of water rises. Good examples are seen in Pinyin and Awing. There is also a watershed at Mile 11

Soil description

The main soil types found in Santa are Sandy clay or ferrallitic soils (in Mbei, Bamock and Santa), penevolved ferrallitic soils (in low-lying areas especially in Baligham and Njong), and red soils (Pinyin, Mbu and Parts of Baba II). Given the hilly nature of the area most of the soil on the mountain slopes has been washed down to the valleys forming a rich zone of fertile soils. The ferrallitic soils are used for the making of sun-dried bricks. Crops like Irish potatoes; cabbage, carrots and spices are grown in the rich valley soils. However, eucalyptus trees are planted in some of the areas, which have heavily leached soils.

Forest (flora, fauna)

The landscape is mainly grassland with fringes of forest along the gentle slopes and narrow valleys. This grass covers the hills in carpet-like form, giving a touch of beauty to the landscape. However, the vegetation types have greatly degenerated over the years. This has been as a result of constant bush fires set by hunters and grazers and sometimes accidentally by farmers who practice slash and

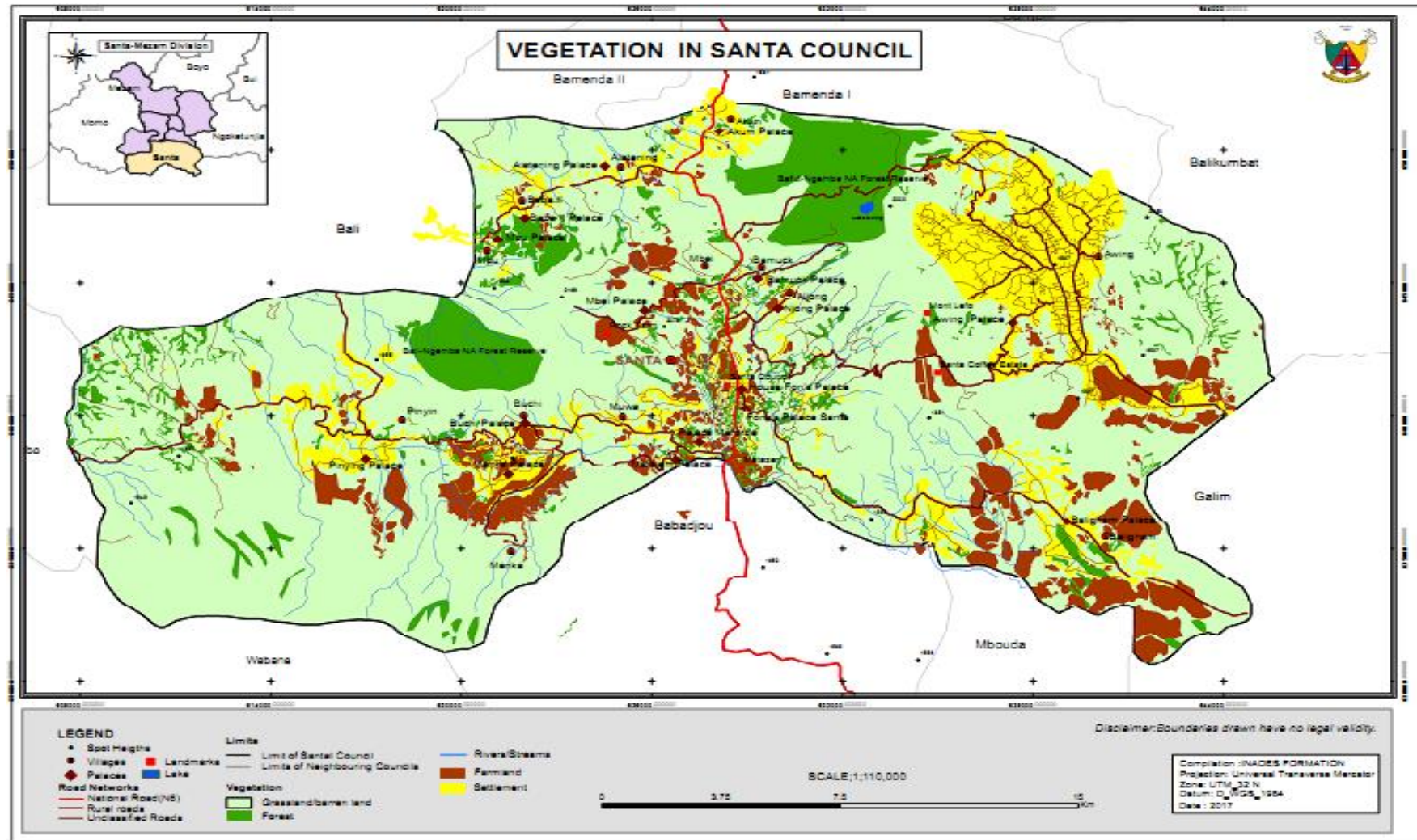
burn. Some of the forest is being exploited for timber and clearing to extend farming land. The area is also very rich in planted eucalyptus vegetation most of which, in the lowland areas, has been cleared to make room for the cultivation of cash crops notably cabbage, Irish potatoes, carrots and spices.

The vegetation is a Sudan Savanna type vegetation that can be divided into three types;

- Savannah grassland
- A sub montane forest, which has been greatly degraded
- Domesticated sub montane landscape.

Given that it is a grassland zone, wildlife is limited to small animals that dig and live in the ground such as moles, cane-rats (grass cutter), and rats. Apart from these, small numbers of monkeys, rabbits and gorillas can also be found in the shrinking forest and most of them are animals that stray in from surrounding regions. The encroachment of farming activities into forest areas has largely contributed to the loss of wildlife species and the migration of some.

Map 2 : Forest exploitation map (UFA, VC, FC)



The Economic and Human Milieu

Artists

Artists have natural talents and acquired skills; these natural talents are inborn and some of the acquired skills are taken from other artists within and out of the Santa municipalities. Among other things, they use rubber for the fabrication of stamps and even stamp pads. This rubber is gotten from abandoned car tyres in garages and market area. Also, they have workshops where they do their activities. Some of these workshops are home workshops and those who operate from home, do so alongside some petit business.

Shoe Menders

Shoe menders have acquired skills from self-trainings. There is availability of leather and rubber from old tyres, bags and shoes which they use for their work. Some of them operate from home while others own workshops along the main road or in the market. Some of these raw materials are gotten from old umbrellas, and spooks of bicycles where they fabricate their sewing needles from.

Restaurant Services

Some people who run restaurants are farmers so they get some of the food stuff from their farms such as maize to prepare corn fufu, vegetable, beans, banana, cassava, yams and cocoyams. Some of them equally own the land which they cultivate. These restaurants are operated in the markets where they rent sheds. Furthermore there is the existence of saw mills where they get saw dust used as fuel for cooking.

Butchers

Butchers buy the cattle which they slaughter to sell from cattle herders. Cattle rearing are dominated by Mbororos who are hardly butchers themselves. A few butchers are also livestock owners. Useful resources for their trade which they exploit include a stream around the slaughter house which they use in cleaning the meat and the slaughter house and timber that is used for the construction of tables on which they place the meat to be sold.

Farmers

There is the availability of fertile soil for cultivation. Around these lands is the presence of running streams for irrigation. There is also available and affordable human labour, tractors for mechanized farming, grass for composting, fowl droppings, pig dung and other forms of organic manure.

Corn Mill

There is the multiplicity of machines that are available. Ready labour for the repair of machines because most people who run this kind of businesses are engineers.

“Buyam sellams”

Buyam sellams are specialized local retailers of food stuff. More women are involved in this sector than men but whether they are men or women, their great potential is their bargaining power and they take advantage of the disorganisation that is common to producers. Some of them buy and sell only within Santa while others retail in Bamenda. The major food stuffs they deal in are Irish Potatoes, Carrots, Green spices, Cabbage, Green beans, maize and beans.

Clans: Ngembas, Widikum, Chambas

Languages used: Widikum, Ngemba, Bamileke, Hausa (Mbororos&Fulanis), Mumbako, Fufulde

Religious Bodies: Christianity (Catholic, Baptist, Presbyterians, Full Gospel, Apostolic and other Pentecostals), Islam and Animist.

Demography (per village, Age pyramid)

Table 2: Population per village

| No | Village/quarter | Men | Women | Total | Babies (0-35 months) 9.2% | EPI target Population (0-59 months) 14.9% | Pre-school age Population (4-5 years) 5.3% | Primary school age Population (6-14 years) 21.4% | Adolescents (12-19 years) 16.5% | Youthful Population (15-34 years) 32.7% |
|----|------------------|---------------|----------------|----------------|------------------------------------|---|---|---|--|---|
| | Urban space | 12,021 | 13,179 | 25,200 | 2318 | 3755 | 1336 | 5393 | 4158 | 8240 |
| | VILLAGES | | | | | | | | | |
| 1 | Akum | 4410 | 4590 | 9000 | 828 | 1341 | 477 | 1926 | 1485 | 3123 |
| 2 | Alatening | 3000 | 4000 | 7000 | 644 | 1043 | 371 | 1498 | 1155 | 2289 |
| 3 | Awing | 25600 | 30200 | 55800 | 5114 | 8314 | 2957 | 11941 | 9207 | 18247 |
| 4 | Baba II | 2900 | 3210 | 6110 | 562 | 910 | 234 | 1308 | 1009 | 1998 |
| 5 | Baligham | 2804 | 4894 | 7698 | 716 | 1147 | 408 | 1647 | 1270 | 2517 |
| 6 | Bamock | 2065 | 3000 | 5065 | 471 | 755 | 268 | 1084 | 836 | 1656 |
| 7 | Buchi | 13200 | 17000 | 30200 | 2778 | 4500 | 1601 | 6463 | 4983 | 9875 |
| 8 | Mbei | 6000 | 8000 | 14000 | 1288 | 2086 | 742 | 2996 | 2310 | 4678 |
| 9 | Mbu | 687 | 815 | 1500 | 138 | 224 | 80 | 321 | 248 | 491 |
| 10 | Menka | 3200 | 4800 | 8000 | 736 | 1192 | 424 | 1,712 | 1320 | 2616 |
| 11 | Njong | 2933 | 4990 | 7923 | 729 | 1181 | 420 | 1696 | 1307 | 2591 |
| 12 | Pinyin | 18000 | 22000 | 40000 | 3680 | 5960 | 2120 | 8560 | 6600 | 13080 |
| 13 | Santa | 3170 | 4425 | 7595 | 699 | 1132 | 403 | 1625 | 1253 | 2484 |
| | TOTAL POP | 87,969 | 111,924 | 199,891 | 18419 | 29785 | 10505 | 42777 | 32983 | 65645 |

| | | | | | | | | | | |
|--|---------------------------|--|--|--|--|--|--|--|--|--|
| | OF THE COUNCIL | | | | | | | | | |
|--|---------------------------|--|--|--|--|--|--|--|--|--|

Source : Santa CDP 2017

13 | SANTA COUNCIL 2017

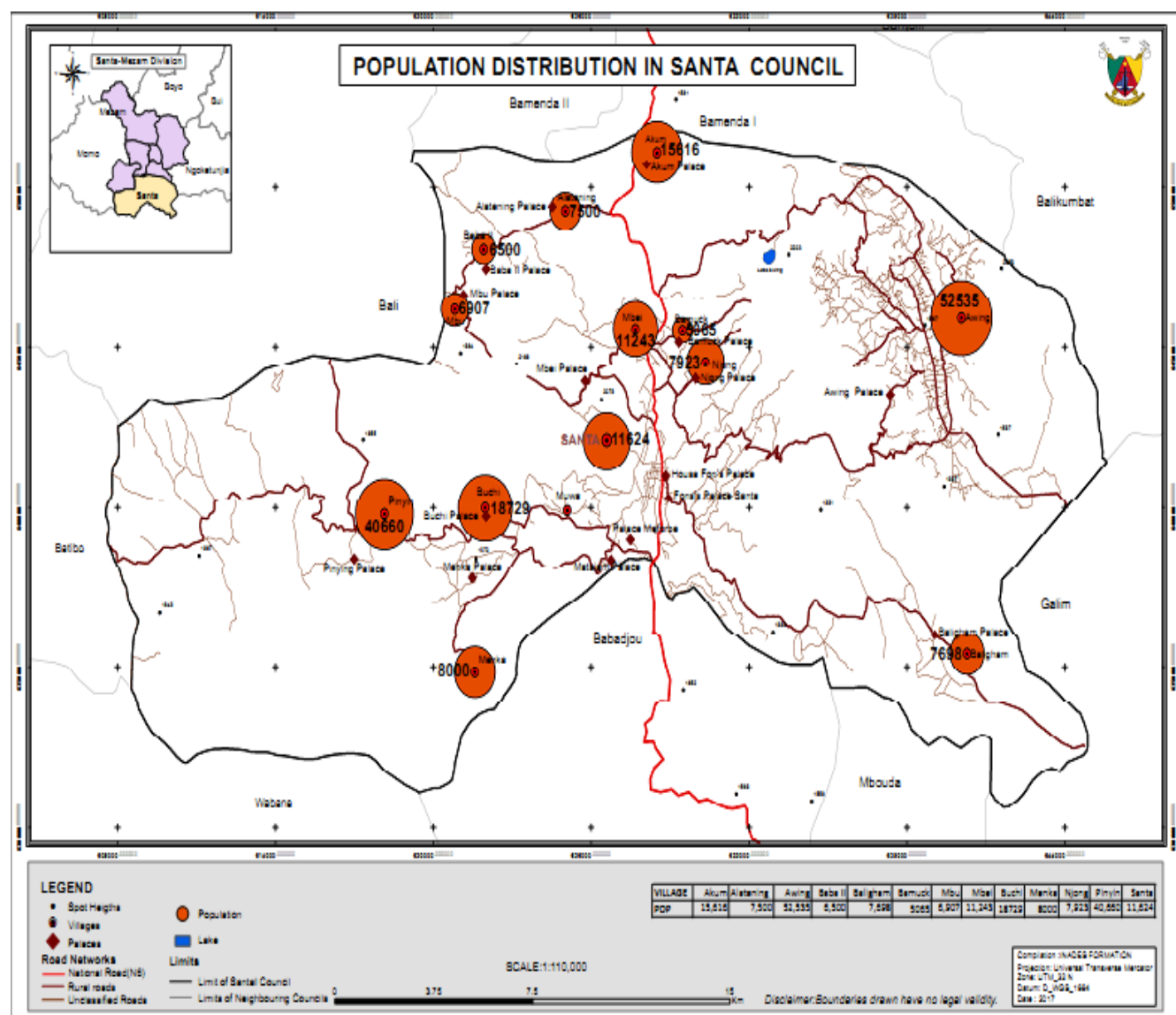


Table 3: Vulnerable Populations/ Handicapped (*problems, strengths and needs*)

| VILLAGE | CRIPPLE | BLIND | DEAF/DUM | MENTAL/EPILEPTIC | AGED PERSONS | ORPHANS/NEEDY |
|------------------|---|--|---|--|---|--|
| Akum | | | | | | |
| Alatening | 5 | | 2 | | 50 | 25 |
| Awing | 27 | 18 | | | 7342 | 1340 |
| Baba II | 5 | | 2 | | 50 | 25 |
| Baligham | 2 | | 12 | 8 | 5256 | 12634 |
| Bamock | 2 | 1 | | 2 | 2 | 100 |
| Buchi | 7 | | 5 | 2 | 436 | 949 |
| Mbei | | | | 10 | 2000 | 234 |
| Mbu | 3 | | | 2 | 500 | 19 |
| Menka | 7 | 4 | 5 | 21 | 30 | 65 |
| Njong | 1 | 2 | 2 | 4 | 20 | 30 |
| Pinyin | 29 | 34 | 15 | | 150 | 543 |
| Santa | | 7 | 2 | | 2473 | 1936 |
| | | | | | | |
| Problems | Difficult mobility | Limited access to health care -no or limited income | Communication difficulties | | -Inadequate care -Limited access to health care -Poor housing | -Inability to afford education -limited social support -inadequate Health care -some lack housing |
| strengths | -Own farms Unexploited talents | -craft work | Understand sign language Farming Craft work | Some do farming and petit trading | local craft work mastery of treatment with herbs oral library | -Farming -petty trading -intelligent, -- good farmers teachers |
| Needs | Petit trading -wheel chairs -tricycle | Lenses White cane Health care. A centre for the blind | Training on basic skills | Need treatment and health care Psychiatric centre | Provision of basic needs and care Visual aid | educational scholarships - support them with basic needs. -Shelter -training on basic skills |

Source: Santa CDP 2017

CHAPTER II: METHODOLOGICAL FRAMEWORK OF THE SCORECARD STUDY

Chapter two gives a picture of the context and the methodology implemented during the realization of the Scorecard study in the North West Region with particular attention to zone 13. The chapter is comprised of six sections; the context of the study, the objectives of the study, the constitution of the sample, the distribution of the sample, the collection tools, the training of the data collection agents and the collection of the data, the computerization (through data entry) and the exploitation of the data collected.

2.1. CONTEXT OF THE STUDY

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

2.2. OBJECTIVE AND METHODOLOGY OF THE CRCM

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

In a specific way, the program had to accompany the council in achieving the following:

- Appreciate the population's perception on public services in the targeted sectors (Water, health, and education as well as council services)

- Build the capacities of councils, enabling them to capitalize on the lessons learnt and effect changes, following the results of the operation.
- Empower councils and local development actors with the capacity to replicate this operation after successive periods.

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

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

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

2.3 Sampling Methodology and Collection of Data

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 divided into two zones (12 and 13) were involved namely: Ndop, Ndu, Nkambe, Kumbo, Jakiri, Balikumbat and Oku (zone 12) Bafut, Wum, Mbengwi, Batibo, Fundong, Belo, Santa, Tubah (zone 13). The criterion for selecting a Council was based on the following;

- The 2016 administrative account of the council
- The population of the Council
- To have every division represented in the study

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

In the first sampling stage, 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 the first stage. This number ranged from 7 to 34 according to the EA sizes (in terms of number of households numbered during the ECAM or EC-ECAM 4 cartographies) in the NWR.

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

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, the *Santa Council* had **321 sampled** households distributed among **20** EAs. At the end of the conduct of the Scorecard study, all EAs were covered and out of the **321** sampled households drawn from this council area, **266** households were successfully identified and interviewed, giving a coverage rate of **83,1%**

2.3.3. Sample size and distribution of the sample

The choice of the sample size of a household study such as the Scorecard study is a compromise between what is required from the point of view of the accuracy of sampling and what is feasible

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

from the point of view of practical application (e.g. budget, field and administrative persons, technical resources, quality control, time constraints, management, sustainability, etc.). The larger the sample size, the more accurate the study estimates are and therefore the sampling errors are reduced.

The Scorecard study targeted a representative sample of about 320 households. This study was based on the same EAs as those selected during the Complementary Study of the 4th Cameroon Household Study (EC-ECAM 4) in 2016, which selected a maximum of 20 EAs per council. For this purpose, for municipalities that selected 20 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 study.

2.3.4. Sample base and selection of clusters

The drawing of the Scorecard sample was based on that of the EC-ECAM4, which was based on the results of the last General Population and Housing Census in 2005 (3rdGPHC 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 study 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 enumerator's 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 householdssuccessfullyinterviewed by council in zone 13 of the North West Region.

Table 4: Distribution of the number of sampled EAs and households by Council.

| Council | Number of EAs | | | Number of households previewed in the sample | Number of households successfully interviewed | Coverage rate of households successfully interviewed |
|--------------|------------------|------------|------------|--|---|--|
| | Urban/Semi-urban | Rural | Total | | | |
| Bafut | 6 | 8 | 14 | 319 | 300 | 94.04% |
| Batibo | 6 | 14 | 20 | 320 | 300 | 93.75% |
| Belo | 4 | 16 | 20 | 320 | 275 | 85.94% |
| Fundong | 0 | 20 | 20 | 320 | 286 | 91.52% |
| Mbengwi | 8 | 12 | 20 | 320 | 290 | 90.63% |
| Santa | 0 | 19 | 19 | 321 | 266 | 83.13% |
| Tubah | 2 | 7 | 9 | 319 | 294 | 92.16% |
| Wum | 14 | 5 | 19 | 321 | 294 | 91.88% |
| Total | 40 | 101 | 141 | 2560 | 2305 | 90.04% |

Source: Scorecard, PNDP North West Region November 2017

2.3.6. Questionnaires and Manuals

- The collection tool adapted from the first Scorecard study conducted in the pilot Councils in 2016 served as reference material. A questionnaire was thus developed with its instructions manual for the interviewers (see attached questionnaire).
- This questionnaire, administered preferably to the household head or his / her spouse, or to any other adult (15 years or above) household member, included the following sections:
 - Signage : Household identification
 - Portable water
 - Health
 - Education
 - Council services

2.3.7. Recruitment and Training of data collectors and Fieldwork

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

The training of the pre-selected candidates for the final selection of interviewers or controllers for the fieldworks was done in 06 days where by 2 groups of persons were trained for 3 days each in two different chosen centres:

- **Bafut training Centre:** for the training of pre-selected candidates from the Santa, Wum, Mbengwi and Batibo Councils,
- **Tubah training Centre:** for the training of the pre-selected candidates from the Tubah, Fundong, Santa and Belo Councils.

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

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

The data was collected by 08 teams, with each team working in one of the 08 selected councils. In each council, the team consisted of a council supervisor and 10 field agents (8 interviewers and 2 controllers) divided into two subgroups of 5 persons, with each subgroup headed by a controller. Each council had 7 days of field work for the data collection. The 7 days of field work for the *Santa* council started on 09/10/2017 and ended on 15/10/ 2017.

For various reasons, several households sampled could not be interviewed during the normal collection period and consequently, a catch-up organized for the location and interviewing of those

temporarily absent households. This activity was done from the 12/11/2017 to the 15/11/2017. The purpose of this activity was to improve on the success rate of responses from households.

2.3.8.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 study, it consisted of informing the administrative authorities (Senior Divisional Officers, Divisional Officers) and the municipal, traditional and religious authorities of the collection process in their various constituencies. This sensitization activity started at the council level with project launching workshops. Then, introduction letters issued by the administrative authorities were drawn up and the media were use in 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 CS Pro. The agents selected for the data entry attended a 3-day training course to familiarise themselves with the operating tools (questionnaires, data entry application) of the Scorecard study. The actual entry started on November 27th, 2017 and ended on December 16th, 2017. In order to ensure quality control and to minimise typing errors, all the questionnaires were double-entered, and internal consistency checks were performed. The errors detected were systematically corrected.

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

CHAPTER III: MAIN RESULTS OF THE SURVEY CONCLUSION AND RECOMMENDATIONS FOR IMPROVEMENT

The data collection tool for the study was a household questionnaire. This questionnaire was broken down into five sections, the first of which focused on the background information of the household the second on water supply, the third on health, the fourth on education and the last on main services provided by the council. This chapter is concern with the presentation and analysis of data collected from the field study. To facilitate comprehension, the data collected has been analysed and expressed with the use of prose (narratives) percentages, averages, tables, pie charts and bar charts.

3.1. PRESENTATION OF THE TARGET POPULATION FOR THE STUDY

Gender is now our days a very important aspect of a study. During the scorecard study, gender was adequately mainstreamed given that the study targeted households whose respondent could be the household head or any male or female member of the household. A household (observation unit put in place to assess the council achievements in the targeted sectors) within the context of this study refers to a person or a set of persons with or without family links, who live together under the same roof (house, compound etc.) and who generally share their meal together, put part or all of their incomes together in order to meet their needs. They recognize the authority of one person amongst them who is referred to as household head – who represents the direct beneficiaries of services provided in the sectors involved with the study and who has the mandate to evaluate the delivery of these services by the council. A respondent is any member of the household who actually provides responses to the questionnaires.

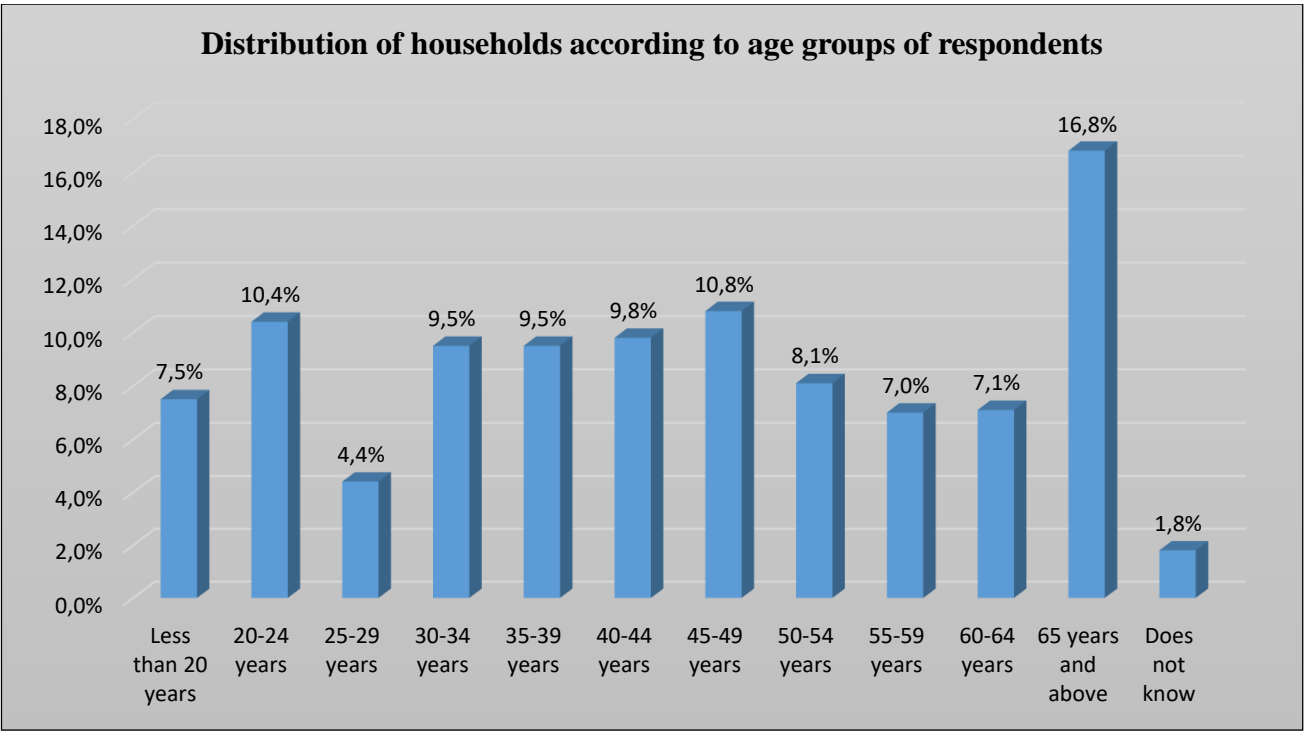
3.1.1.Characteristics of respondents

The scorecard study took into consideration the characteristics of respondents in terms of sex and age. These respondents could equally be household head or any member of the household who had adequate information relating to the study.

In line with the age and sex of respondents, figure 1 and 2 below presents certain information. It can be seen on the figure that those who responded had varying ages. However, a greater proportion of the respondents were between the age ranges 30-65 registering a 73% of the households in Santa. This is evident given that it makes for the majority of the adult population and so we can count on their perception and judgment. With regards to sex of respondents, the figure indicates that, a greater proportion of those who responded were women with a total of 56% of the respondents while men

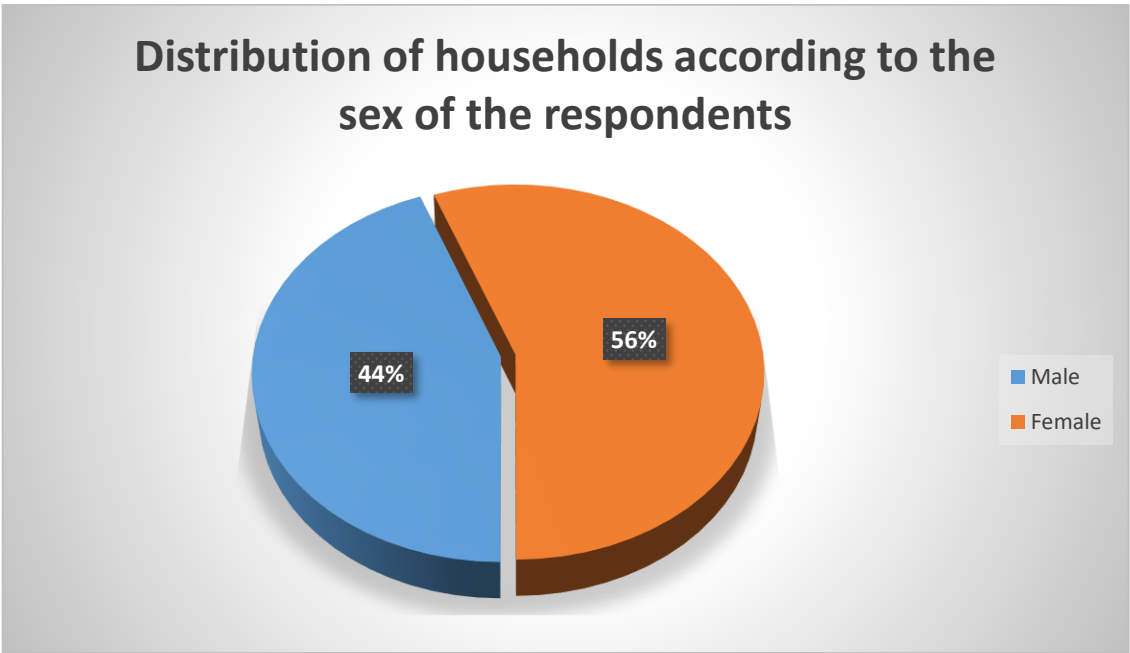
represented only 44%.

Figure 1 : Distribution (%) Of the respondent by age group in Santa council



Source: Scorecard Study, Santa Council November 2017

Figure 2: Sex Distribution (%) Of the respondent

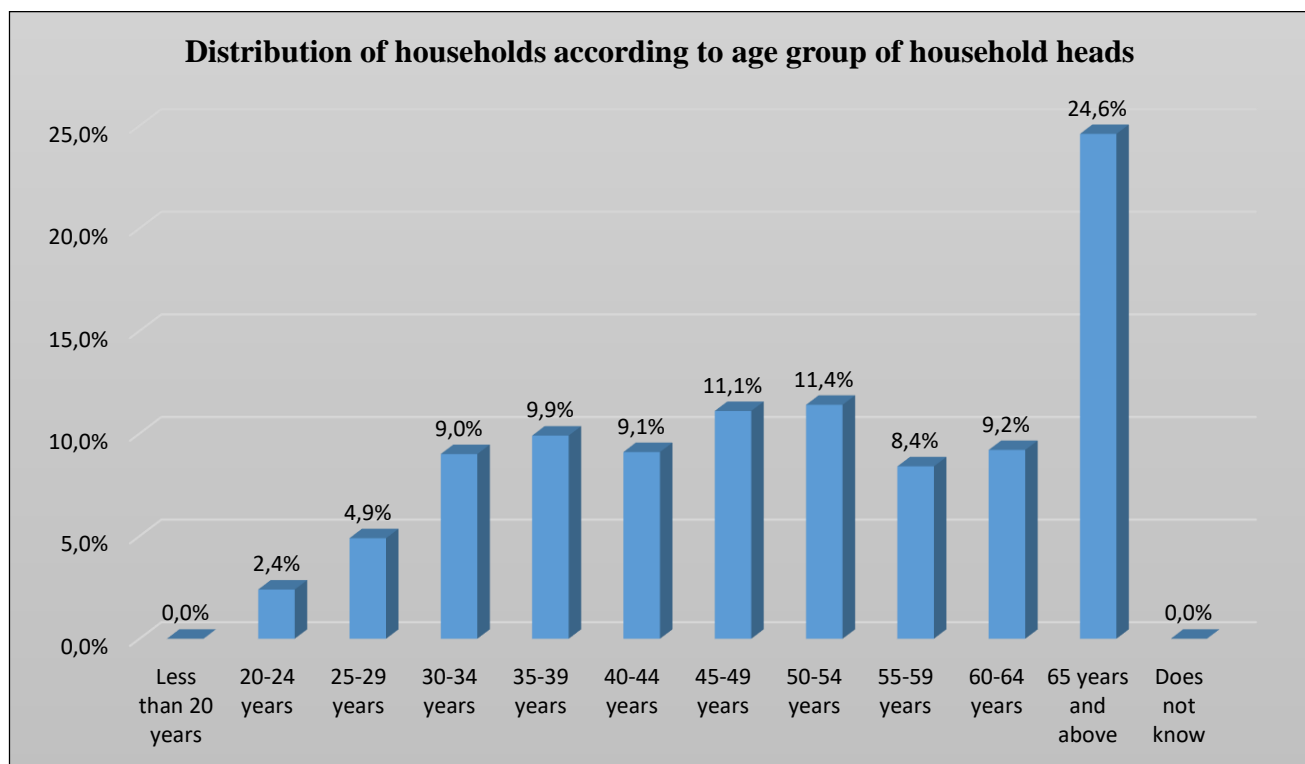


Source: Scorecard Study, Santa Council November 2017

3.1.2.Characteristics of the household heads

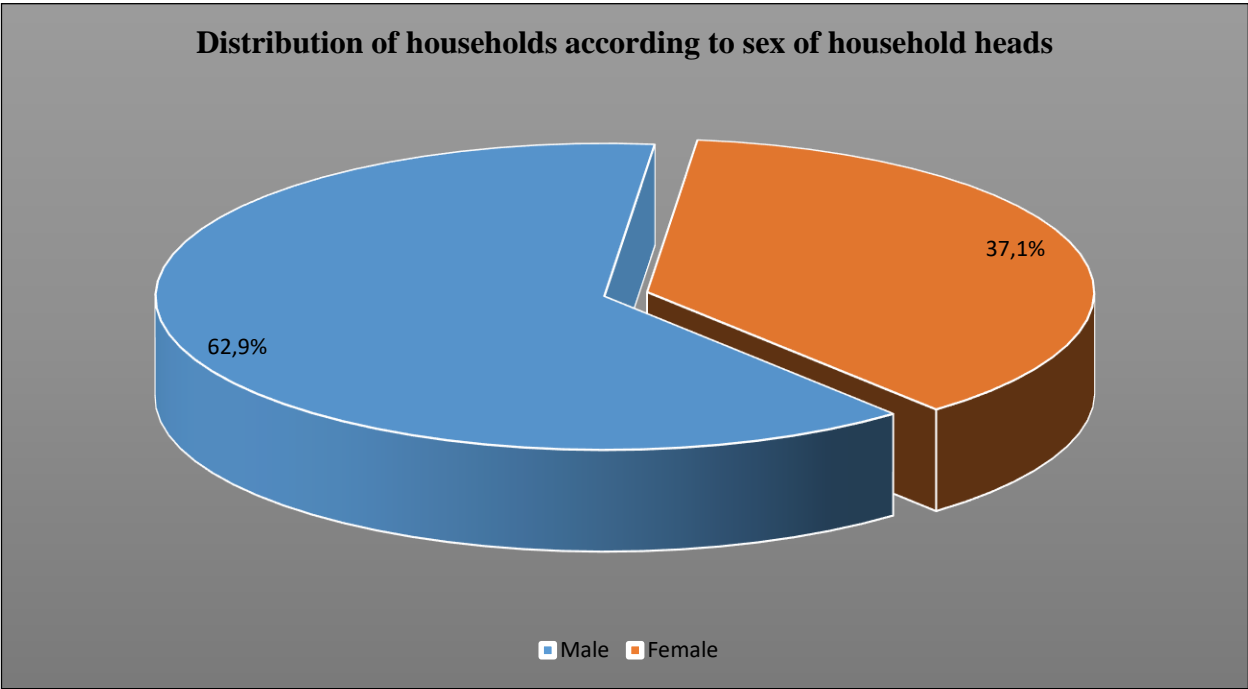
It was equally important to find out the ages and sex of household heads during the study given that varying ages and sex were targeted. Following the results of the study, it was observed as seen on the figure below that, 63% of the total number of household heads were men while women constituted 37%. Regarding the ages of household heads, 34% were above 60years while 40% were within the age group 40-60years. Culturally, men are considered as heads of the household. This explains their high representation within the council area.

Figure 3: Age Distribution Of household heads



Source: Scorecard Study, Santa Council November 2017

Figure 4 : Sex Distribution Of household heads



Source: Scorecard Study, Santa Council November 2017

The above section was concern with analysing the various age groups and sexes that were involve in this study. It was equally important to examine the various water sources available in the village and their general appreciation of the cost, quality and other characteristics of the water. The following section gives a picture of the water sector, its availability, quality, cost, the dissatisfactions of the households with regards its provision and finally their expectations.

3.2.WATER

Water is essential to sustain life, and a satisfactory, adequate, safe and accessible supply must be available to all. Improving access to safe drinking-water can result in tangible benefits to health. Every effort should be made to achieve drinking-water that is as safe as practicable. Safe drinking water and adequate sanitation are crucial for poverty reduction, crucial for sustainable development (SD) and crucial for achieving any and every one of the Sustainable Development goal (SDGs). The United Nations General Assembly through Resolution A/RES/64/292 declared safe and clean drinking water and sanitation, a human right essential to the full enjoyment of life and all other human rights.

According to WHO requirement, that water intended for human consumption must be free from chemical substances and micro-organisms in amounts which would provide a hazard to health is universally accepted. Supplies of drinking-water should not only be safe and free from dangers to health, but should also be as aesthetically attractive as possible. Absence of turbidity, colour and disagreeable or detectable tastes and odours is important in water-supplies intended for domestic use. The location, construction, operation and supervision of a water-supply-its sources, reservoirs, treatment and distribution-must exclude all potential sources of pollution and contamination. Given the importance of water to the households of this council, this section will focus on analysing the responses of households in Santa council with regards to the following areas; the type, availability, usage, cost, and quality of water and the expectation of the population.

3.2.1.Availability and usage of water services

There are different public water facilities existing in the Santa Council area. A public source is that from which water is supplied or obtained by the general public whether paid for or not while a private source is that owned by an individual of which its usage might not be open to the general public. In Santa council, various water sources are available to households such as; well equipped with a pump, open pit well, protected well, Boreholes equipped with a manual pump, Spring/River, pipe borne water. We can define these various sources as follows;

A. Well equipped with a pump: It refers to a well equipped with a manual pump, the operation of which is likely to ease water sourcing during the supply process.

B. Open pit well: An unprotected well is the one for which one or both of the following assertions are true: (1) the well is not protected from run-off waters; (2) the well is not protected from birds droppings and animal dungs.

C. Protected well: A well protected from run-off waters by a shaft lining or a well casing constructed above the ground level and a platform that channels overflowing water. Furthermore, a protected well is covered a bid to remain out of birds droppings and animal dungs.

D. Boreholes equipped with a manually operated pump: it is a deep well dug or bored in a bid to attain ground waters. Tube wells/boreholes are made up of tubes or pipes whose holes of a smaller diameter are protected from collapsing and infiltration. Water is channelled through a tube well or borehole by a manually operated pump.

E. 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.

F. Access to portable water: This modality takes into account water that has undergone a prior treatment process in a bid to become drinkable and which are later on channelled to the residential areas (CDE, CAMWATER...).

From the table below, it can be seen that all these water sources can be found but the most available water system in Santa municipality is the pipe borne water as declared by 80. 5% of the households, river/spring as declared by 79. 2% of the household. 13. 5% of the households declared that protected well was available to them, open pit well is available to 11.1% of the households. Pipe borne water is the acceptable water for drinking which is in line with the Human Rights Council...3. Which affirms that the human right to safe drinking water and sanitation is derived from the right to an adequate standard of living and inextricably related to the right to the highest attainable standard of physical and mental health, as well as the right to life and human dignity. However the gap 19.5% remains wide given that water related diseases have a tendency to spread at very alarming proportions.

Table 5 : Proportion of households in Santa council per type of water systems available

| Public water source system | | | | | |
|-----------------------------------|----------------------|-----------------------|--|----------------------|---|
| <i>Well equipped with a pump</i> | <i>Open pit well</i> | <i>Protected well</i> | <i>Boreholes equipped with manual pump</i> | <i>Spring/ River</i> | <i>Access to tap water (pipe borne water)</i> |
| 0.9 | 11.1 | 13.5 | 1.8 | 79.2 | 80.5 |

Source: Scorecard Study, Santa Council November 2017

Regarding the main source of water used, both public and private sources were mentioned by the households. We can see from the fig and table below that, 93. 7% of households are using public water supply source. Of this proportion, 60.1% of them are using the tap water supply source while up to 39.9% have no access to tap water as they are subjected to other water sources that are not of good quality

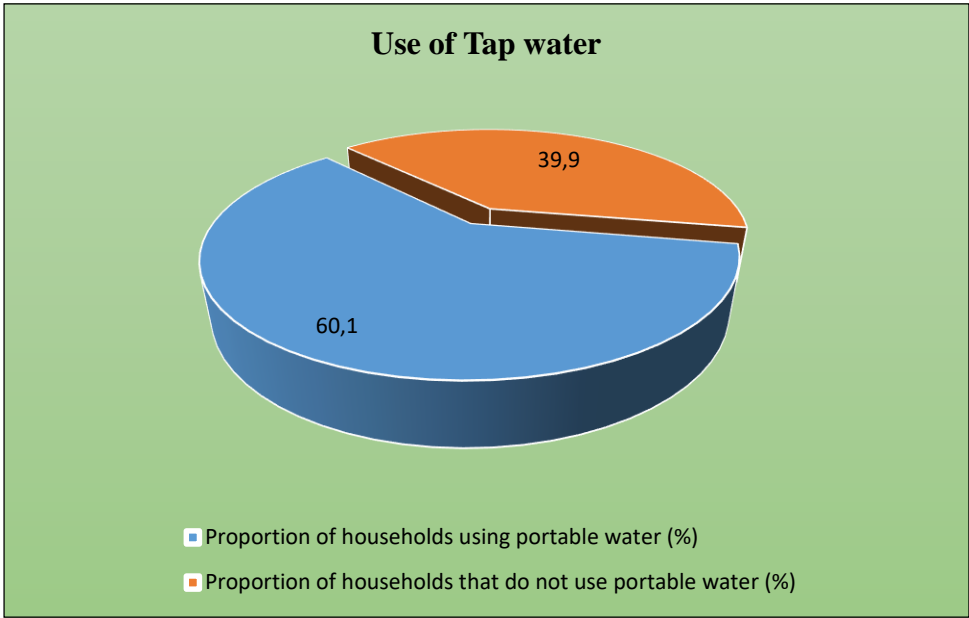
following universally acceptable standards in line with the SDGs (06) which states that, Safe drinking water and adequate sanitation are crucial for poverty reduction, crucial for sustainable development and crucial for achieving any and every one of the Sustainable Development Goals. Again 39.9% of households not having access to portable water is very pertinent especially in case of an outbreak of water borne diseases.

Table 6: Distribution of households in Santa council per main source of public water used

| Proportion (%) of households using a public water source | Main public water source | | | | | | |
|---|--------------------------|---------------------|--------------------|-------------------------------------|------------------|---------------------------|-------|
| | Well with pump | Open pit well | Protected wells | Boreholes with manual pump | Source/ River | Tap water adduction | Total |
| 93.7 | 3.0 | 0.0 | 1.1 | 0.0 | 35.8 | 60.1 | 100.0 |

Source: Scorecard Study, Santa Council November 2017

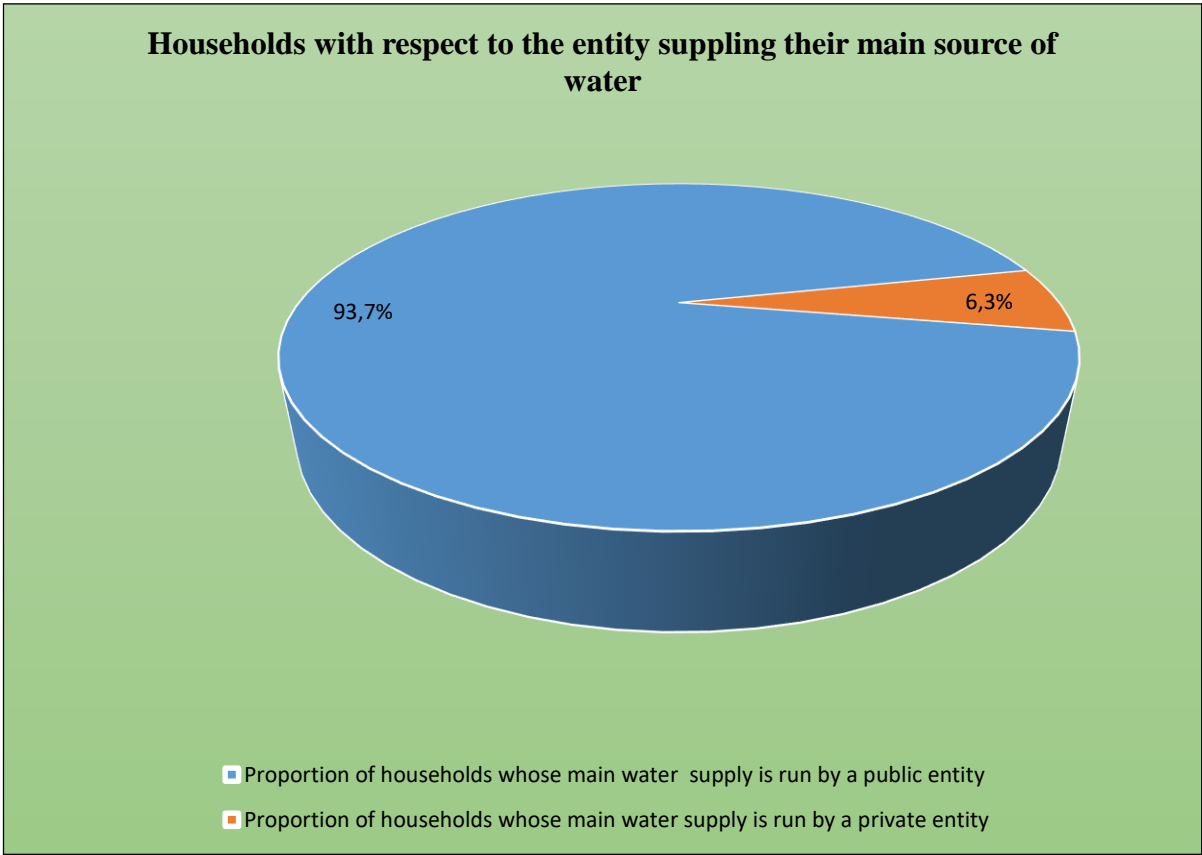
Figure 5: Use of tap water source



Source: Scorecard Study, Santa Council November 2017

As seen earlier, both public and private water sources are available within Santa council. However the proportion of households using these various sources vary significantly with 93.7% of households using the public water source while only 6.3% own or are using the private water sources. This means greater attention must be paid to public water sources given that among these sources is found the river and spring whose quality is doubtful in line with laid down standards as mentioned earlier.

Figure 6: Proportion (%) of households using public or private water source



Source: Scorecard Study, Santa Council November 2017

3.2.2. Quality of water services

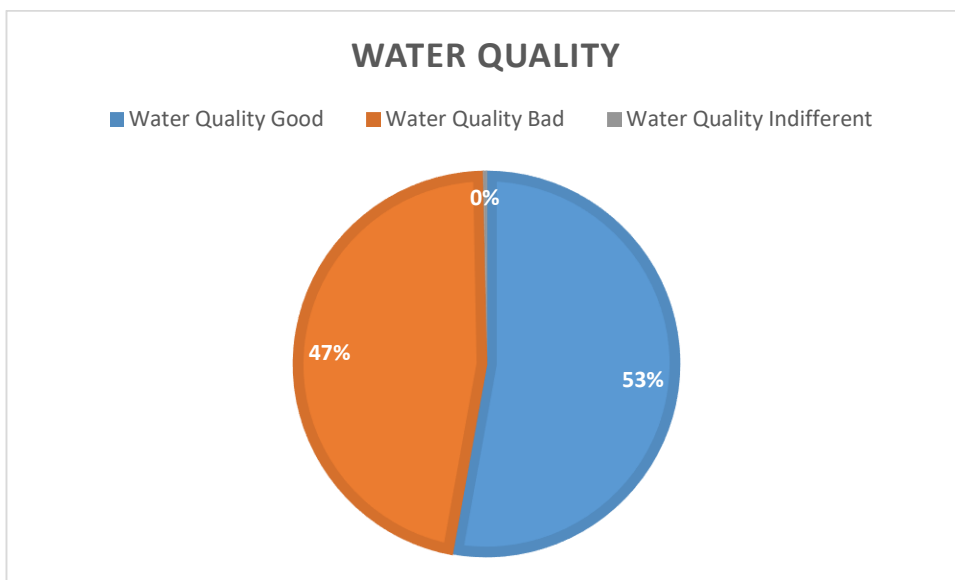
During the CRCM study, it was necessary to get an appraisal of the quality of water used by the households. For water to be of good quality it must be free from odour, taste and smell. Households were asked questions to get their opinion with respect to the above attributes of water.

On the question of water quality, 53% declared that, the water they get from their main source is generally of good quality whereas 47% were of the opinion that their water is of poor quality.

Considering the three main indicators of water quality, namely; odour, taste and colour, 73% of the households declared that their water has no odour, while the remaining proportion 27% of the households acknowledged the presence of an odour in the water they use.

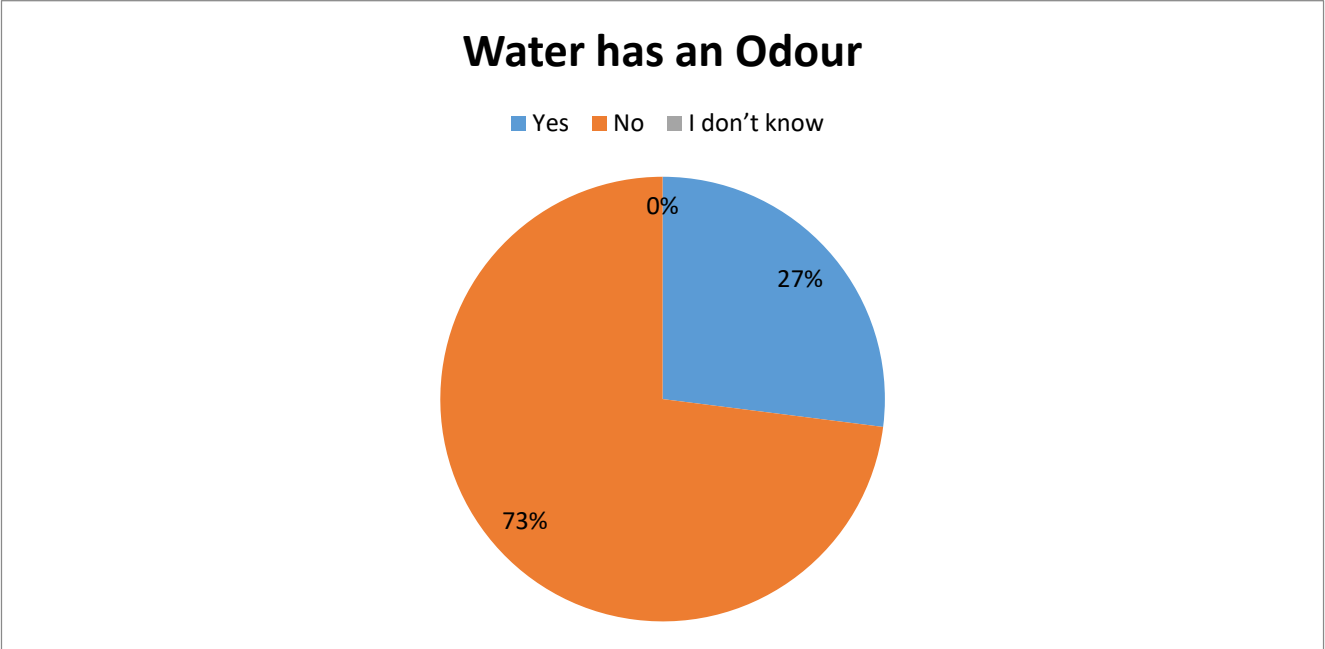
In line with taste, 75% of households declared the absence of taste, while 24% acknowledged the presence of taste. Regarding colour, 55% of the households are of the opinion that, the water they use has no colour while 45% indicated their water had a colour. The above responses point to the fact that households may not be aware of the characteristics of good water given that, an earlier 53% had confirmed their water to be of good quality. Having 55% declaring again that the water they use has colour puts to question their first response. See fig. 8 to 11 below.

Figure 7: Appreciation of the quality of public water supply given in percentage of households:



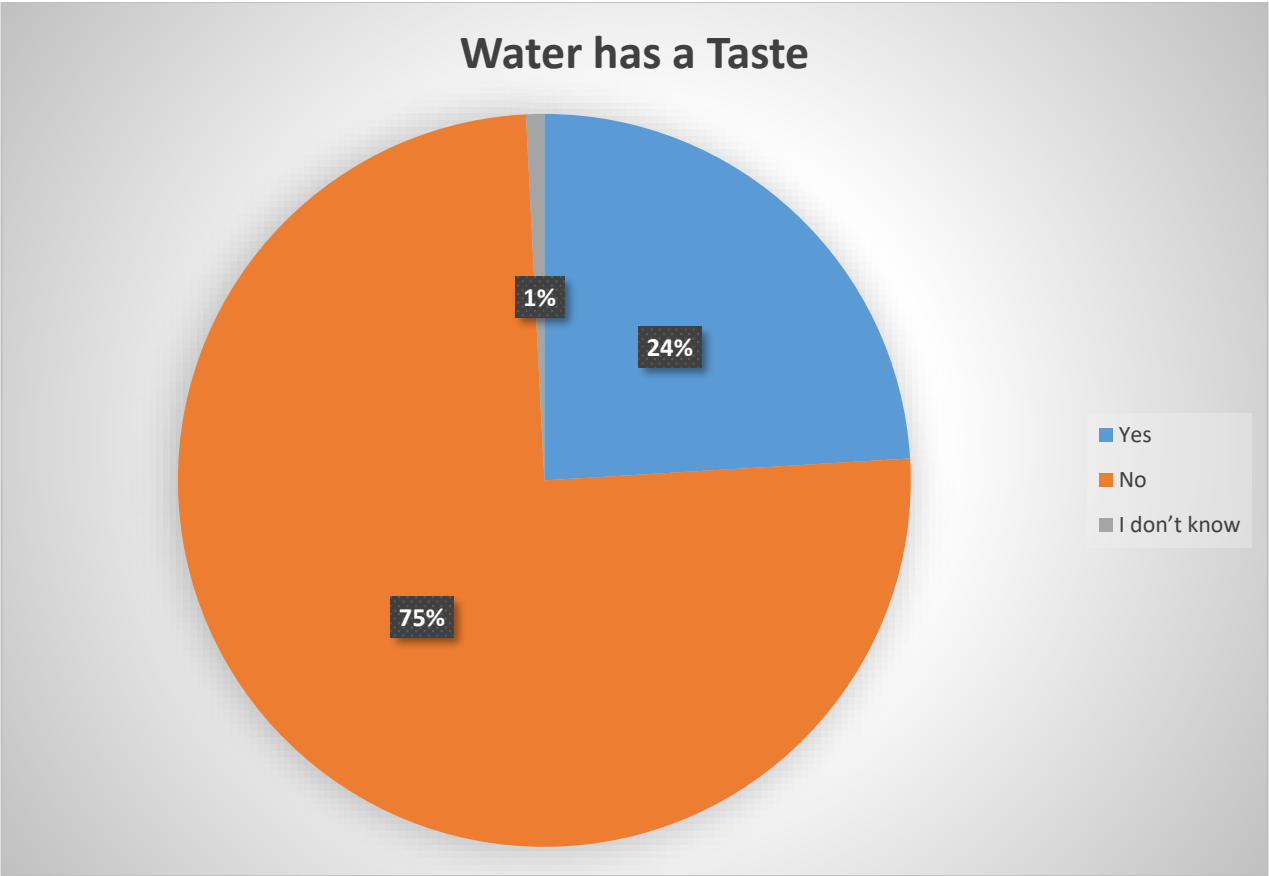
Source: Scorecard Study, Santa Council November 2017

Figure 8: Assessment of water Odour /Smell



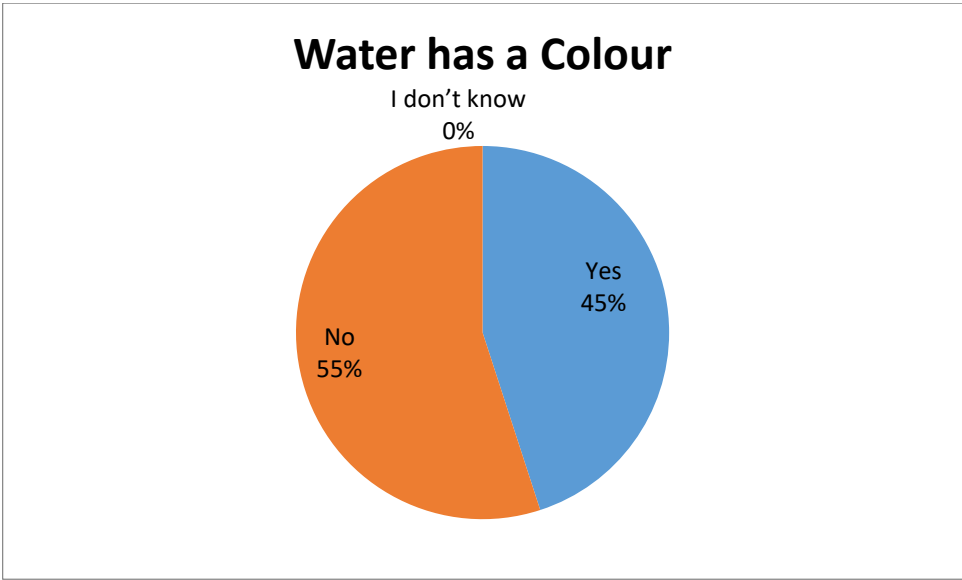
Source: Scorecard Study, Santa Council November 2017

Figure 9: Assessment of water taste



Source: Scorecard Study, Santa Council November 2017

Figure 10: Assessment of water colour



Source: Scorecard Study, Santa Council November 2017

Cost of water services

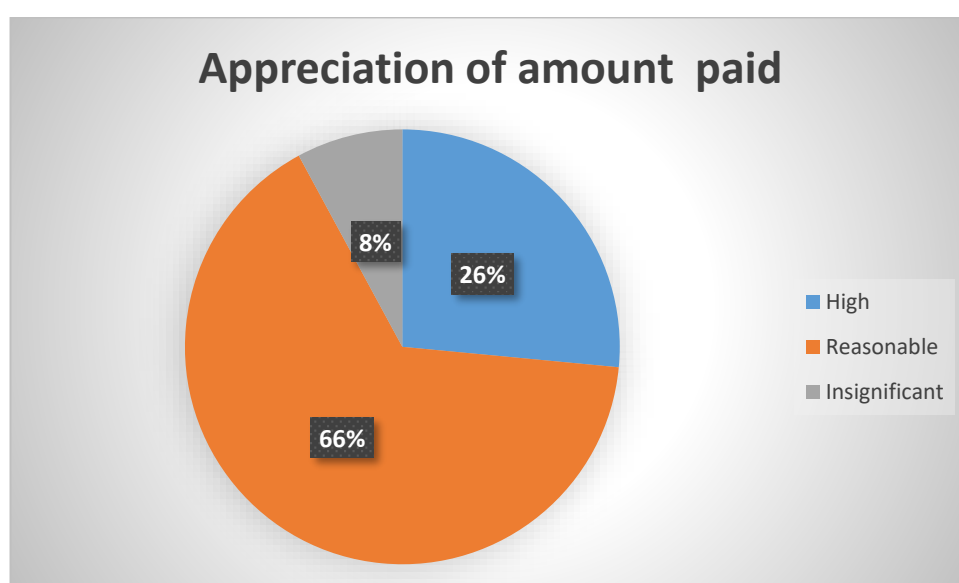
It was equally necessary to know if the target households pay something to obtain their main public source of water, and if they do how much they pay on average per month as well as their appreciation of what they pay. With regards to the table and fig below, 27.9% of the households in Santa pay for water. Among the 27.9% of the households who declared that they pay a monthly average 2, 269, 2fcfa for their main public water supply source, 65.6% declared it's reasonable, it is considered high to 26.5% of the households while 7.9% consider it insignificant. This implies that the majority of households 72.1% do not pay for water. However it will be important to verify their source of water to ensure it's in keeping with WHO requirement which states "The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses."

Table 7: Households appreciation of the amount they pay for using the main source of public water

| Proportion (%) of households paying for water at the main public water source they are using | Average monthly expenditure (CFA Francs) for households which pay for water | Distribution (%) of households, paying for water, per appreciation of the amount paid | | | Total |
|--|---|---|------------|---------------|-------|
| | | High | Reasonable | Insignificant | |
| 27.9 | 2269,2 | 26.5 | 65.6 | 7.9 | 100.0 |

Source: Scorecard Study, Santa Council November 2017

Figure 11: Appreciation of the amount they pay for using the main source of public water



Source: Scorecard Study, Santa Council November 2017

Appreciation of water services

It was necessary to capture the perception of the households in terms of how they appreciate the availability of water services throughout the day, throughout the year and equally the average time taken on foot to go fetch water and back. Equally, the study was to assess if the frequency of access to public main water source used corresponds to their need for water.

From table 13 below, 40.3% of the households declared that, they have access to public main water supply source throughout the year while a majority representing 90.6% declared that they have access to this water source throughout the day.

In terms of the time taken to fetch water, 2/5 of the households that is 45.2%, indicated that they use less than 15 minutes to go fetch water on foot, about 20, 8% take between 15 and 30 minutes to go fetch water on foot and back while 20.5% of the households indicated that they carry water on the spot. However 13.5% still carry water far off from their homes as it takes more than 30minutes for them to fetch water on foot and back. This is of course stressful and time consuming given the importance of water to the life of humans and considering that mostly women and children are those concern with fetching water in majority of the households in rural communities. It will be important to know why this group go very far in search for water. See the time taken to go fetch water and back on fig 12 below the table.

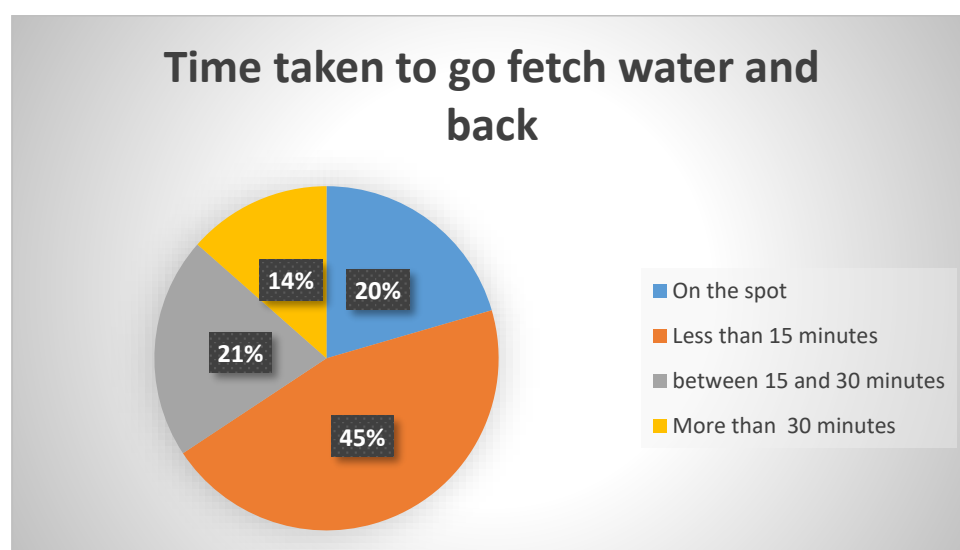
Table 8: Proportion (%) of households in Santa council using a public main water source, with water available throughout the year following certain characteristics

| Proportion (%) of households with water from public main source available throughout the year | Time taken to go fetch water and back | | | | Total | Proportion (%) of households having access to main public water source used throughout the day | Proportion (%) of households whose frequency to access to public main water source used corresponds to their need for water |
|---|---------------------------------------|----------------------|---------------------------|----------------------|-------|--|---|
| | On the spot | Less than 15 minutes | between 15 and 30 minutes | More than 30 minutes | | | |
| 40.3 | 20.5 | 45.2 | 20.8 | 13.5 | 100 | 90.6 | * |

Source: Scorecard Study, Santa Council November 2017

* means that the figure is not significant

Figure 12: Time taken to go fetch water and back



Source: Scorecard Study, Santa Council November 2017

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

It is evident that water systems must breakdown at one point or the other. It was therefore necessary to capture the opinions of households as to a possible breakdown of their water points within a defined period (six months), how long it took for repairs to be effected, and who in terms of institution took the responsibility to effect such repairs.

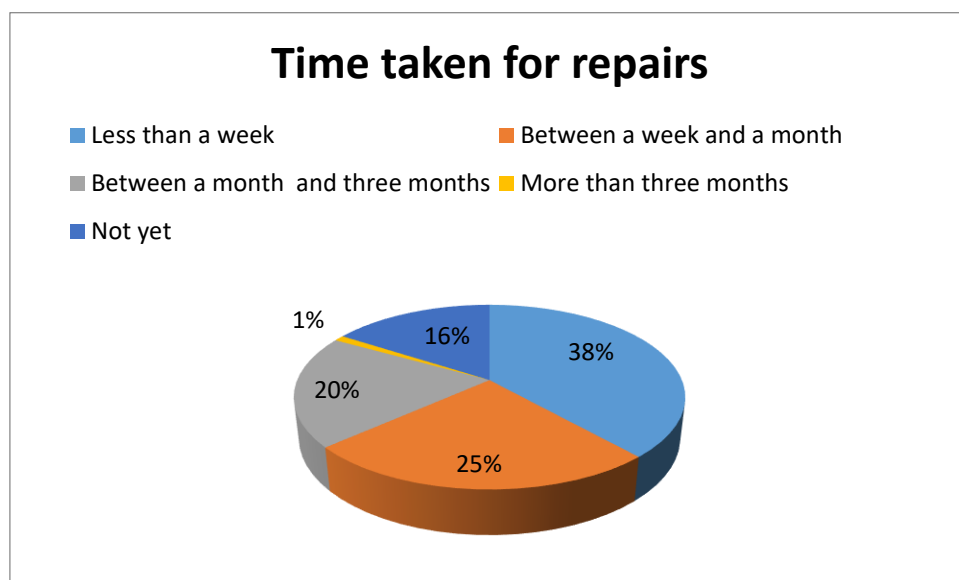
From the table and fig. below, 44.9% of the households declared that they have had a breakdown in their water supply during the last six months. Among this proportion, 38.3% revealed that it was repaired within less than a week, 25.1% between a week and a month, 19.6% between a month and three months while 15.9% declared that it had not yet been repaired. Given the importance of water in the life of humans, the time lapse to repair water has to be considerably short to give households access to this important commodity. The lengthy time lapse keeps one wondering about who has the mandate to repair such water points and what reasons are attributed to such delays in repairs in case of breakdowns. Again not repairing in good time may cause households to source water from doubtful and/or expensive sources.

Table 9: Proportion (%) of households in Santa council declaring a breakdown of the main public water source used in the course of the last six months

| Proportion (%) of households who have declared a breakdown of the main public water source used in the course of the past six months | Time taken for repairs | | | | | Total |
|--|------------------------|----------------------------|----------------------------------|------------------------|---------|-------|
| | Less than a week | Between a week and a month | Between a month and three months | More than three months | Not yet | |
| 44.9 | 38.3 | 25.1 | 19.6 | 1.0 | 15.9 | 100.0 |

Source: Scorecard Study, Santa Council November 2017

Figure 13 : Time taken for repairs



Source: Scorecard Study, Santa Council November 2017

Among those who declared a breakdown of their main water supply source, the table below reveals that, 62.4% of the households indicated that the repairs were done by the water management committee. There was no intervention from the state as it recorded 0.0% and just 1.9% intervention from administrative authorities while 11.4% was recorded regarding the intervention of the Mayor, 16% attributed the repairs to some elite and 15.5% of the households declared that repairs were done by the quarter head. This result highlights the important role management committees, elites and quarter heads play in the community in different aspects of public life especially with regards to water in Santa Council area. This results keeps one wondering if the state and/or the Council might in some way be supporting the water management committee in repairs of damage points without which there is absolute need for the state and/or Council to take her responsibility given it is a sector already devolve to her in line with decentralization.

Table 10: Institutions/persons who repaired 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 |
| 11.4 | 0.0 | 16.0 | 62.4 | 15.5 | 1.9 | 8,3 |

Source: Scorecard Study, Santa Council November 2017

Needs expressed in terms of water supply

During the CRCM study it was necessary to capture the opinions of the households as to whether they expressed a need in terms of water supply during a specified period (six months) and if they did, to whom they submitted their request, was their need met or not and how long it took for such need to be addressed. The table below shows that 39.9% of the households in Santa municipality expressed a need in terms of portable water. Among those who expressed their need for water, 56% expressed their need to the water management committee, 39% expressed to the quarter head, 32.5% expressed their need through the mayor, 27% to the some elites, 1.3% to government services, 2.1% declared they expressed their need to others. No household expressed a need to the administrative authority or Camwater who are generally responsible for the provision of water.

Given that portable water is a very vital and best source of water, it was very important to find out the proportion of households who expressed a need for portable water in the last six months. The figure reveals that, among the 39.9% who expressed their need in terms of portable water, only 30.8% of them had this need satisfied. This implies that about 69% of the households are not satisfied in terms of their need for water as such they might resort to obtaining portable water elsewhere at a relatively higher cost than usual. For more information see the table and figure below.

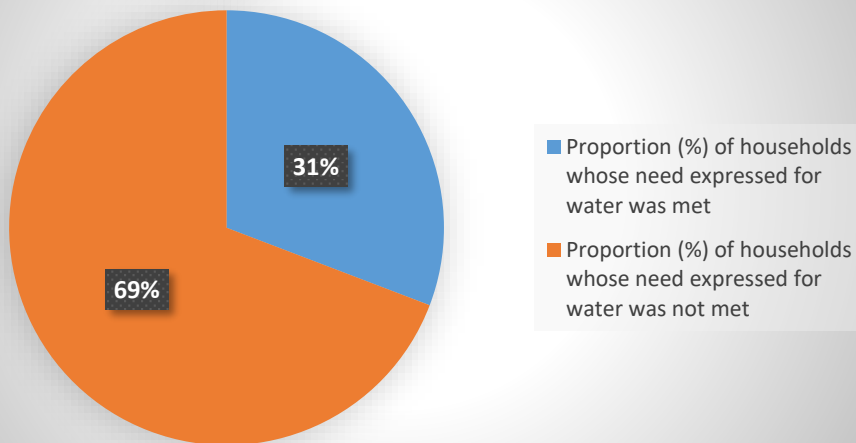
Table 11: Proportion (%) of households in Santa council who have expressed a need for portable water provision in the last six months.

| Proportion (%) of households who have expressed a need in portable water in the last six months | Amongst the households who have expressed a need, proportion (%) whose need was expressed to: | | | | | | | | Proportion (%) of households whose need expressed for water was met |
|---|---|------------------------------------|-------------|-------------------------|------------------------------|---------------------------------|------------------|-----------|---|
| | To the Mayor | To the State (government services) | To an Elite | To the Water Management | To the village/ Quarter head | To the Administrative Authority | To Camwater/SNEC | To others | |
| 39.9 | 32.5 | 1.3 | 26.9 | 55.7 | 38.7 | 0.0 | 0.0 | 2.1 | 30.8 |

Source: Scorecard Study, Santa Council November 2017

Figure 14 : Households whose need for portable water provision expressed was met and proportion not met in Santa council

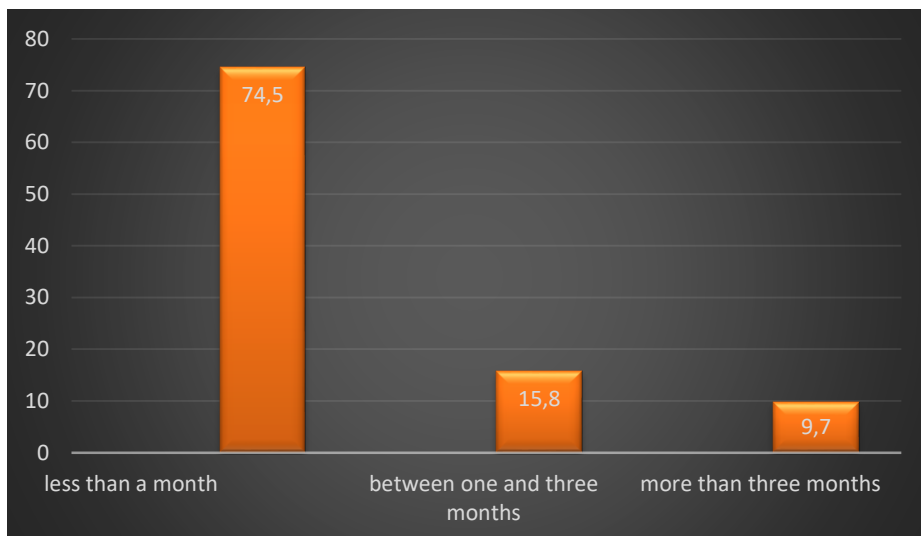
Need in terms of tap water



Source: Scorecard Study, Santa Council November 2017

In terms of time taken for needs expressed by households to be met in Santa council, the fig below reveals that, 74.5% of the households declared that it took less than a month, 15.8% of the households had the opinion that it took between one and three months while 9.7% declared it took more than three months. The time taken to address the water needs of the households may definitely be a determinant of their level of satisfaction or dissatisfaction.

Figure 15 : Time taken to satisfy households need expressed for portable water



Source: Scorecard Study, Santa Council November 2017

Reasons for the non- Satisfaction of the population

Given the importance of water in the life of humans and in line with universally acceptable standards, it was necessary to find out the level of satisfaction of households with regards to water supply and reasons for their non-satisfaction. The table and figure below shows that, about 2/3 that is 62.6% of the households of Santa council are not satisfied with the provision of portable water. Among the households who declared their dissatisfaction in terms of water provision, 59.9% blame their non-satisfaction to insufficient water points, 58.5% on management of water points, 53.3% blame their dissatisfaction to poor quality of the water (this is at variance with earlier response by 53% that water is of good quality), 49.6% to slowness in maintenance in case of breakdown, 41% say it is due to far distance while 10.3% of the households attributed their dissatisfaction to high cost of water provision. The dissatisfaction expressed here will definitely evoke certain expectations from households to ameliorate the water situation in Santa council

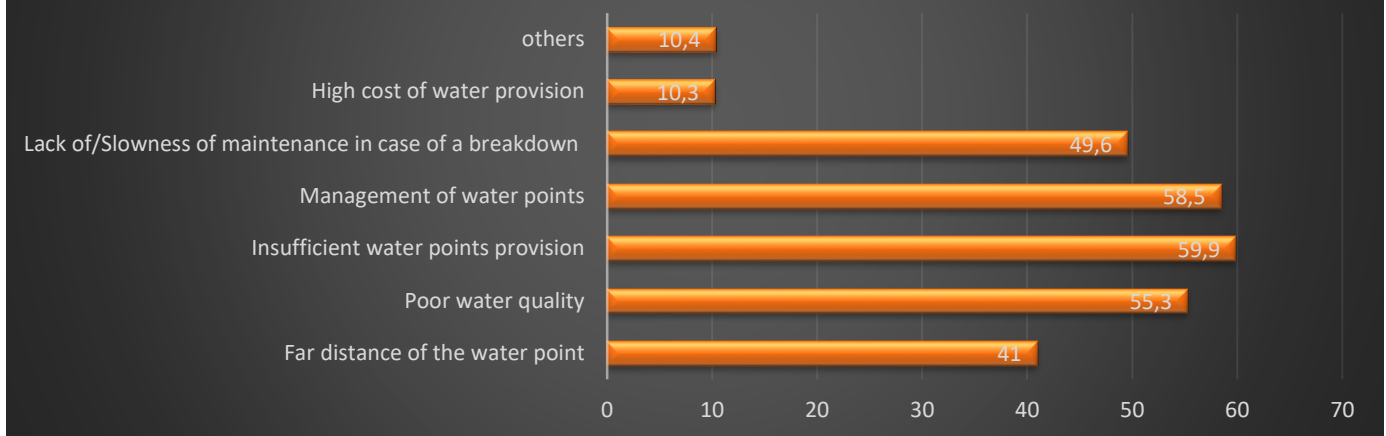
Table 12: Proportion (%) of households not satisfied by the tap water provision in Santa council.

| Proportion (%) of households not satisfied by the portable 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 |
| 62.6 | 41.0 | 55.3 | 59.9 | 58.5 | 49.6 | 10.3 | 10.4 |

Source: Scorecard Study, Santa Council November 2017

Figure 16 : Proportion of household not satisfied according to the reason of dissatisfaction in Santa council.

Proportion of household not satisfied according to the reason of dissatisfaction in Santa council.



Source: Scorecard Study, Santa Council November 2017

Main expectations in the services rendered in the Domain of water

After having examined the reasons for dissatisfaction by the households in Santa in terms of the provision of water services and in line with their perception of services delivered in the sector, it was necessary to find out what they propose as expectations to improve the provision of water in Santa council area. It was noticed that, all the households in Santa Council have varied expectations with regards the provision of water. Among the different expectations, additional water points, improvement in management and quality of water, repairs on broken water points and reduction in cost of access to water were highlighted.

The table below reveals that, out of the total number of households who expressed their expectation, 69% wants an improvement in the management of existing water points, 62% think there is need to increase the number of water points, 50% of the households are of the opinion that repair works be carried out on the damaged water points, another 50% of the households claim the water quality at the existing water points needs improvement, only 12% of the households are of the opinion that a reduction be made on the price to access water, 20% of the households have other expectations in relation to the provision of water.

Table 13: Proportion (%) of households in Santa 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 |
| 61.8 | 69.2 | 50.4 | 49.8 | 12.0 | 19.9 |

Source: Scorecard Study, Santa Council November 2017

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

From the results above, there is an absolute need for additional water points to fill the gap in water supply given that over 75% of the households still carry water from springs and rivers source which of course is of doubtful quality. Management of water points is equally pertinent given that the response to breakdown of water points is slow as declared by 49.6% of households. The quality of water needs urgent improvement as testified by 49.8% of the households. This is reflected in the reasons for their non-satisfaction which stands at 55% while 50% of the household expect an improvement in the quality of the water to meet WHO standards as mentioned above.

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

3.3.HEALTH SECTOR

As human beings, our health and the health of those we care about is a matter of daily concern. Regardless of our age, gender, socio-economic or ethnic background, we consider our health to be our most basic and essential asset. Health, on the other hand, can keep us from going to school or to work, from attending to our family responsibilities or from participating fully in the activities of our community. By the same token, we are willing to make many sacrifices if only that would guarantee us and our families a longer and healthier life. In short, when we talk about well-being, health is often what we have in mind. The right to health is a fundamental part of our human rights and of our understanding of a life in dignity. *The right to the enjoyment of the highest attainable standard of physical and mental health.* Internationally, it was first articulated in the 1946 Constitution of the World Health Organization (WHO), whose preamble defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The old adage “health is wealth” summarizes our discussion above.

In this chapter, we would be presenting and discussing the results of the study obtained from the field with respect to healthcare services in Santa Council area.

3.3.1.Availability and usage of services in the Health Domain

During the CRCM study, it was necessary to capture the perception of the households as to the available health services within the council in terms of the provision of adequate medical staff and technical set up and which provides health services. If the households must get access to health services, these services need to be available and found at a location that is not too far from the households. Availability thus determines the ease with which patients can have access and use of the health services. The study therefore captured information regarding the average time taken to reach the nearest health unit, their preference in line with medical care, whether or not they have been to the nearest health unit within a specific period (12months), their opinion about the head of the institution, the presence of minor medical equipment, provision of hospitalization rooms and number of beds available per room.

Both public and private health care units are available in the council area. Health care units of the public sector are made up of; the public hospital, public integrated health centres, sub divisional medical centre etc. Private health care units include lay hospital, private denominational hospital, health centres etc.

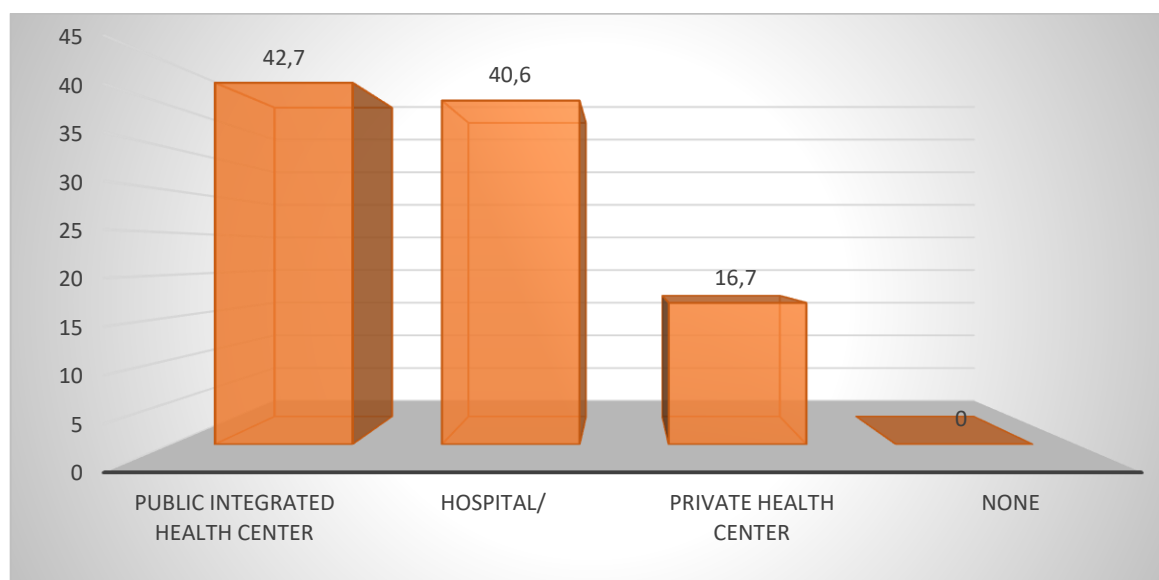
The nearest health care unit mentioned during the study were; public integrated health centre, hospital, sub divisional medical centre (CMA) and private health centre.

Our observations here were based on preferences of the household in terms of health care facilities as listed below.

- Public integrated health centre (it's a government health centre with the state registered nurse as the chief of centre)
- Hospital/CMA having trained residential medical doctors
- Private health centre (owned by private persons or group of persons and headed by a senior nurse)
- Traditional healers
- At the medical store/kiosk
- Seek help from a medical staff member
- Treat at home/self-medication/auto medication
- Others

Among the households in Santa who declared their nearest health care units, the figure below reveals that, about 43% of the households reported that their nearest health care unit is the Public integrated health centre; again about 41% have as closest health care unit the Hospital/CMA while almost 17% of the households go to the private health centres.

Figure 17 : Distribution (%) of households per nearest health care unit in Santa council.

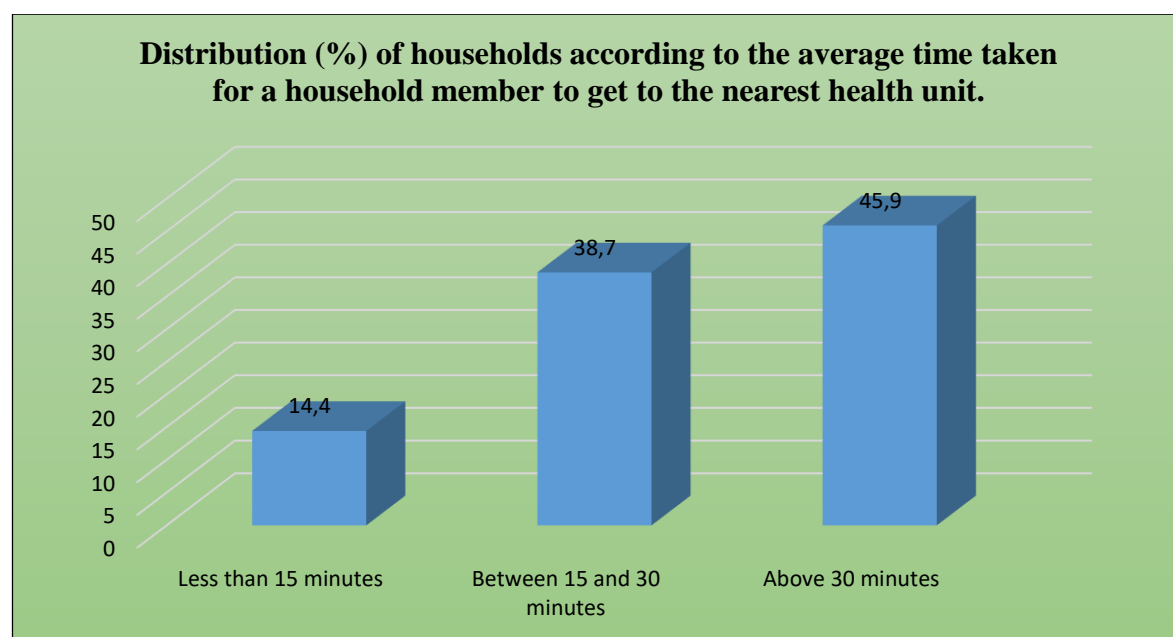


Source: Scorecard Study, Santa Council November 2017

With respect to the time taken to reach their nearest health unit, fig 18 shows that, out of the proportion of those with health units close by, about 50% of the households revealed that it takes more than 30 minutes to reach their nearest health care unit, again about 39% reported that it takes between 15 and 30 minutes while 14.4 % of the households take less than 15 minutes. A sick person is definitely a weak person hence

30minutes trek to a health unit is too much in case of emergency thus necessitates a preferred health care unit close by.

Figure 18 : Average time taken for a household member to get to the nearest health unit.



Source: Scorecard Study, Santa Council November 2017

The table below is intended to assess the preferences of households' in terms of the health care facilities. From the data it can be seen that, 48% of the households choose to obtain their health solutions at Hospital/CMA while 43% seek health care solutions from the public integrated health centre. Health solution from traditional healers and self-medication witnessed a 0.0%. This is in conformity with the previous table which assessed the nearest health unit to households.

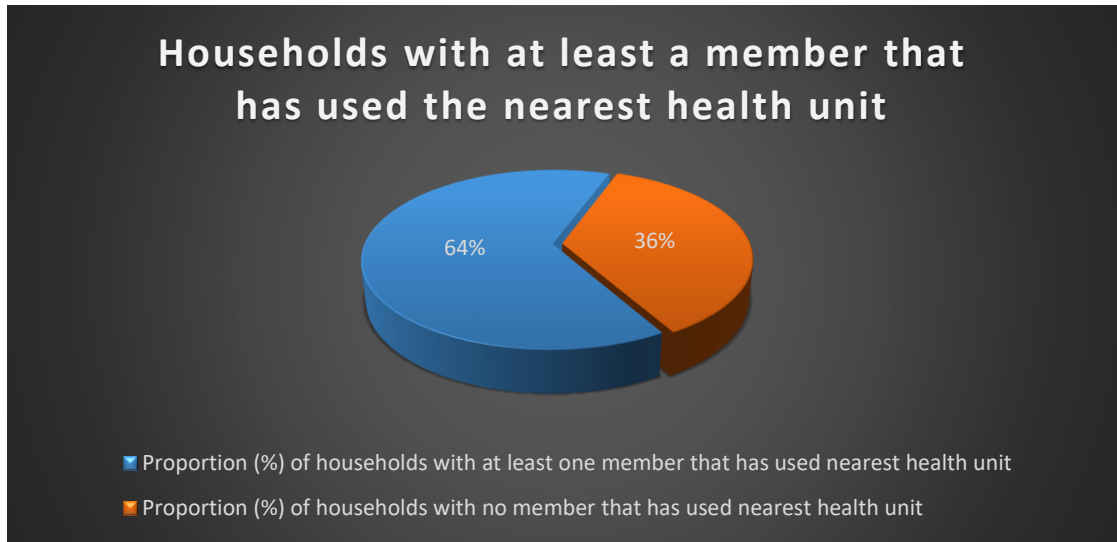
Table 14: Distribution (%) of households per main choice of health solutions, in Santa council.

| Preferences of the household in terms of health care facilities | | | | | | | | Total |
|---|--------------|-----------------------|---------------------|----------------------------|------------------------------|-------------------------------|--------|-------|
| Public integrated health centre | Hospital/CMA | Private health centre | Traditional healers | At the medical store/kiosk | Go to a medical staff member | Treat at home/self-medication | others | |
| 42.7 | 48.3 | 8.0 | 0.0 | 0.4 | 0.6 | 0.0 | 0.0 | 100.0 |

Source: Scorecard Study, Santa Council November 2017

It was equally necessary to know the proportion of households whose members have visited the nearest health care unit. The fig below reveal the number of households whose members have been to the nearest health care unit within the last 12months and also the proportion that has not visited a health care unit within the last 12 months. From the result, 64% of the households are using the nearest health care unit while up to 1/3 that is 36.1% are observed to be receiving their health care needs elsewhere. The proportion of those who do not use the nearest health care unit are observed to be very high and so is pertinent.

Figure 19 : Proportion (%) of households whose members have been to the nearest health care unit in the last 12 months in Santa council



Source: Scorecard Study, Santa Council November 2017

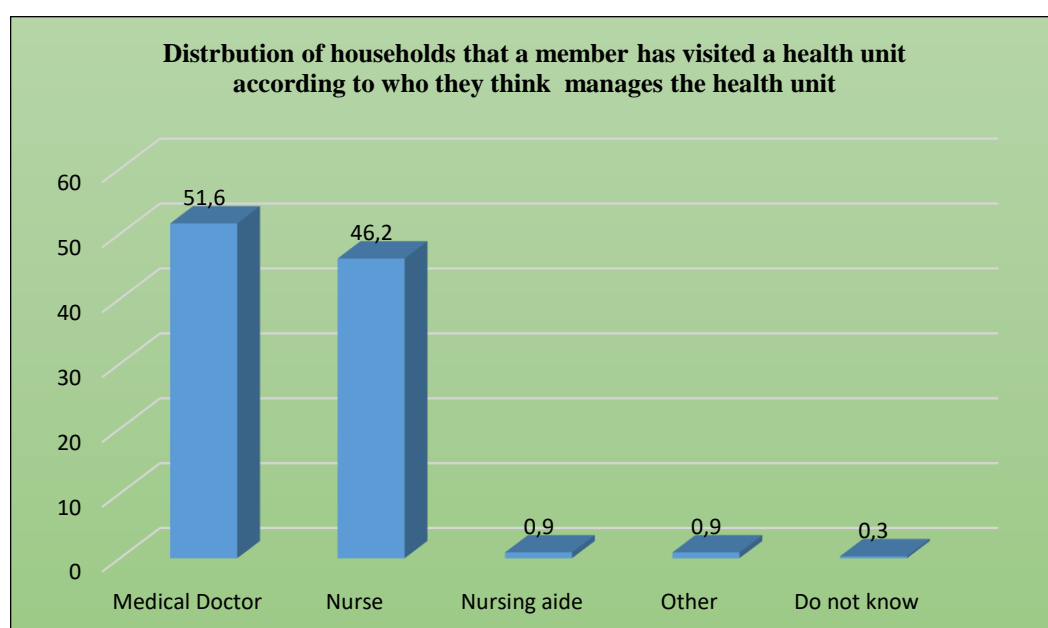
It was important to know the proportion of households whose members have visited the nearest health care unit and the corresponding head of such unit. From the result of the scorecard, about 64% of the households are using the nearest health care unit while 36% receive health care assistance elsewhere. Among the households who have been to the nearest health care unit, about 52% declared that, the head of the health care unit was a Medical Doctor while 46,2% reported that the head of the health care unit was a nurse. See table and figure below

Table 15: Distribution (%) of households whose members have been to the nearest health care unit according to the head of health care unit visited in Santa council.

| Proportion (%) of households using the nearest health care unit | Head of health care unit, for households using the nearest health Centre | | | | | Total |
|---|--|-------------|-------------|------------|------------|--------------|
| | Medical Doctor | Nurse | Nurse aider | Others | Don't know | |
| 63.9 | 51.6 | 46.2 | 0.9 | 0.9 | 0.3 | 100.0 |

Source: Scorecard Study, Santa Council November 2017

Figure 20 : Distribution of households that a member has visited a health unit according to who they think manages the health unit



Source: Scorecard Study, Santa Council November 2017

The table below indicates the proportion of households whose members have visited the nearest health care unit within the past one year, with respect to certain characteristics observed. Among the households who visited the nearest health unit within the last 12 months, about 98% declared the existence of a pharmacy. Concerning the existence of drugs, 74.8% declared that the pharmacy in the health unit they visited was equipped with drugs. In line with the availability of hospitalisation beds, about 43.8% of households whose members have visited the nearest health care unit within the past one 12 months declared that there are 5 to 10 beds per hospitalisation room in the facility, 27.8% declared the presence of 10 beds, 6.4% less than 5 beds while up to 22% were not aware of the

number of beds found. However, the number of beds mentioned here by households are far below 20 which is the statutory figure considered per hospitalization room.

Table 16: Characteristics declared about the nearest health care unit visited

| Proportion (%) of households who visited the facility in the last 12 months and reporting that | | | Number of beds found in the hospitalization rooms | | | | | | |
|--|---------------------------------------|--|---|-----------------------|-------------------|------------|-------|--|---|
| The health facility has staff | The health facility has the equipment | The unit has a room of hospitalization | Less than 5 Beds | Between 5 and 10 Beds | More than 10 Beds | Don't know | Total | Proportion (%) of households who visited the facility in the last 12 months and reported that the facility has a pharmacy / pro-pharmacy | Proportion (%) of households who visited a health facility in the past 12 months and reported that the pharmacy has drugs |
| 95.1 | 95.5 | 92.7 | 6.4 | 43.8 | 27.8 | 22.0 | 100.0 | 97.8 | 74.8 |

Source: Scorecard Study, Santa Council November 2017

3.3.2. Cost and quality of health services

During the CRCM study, it was important to find out the cost of accessing health care services. This subsection is intended to find out if households pay for services rendered and if they do, how do they appraise these services. From the expressed opinion of the households, it was observed that, households pay for services rendered especially in the domain of consultation. Given that they pay for these services, it was necessary to know their opinion about the amount they pay, and whether they gave extra tips to the medical staff willingly or by request.

The welcome attitude of the staff at the time of receiving the household member was also of interest. It was equally necessary to know if the health care unit had facilities including drugs and finally whether the unit could provide appropriate solutions to most of their problems. There is no free access to health in the health system of our country as shown by the table below which indicates that all the households have paid the consultation fees demanded for health services. The households spend between less than 500f to above 1000f for consultation at the different health units. A majority of the

households 98.2% paid consultation fees and among those who paid, 71.2% declared that they paid between 500 and 1000f, 22.3% declared that they paid less than 500f while only 6.5% were of the opinion that they paid 1000f as consultation fee.

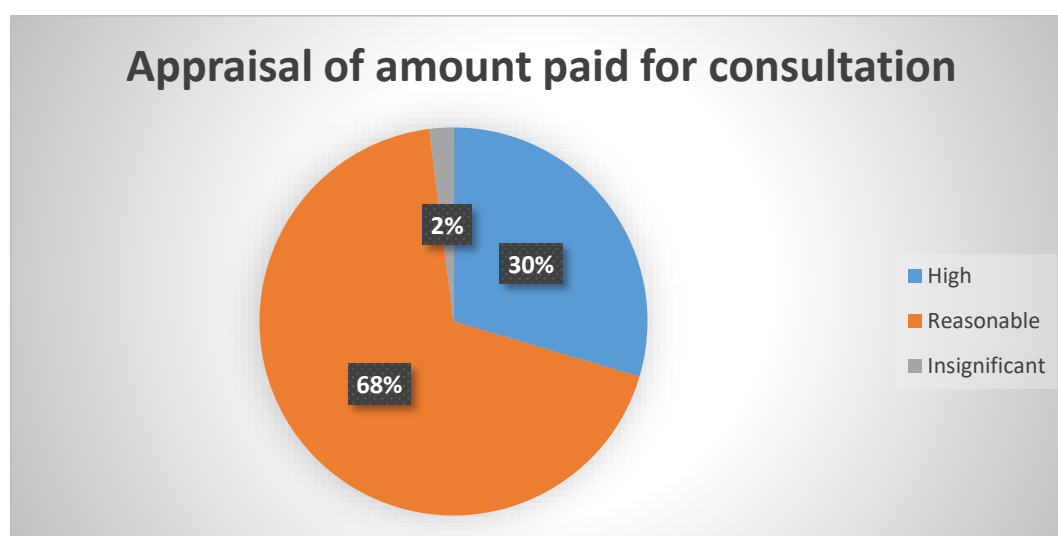
With regards household who paid consultation fees and the appraisal of the amount of consultation fees paid, the majority of households about 71% paid between 500 and 1000f, 22.3% paid less than 500f while 6.5% paid above 1000f. Among all those who paid, about 68% find it reasonable, while 30% thinks it is high, only 2% saw it as insignificant. See table below.

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

| Proportion (%) of households that paid consultation fees at the nearest health care unit | <500 | Between 500 and 1000 | >1000 | Distribution (%) of households paying consultation fees, per appreciation of amount paid | | | Total |
|--|------|----------------------|-------|--|------------|---------------|-------|
| | | | | High | Reasonable | Insignificant | |
| 98.2 | 22.3 | 71.2 | 6.5 | 29.6 | 68.4 | 2.0 | 100.0 |

Source: Scorecard Study, Santa Council November 2017

Figure 21 : Households in Santa council whose members have paid consultation fees and their appraisal of the amount paid.



Source: Scorecard Study, Santa Council November 2017

The table below shows the distribution of households according to the reception of the medical personnel. Among 97.8% of households who visited the nearest health unit, about $\frac{3}{4}$

declared that the reception was good while only about 18.7% described their reception as average while 6.3% opine that the reception was bad. This is a good indication that the staff are passionate about their duty and so there is need to encourage them.

Table 18: Reception of household by the medical staff.

| Distribution (%) of households attending the nearest health care unit, according to the reception of the medical staff: | | | |
|--|----------------|------------|--------------|
| <i>Good</i> | <i>Average</i> | <i>Bad</i> | Total |
| 75.0 | 18.7 | 6.3 | |

Source: Scorecard Study, Santa Council November 2017

3.3.3.Reasons for the non- satisfaction of the population

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

The findings of the study as seen on the table below shows the proportion of households whom at least one member declared that majority health problems in the village have been solved. In this light more than ½ that is 59.0% of the households in Santa council affirmed that a majority of their health problems have been solved. However, a little above ½ that is 53% of the households expressed a feeling of dissatisfaction with regards health services offered as analysed below.

Various reasons account for dissatisfaction of household with regards health services. Among the 52.7% of households ‘who expressed dissatisfaction in relation to health services rendered, insufficiency of existing health care units ranked first with 68%, 64% of the households attributed their dissatisfaction to far distance to access health care units, 47% claim their dissatisfaction is related to insufficient equipment while 41% attribute it to insufficiency of drugs. High cost of access to health care account for 37%, poor management accounts for 36%, poor quality services account for up to 35%, it was noted that the households gave little regard to defaults related to health unit staff which accounted for 19% while other reasons accounted for 14%. However, the far distance to health care units corresponds with the responds in a previous section that confirmed that it takes about 30minutes to reach the nearest health unit. Again this confirms why dissatisfaction regarding insufficient health units recorded up to 68% and therefore a pertinent area of attention.

Table 19: Households in Santa council, whose members have declared that the nearest health care unit solves most of their health problems in the village.

| Proportion (%) of households whose at least one household member declared that majority health problems in the village have been solved | Proportion (%) of households not satisfied with health services rendered | Amongst the households not satisfied, proportion (%) whose reason for their non-satisfaction is : | | | | | | | | |
|---|--|---|-----------------------------------|---|--|--|------------------------|---|--|--------|
| | | Far distance to access the health care units | Poor quality of services provided | Insufficiency of existing health care units | Defaults related to the health care unit staff | Poor management of the health care units | insufficiency of drugs | Poor quality/insufficiency of equipment | High cost with regards to health care access | others |
| 59.0 | 52.7 | 63.7 | 35.4 | 68.2 | 19.2 | 36.0 | 40.6 | 47.0 | 36.7 | 14.2 |

Source: Scorecard Study, Santa Council November 2017

3.3.4. Main expectations in the services rendered in the domain of health

In line with the controversial satisfaction obtain from the different health units in Santa, this exercise was helpful in capturing information on the expectations of the households in relation to health care services. The analysis shows that, regardless of the health unit, 71% of the households expect that more staff be recruited, 64% of the households need additional health units, 56% of the households expects that the health care unit be equipped, 43% expect the provision of drugs while 30% of the households attributed their expectations to other reasons not mentioned here.

Table 20: Expectations of households in terms of health services in Santa council

| Proportion (%) of households whose expectations in health services are : | | | | |
|--|---------------------------|--------------------------------|----------------------------|--------|
| Additional health care units | Provision/supply of drugs | provision of more staff member | Equipped health care units | Others |
| 64.0 | 43.2 | 71.0 | 56.3 | 30.1 |

Source: Scorecard Study, Santa Council November 2017

3.3.5.Synthesis in the perception of services in the Domain of Health and suggested areas of improvement

From the results of the study, it can be seen that, the households expect an improvement in the staffing situation and increase in health units with 71% and 64% respectfully. They think that having health unit close to them will better address their health problems. There is equally inadequate supply of drugs at the health units. About 2/5 of the households do not have access to a medical doctor. The medical doctor is the one to oriented diagnosis, suspect the cause and suggest an appropriate treatment schedule thus the absence of a medical doctor is pertinent and needs urgent attention even if it means assigning a visiting doctor to the health unit once or twice weekly.

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

3.4. Education Sector

Education continues to be critical for many reasons such as reducing levels of poverty, improving quality of life, stimulating innovation and progress. Creating a single set of quality standards has been described as challenging, but may be useful if sufficiently broad to be inclusive. A single set of standards for quality in education needs to be viewed in the context of world-wide cultures and belief systems that influence the curriculums and approaches in teaching and learning systems. More than 91% of children of primary school age are now enrolled in school, but progress on educating the remaining 9% has slowed to a near standstill. The numbers have barely moved since 2005, and girls are still disproportionately left behind. Worse still, the headline figures do not describe the true depth of the problem. In poorer countries, even children privileged enough to have access to a classroom often do not receive a good education. According to UNESCO, of some 650 million primary-school-age boys and girls, an estimated 250 million will not learn to read or count, regardless of whether they have gone to school.

Moreover, in many parts of the developing world, state school systems are leaving tens of millions of children behind because of poverty and discrimination. These children's true education will be that of the soil or the streets. They will grow up working as smallholder farmers, sharecroppers, and wage labourers, and will struggle to send their own children to school.

It is time for the United Nations and other international bodies to move beyond a singular focus on enrolment numbers and grapple with the problem of quality in education.

Cameroon has two separate official education structures each according to the legacy of British or French colonial control specific to different geographic areas. The 2005 population study shows that public education trains 70% of the school population and the private nearly 30% of students. The availability, low cost of school fees and qualification of the teaching staff may justify this choice. Independent of the socio-economic group of household heads, the choice of the education order by children is almost the same. In general, one student out of two attends a neighbouring public school. Nearly a quarter of students of Yaounde and Douala attend the nearest public schools. The trend is same in the North West especially in rural communities like Santa. This section deals with the knowledge and appraisal of educational services in Santa.

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

Four educational cycles are expected to exist in every community. The table below captures information on access to education per type of educational cycle in Santa. According to information obtained from the scorecard study, the nursery, primary and secondary educational cycles are available in Santa council.

The table equally shows that 100% of households' reported that their village/neighbourhood has a Nursery school.

For the primary 90.7% of households reported the presence of a primary school while 99.5% of households affirmed the presence of a secondary school.

In line with the average number of children from the household attending the nearest school, an average of 1 child attends the nursery school while an average of 2 children each attends the primary and secondary schools

In terms of the distance covered by children who attend the nursery school, 76% of them cover less than 1 km, and 24% cover a distance of at least 1km. It should be noted that based on the information presented on the table below, there is no child who has to cover a distance of more than 5 Kilometres to attend a nursery school. No data was obtained for the vocational training even though it was targeted in the study.

Table 21: Households in Santa council, whose children have access to education, per type of educational cycle.

| Available Cycle | Proportion of households belonging to a village with an educational cycle | Average number of children from the household attending the nearest school | Average distance covered by the children to go to school | | | | Average time spent by the children to reach the school on foot |
|---------------------|---|--|--|-------------------|------|-------|--|
| | | | <1km | Between 1 and 5km | >5km | Total | |
| Nursery | 100.0 | 1.3 | 76.2 | 23.8 | 0.0 | 100.0 | 23.1 |
| Primary | 99.5 | 2.3 | 49.9 | 49.2 | 0.8 | 100.0 | 25.0 |
| Secondary | 90.7 | 2.1 | 18.2 | 61.3 | 20.5 | 100.0 | 63.8 |
| Vocational training | * | * | * | * | * | * | * |

Source: Scorecard Study, Santa Council November 2017

*The asterisk above implies that, this data is insignificant.

It was necessary to know if the school cycle attended by children from the various households in Santa had certain characteristics. From the table below, it can be seen that, 99% of the households declared that the school attended by their children have a complete cycle for the primary school,

In line with the secondary cycle, 98% of households also declared that they have a complete first cycle while 86.8% did same for a complete second cycle.

As concerns whether the cycles have classrooms per class level, 93.8% declared that classrooms are available per class level in the first cycle of the secondary school, 87.9% declared same in the nursery while 93.1 declared availability of classrooms per class level in the primary.

Again a good proportion of the children of these households sit on benches as 98.8% declared that their children sit on benches in the first cycle secondary school, 96.7% in primary school and 93.9 in the nursery.

Concerning textbooks only 18% declared that textbooks are distributed in the primary school while 11.5% did same with respect to first cycle secondary schools. Following the norms of the basic education sector, textbooks are supposed to be distributed in school. Only 18% affirming this is pertinent. With such characteristics, it was important to know the number of pupils and appraisal of teacher's presence in the school.

Table 22: Characteristics declared about the school attended per educational cycle

| Educational cycle | | Characteristics declared about the school attended | | | | |
|---------------------|-----------------------|--|--------------------------------|--|---|---|
| | | <i>Has a complete cycle</i> | <i>Has A complete workshop</i> | <i>Has a classroom per class level</i> | <i>Availability of benches for all pupils to sit on</i> | <i>Distribution of school textbooks in the school</i> |
| Nursery | | | | 87.9 | 93.9 | 17.7 |
| Primary | | 98.7 | | 93.1 | 96.7 | 11.5 |
| Secondary | 1 st cycle | 98.1 | | 93.8 | 98.8 | |
| | 2 nd cycle | 86.8 | | | | |
| Vocational training | | | * | * | * | |

Source: Scorecard Study, Santa Council November 2017

*The asterisk above implies that, this data is insignificant.

An appraisal of the quality of teaching received by the students/pupils can be attributed to the number of children per classroom and to the availability of the teachers. This is why during the data collection for this scorecard project, questions pertaining to these two aspects of quality education in the community were asked to the households. Remember that in Cameroon, it is recommended that an average of 30 pupils per class in the nursery, 60 pupils per class in the primary school and 60 students

per class in the secondary school cycles.

The analysis of this information obtained from the field reveal that, for the households having children who have schooled through secondary cycle, 35.8% declared that more than 60 children could be counted in the classroom, 25% among them declared a lower number between 30 and 60 students in a classroom and only 6% among them declared that there were averagely 30 students per classroom. Having more than the 60 students in class can be very challenging to learning and follow up if satisfactory results are expected. A need therefore for additional classrooms cannot be over emphasized.

With regards to the frequency of teachers' presence in the secondary cycle, a majority of households estimate that they are regular, that is over 4/5 households 92%.

Talking about these aspects in the primary cycle, it was discovered that a majority, 32.5% of households having children in the primary cycle declared that their children's classroom had averagely between 30 than 60 pupils, 20% of parents stood for less than 30 pupils per class and 15% among them declared that they were above 60 students.

In the nursery school cycle, 38% of parents declared between 30 and 60 pupils per class while 26.5% think there are averagely less than 30 per class. However, a majority of the households opined, that the teachers were regular in all the cycles with 87% for the nursery, 91% for the primary and 92% for the secondary. See the table below.

Table 23: Number of pupils and appraisal of teacher's presence in school.

| Educational cycle | Proportion (%) of households in Santa council whose children are going to school and are in classrooms with an average number of pupils. | | | Proportion (%) of households in Santa council according to the appraisal of the teacher's presence in classroom. | | |
|---------------------|--|-------------------|----------|--|--------------------------|------------------|
| | Less than 30 | Between 30 and 60 | above 60 | <i>Regular</i> | <i>Averagely regular</i> | <i>Irregular</i> |
| Nursery | 26.5 | 38.1 | 10.1 | 86.7 | 13.3 | 0.0 |
| Primary | 19.6 | 32.5 | 15.1 | 90.7 | 7.6 | 1.8 |
| Secondary | 6.2 | 24.7 | 35.8 | 92.2 | 7.8 | 0.0 |
| Vocational training | * | * | * | * | * | * |

Source: Scorecard Study, Santa Council November 2017

**The asterisks implies the data is insignificant*

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

Cost and quality has become a very important determinant of choice now our days. During the scorecard study, it was necessary to find out how much on average was paid as school fees per child for (registration, tuition fees, Parents Teachers Association (PTA)) and what each household felt about the amount paid.

It should be noted that there isn't yet free access to education in the education system of our country as shown by the table below which indicates that all the households have paid the fees demanded for education in all the cycles. Averagely, the households spend annually 23,815F for the education of their children in the nursery school cycle, 10,472,5F for the education of household members in the primary cycle and 31, 885f for the education in the secondary cycle.

With regards the appraisal of the amount of fees paid per school cycle, the majority of households affirmed that the fees are high. Almost $\frac{3}{4}$ of households representing 73% declared that the amount paid as fees in the nursery cycle is high while only slightly above a $\frac{1}{4}$ representing 27% are of the opinion that the fee is reasonable.

For the primary cycle 60% of household opined that the fee is high while 39% of households find it reasonable.

For the Secondary cycle, slightly above $\frac{2}{3}$ are of the opinion that the fees for the secondary cycle are high 68% while 32% representing $\frac{1}{3}$ find it reasonable It was equally important to capture the appraisal of households as to the services rendered in the education cycle.

Table 24: Appraisal of the amount paid

| Educational cycle | Proportion (%) of households having paid the required fees for education | Average school fees expenditure spent throughout a school year per child (CFA Francs) | Distribution (%) 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 | | |
|---------------------|--|---|---|------------|---------------|--|---------------------------------|-------|
| | | | High | Reasonable | Insignificant | compulsory payment from the school officials | Wilful payment from the parents | Total |
| Nursery | 100.0 | 23,815 | 73.4 | 26.6 | 0.0 | 0.0 | | 100.0 |
| Primary | 100.0 | 10,472 | 60.0 | 39.1 | 0.9 | 0.0 | | 100.0 |
| Secondary | 100.0 | 31,885 | 68.2 | 31.8 | 0.0 | 0.0 | | 100.0 |
| Vocational training | * | * | * | * | * | * | | * |

Source: Scorecard Study, Santa Council November 2017

*The asterisks implies the data is insignificant

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

Given the variety in the stakeholders concern with education in Cameroon and efforts made this far, it was necessary during the scorecard study, to get the opinion of households whose children attend school within the Santa council area regarding the general state of the classrooms in the different cycles and who does repairs in case of damage. From the result obtain in the various cycles, it was observed that, the PTA has a greater stake as a major partner that takes care of repairs at all levels.

The table below depicts that, most of the damage classrooms are repaired at the level of the PTA as testified by the households in their responses. In this light 98.5% of repairs at the primary level, at the secondary level 97.5% of repairs are done by the PTA and 97% at the nursery level. It can further be seen that, the intervention of the Mayor and various education ministries with regards repairs is very negligible. From the results, 13% of the respondents attributed repairs in primary school to the mayor, 9% in the secondary school while only 4% in the nursery school. There was no response regarding vocational training cycle given that the values were insignificant. This results again highlights the important role of the PTA within the school system.

Table 25: General state of classrooms

| Educational cycle | proportion (%) of households declaring that the damaged classrooms were repaired by | | | | | |
|---------------------|---|-------|------------------------|--------------------------|------------|--------|
| | The PTA | Mayor | A village organisation | MINEDUB/MINESEC /MINEFOP | The Elites | Others |
| Nursery | 97.4 | 3.9 | 3.8 | 3.9 | 6.9 | 3.9 |
| Primary | 98.5 | 13.2 | 2.1 | 8.4 | 5.2 | 8.4 |
| Secondary | 97.5 | 8.6 | 5.0 | 9.5 | 7.1 | 9.5 |
| Vocational training | * | * | * | * | * | * |

Source: Scorecard Study, Santa Council November 2017

- The asterisk imply the data is insignificant

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

During the scorecard data collection, it was observed that almost all households in Santa council expressed a feeling of dissatisfaction in the educational services offered in the nursery cycle 11.5% and in the secondary 26%, the proportion of dissatisfaction recorded in the Primary cycle was 34%.

Among the reasons expressed for dissatisfaction mentioned by the households in relation to educational services rendered, the high school fees 81% ranks first in importance in the nursery cycle followed by insufficient teachers 55%, insufficient classrooms 52%, the non distribution of textbooks account for 41.5%. Insufficient equipment account for 37.5%, far distance to the school accounts for 33% insufficient number of schools account for up to 26%, it should be noted that the households disregard poor results 9%. This results are indicative and confirm earlier results obtained in the tables and analysis above regarding fees, textbooks, overcrowded classrooms and distance covered to school.

Table 26: Dissatisfaction in terms of education services

| Educational cycle | Proportion (%) of households not satisfied with educational services | Amongst the households not satisfied, proportion (%) whose reason of dissatisfaction is : | | | | | | | | |
|---------------------|--|---|-----------------------------|----------------------------|---|---------------------------------|--|--------------|-------------------|--------|
| | | Far distance to access educational services | Insufficiency of classrooms | Insufficiency of equipment | Insufficiency of schools /vocational training centres | Insufficiency of teaching staff | The non-distribution of school textbooks | Poor results | High tuition fees | Others |
| Nursery | 11.5 | 33.3 | 51.7 | 37.5 | 26.5 | 54.7 | 41.5 | 8.9 | 81.3 | 7.7 |
| Primary | 34.0 | 37.6 | 44.1 | 35.7 | 44.7 | 63.3 | 34.1 | 7.7 | 62.6 | 4.7 |
| Secondary | 25.8 | 61.7 | 29.9 | 43.7 | 45.4 | 59.3 | 21.8 | 9.2 | 66.5 | 7.3 |
| Vocational training | 2.0 | * | * | * | * | * | * | * | * | * |

Source: Scorecard Study, Santa Council November 2017

*The asterisk imply the data is insignificant

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

With regards to the dissatisfaction following the educational services in the different school cycles, data collection of the score card equally helped in capturing information on the expectations of the populations in relation to educational services.

The analysis shows that, regardless of the cycle, the households expect that more teaching staff be recruited with a proportion of 37% in the primary cycle, 27% in the secondary cycle, 13% in the nursery cycle while only 2% in the vocational training. A decrease in the school fees in all cycles is also a major concern with the primary school recording a proportion of 33%, secondary 24%, and nursery school 13%. This tendency reflects the results obtained from the analysis of reasons for dissatisfaction.

Expectation with regards having additional equipment shows a 22% for the primary school, 19% for secondary cycle and 7% for the nursery. Expectations with regards need for more classrooms registered a 26% for primary, 17% for secondary and 8% for nursery school. Having a nearby school is also a concern here with a 22% expectation for a primary school, 20% for secondary and 6% for nursery

Table 27: Expectations in terms of education in Santa council

| Educational cycle | Proportion (%) of households whose expectations in the domain of education are : | | | | | | | | |
|---------------------|--|-----------------------|--------------------------|---|-----------------------------|-----------------------------|------------------------------------|------------------|--------|
| | To have a school located nearby | Built more classrooms | Add additional equipment | Create more schools /vocational training centre | Recruit more teaching staff | Distribute school textbooks | Improve the quality of the results | Reduce the costs | Others |
| Nursery | 5.6 | 8. | 6.8 | 4.1 | 12.6 | 9.4 | 2.8 | 12.7 | 1.3 |
| Primary | 22.3 | 25.8 | 22.1 | 19.3 | 36.7 | 19.7 | 6.1 | 33.3 | 2.6 |
| Secondary | 19.8 | 17.0 | 19.4 | 14.7 | 26.9 | 9.0 | 5.0 | 23.9 | 2.5 |
| Vocational training | 1.3 | 1.0 | 1.0 | 1.8 | 1.8 | 1.0 | 1.0 | 1.8 | 0.3 |

Source: Scorecard Study, Santa Council November 2017

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

From the results of the study it can be seen that the nursery, primary, secondary cycles are present in the council. However they expect an increase in teaching staff in all cycles as confirm by 55% in the nursery, 63% in the primary, and 59% in the secondary cycles. As concerns fees, 73% in the nursery, 60% in the primary and 68% in the secondary cycle's affirmed that the school fee is high. Intervention of the mayor and concern ministries is inadequate as only 4% of households with children in the nursery, 13% in the primary and 9% in the secondary cycles acknowledged the intervention of the mayor in case of repairs. In the same way only 4% in the nursery, 8% in the primary and 9% in the secondary declared that repairs are taken care of by the ministry. The study was intended to capture information regarding vocational training but unfortunately very negligible information was obtained given that this sector is not developed in the rural areas.

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

3.5.Council Services

With the transfer of powers for local development under the 2004 laws, local authorities are assigned the task of promoting economic, social, health, educational, cultural and sports development (article 4(1), Law of Orientation). Powers that correspond to the promotion of development in these sectors are devolved to local authorities under conditions laid down by law (articles 18–24 of Rules applicable to Regions; articles 15–22 of Rules applicable to Councils). Local authorities are endowed with legal personality and administrative autonomy by law. The decentralisation laws of 2004 further set the pattern of the exercise of power by local authorities which represents the framework for governance and democratic practice (CLGF, 2013). Decentralization is guided by the concept of participation which is primarily about involving the population of the local communities or councils and other stakeholders at various stages of all projects carried out in the municipality. This section aims at collecting data about the council services delivered, the manner in which the population appraises such services, as well as the involvement of the latter in the functioning of the council.

3.5.1.Availability and usage of Council services

During the scorecard study, it was noticed that, Santa council provides a variety of services to the population such as; issuance of birth certificates, authentication of official documents, building permits, issuance of death certificates, residence attestations, validation of location plans and others. All the aforementioned services except certificate of residence have been requested in Santa council. However, of all these, the main service used was the issuance of birth certificates. The following table is intended to find out which services were requested within a specified period (12 months), the opinion of households with regards the reception of council staff during the service and the time spent to obtain the service.

From the results of the study, 23.8% of households requested for the issuance of birth certificate and among them, 80% declared that the reception was good. It should be noted that this issuance of birth certificate is the most widely used service in the council. However, a majority of those who requested the issuance of birth certificate 37.3% only obtained it between a week and a month, 28% obtained it between one day and a week, 15.2% between one month and three months, 9% obtained it within less than a day, while 8.1% had not yet collected. Given the importance of a birth certificate, one month is too long and can discourage the household member hence adversely affecting government policy. Knowing why the waiting time is this long is pertinent for customer satisfaction.

Table 28: Request for a service in the Council

| <i>Services</i> | <i>Proportion of households who have requested for a service in the last 12 months</i> | <i>Proportion of households who 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 | 23.8 | 80.1 | 9.0 | 28.0 | 37.3 | 15.2 | 2.4 | 8.1 |
| Certification of official documents | 5.7 | * | * | * | * | * | * | * |
| Building permit | 1.3 | * | * | * | * | * | * | * |
| Death certificate | 1.7 | * | * | * | * | * | * | * |
| Marriage certificate | 2.6 | * | * | * | * | * | * | * |
| Certificate of Residence | 0.0 | * | * | * | * | * | * | * |
| Approval/Validation of localization plans | 0.6 | * | * | * | * | * | * | * |
| Request for Information | 1.6 | * | * | * | * | * | * | * |
| Others | 2.4 | | | | | | | |

Source: Scorecard Study, Santa Council November 2017

- The asterisk here imply the data is insignificant

3.5.2. Cost and quality of council services

With regards the time taken to get served after a household member requested for the issuance of a birth certificate, certification of official documents, building permit, death certificate, marriage certificate, certificate of residence, approval/validation of localisation plans and request for information, the table below reveals that, out of the households who use the services of the council, 10% are of the opinion that the time was too long. Among this proportion, 30.1% attributed this long time to the unavailability or absence of council staff, 20.5% attributed it to the absence of material (booklets), 23.4% was attributed to corruption

while those who had other reasons represented 19.7%. Again 6.6% paid a tip to obtain a birth certificate. It is important to note that, the government of Cameroon is strictly against corruption of all sorts hence 23.4% of households attributing the delay in obtaining a service to corruption is a call for concern.

Table 29: Delays in obtaining a service in the Council

| <i>Services</i> | Proportion (%) of households who consider that the time taken to be served is long or too long | Cause of time to be lengthy or very lengthy for a service to be rendered | | | | Proportion (%) of households who have paid a tip to obtain the services |
|---|---|---|--|-------------------|----------------------|--|
| | | <i>Unavailability of council staff / absent</i> | <i>The absence of working material</i> | <i>Corruption</i> | <i>Other factors</i> | |
| Issuance of a birth certificate | 10.0 | 30.1 | 20.5 | 23.4 | 19.7 | 6.6 |
| Certification of official documents | 1.1 | * | * | * | * | 1.0 |
| Building permit | 0.8 | * | * | * | * | 0.5 |
| Death certificate | 0.0 | * | * | * | * | 0.8 |
| Marriage certificate | 0.0 | * | * | * | * | 0.0 |
| Certificate of Residence | 0.0 | * | * | * | * | 0.0 |
| Approval/Validation of localization plans | 0.6 | * | * | * | * | 0.0 |
| Request for Information | 0.4 | * | * | * | * | 0.2 |
| Others | 1.3 | * | * | * | * | 0.3 |

Source: Scorecard Study, Santa Council November 2017

- The asterisk here imply the data is insignificant

3.5.3.Appreciation of council services

It was necessary to know if the council involves the households in council activities or even disseminate information. The table below reveals the proportion of households who declared their involvement or who are informed about council actions. Among the households who declared their involvement, 51.3% revealed that, the council supports the village development

actions, 31.9% of the households are of the opinion that the council involves them in the planning meetings, only 24.7% of the households declared that they are involve in programming and budgeting sessions. It should be noted that only 8.0% of the households have information on the council annual budget and as low as 7% are informed on the income and expenditure of the council. These aspects of budget and information on income and expenditure are crucial to the decentralization drive given that local development is a participatory process and the council in line with achievement of decentralization is supposed to involve the population in planning, programming and budgeting and resource mobilization.

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

| Proportion of household who declared that they have been involved or were informed on the council activities | | | | | |
|---|---|--|---|--|--|
| <i>Participation in village assemblies</i> | <i>Communication on the council annual budget</i> | <i>Communication on income and expenditures of the council</i> | <i>Support the village/quarter in development actions</i> | <i>Involving the village/quarter in planning</i> | <i>Involving the village/quarter in programming and budgeting sessions</i> |
| 18.6 | 8.0 | 7.4 | 51.3 | 31.9 | 24.7 |

Source: Scorecard Study, Santa Council November 2017

3.5.4.Reasons for non-satisfaction of the population with regard the Council services

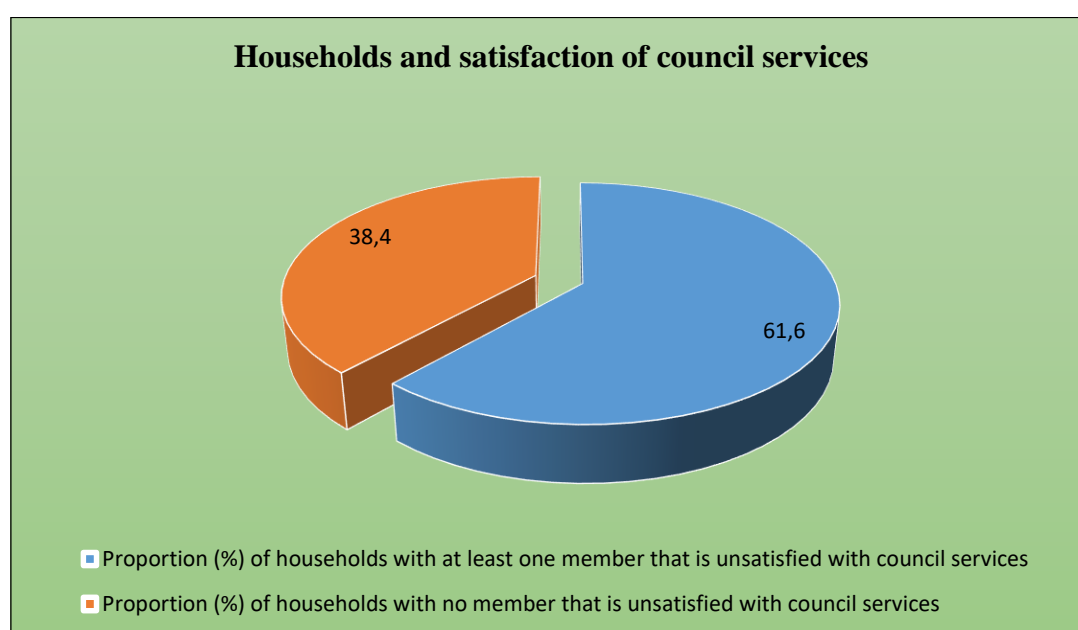
It was very imperative to assess the level of satisfaction of the households as to the services provided by the council. The table and figure below reveal that, a majority of the households 61.6% expressed their dissatisfaction with regards the delivery of council services. Among these, 86.4% attributed their dissatisfaction to the non-involvement of the population in the management of development activities by the council, 84.9% attribute it to poor visibility of the council action on the population, 23.1% attribute it to defaults inherent to corruption, absenteeism and poor reception, 24% attributed their dissatisfaction to other reasons not mentioned here while 18% attributed it to cumbersome procedures relating to user request. Based on these dissatisfactions mentioned, it was important to capture the population's expectations viz-a-viz council services.

Table 31: Dis satisfaction 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 procedures with regard to the processing of users' requests | Non-involvement of the populations in the management of development activities by the council | Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...) | Poor visibility of the council action on the populations | Unavailability of the council executive (the Mayors and his/her deputies) | Other |
| 61.6 | 18.0 | 86.4 | 23.1 | 84.9 | 14.0 | 24.0 |

Source: Scorecard Study, Santa Council November 2017

Figure 22 : Households and satisfaction of Council services



Source: Scorecard Study, Santa Council November 2017

3.5.5.Main expectations in the services rendered by the Council

Given the reasons for dissatisfaction mentioned above, it was important to capture the households' expectations viz-a-viz council services. From the table and figure below, it can be seen that, 77.2% expects the council to step up communication as far as its development actions are concern, 70.4% of the households in Santa expect an increased involvement of the population in the decision making process, 57.2% of the households expects that the council should come closer to them, 51.5% expects more transparency as far as management is concerned. Transparency in management is key to decentralization.

Table 32: Expectations of households in terms of council services in Santa council

| 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 |
| 70.4 | 77.2 | 51.5 | 57.2 | 32.7 |

Source: Scorecard Study, Santa Council November 2017

3.5.6.Synthesis in the perception of Council services and suggested areas of improvement

The most popular service requested by households is the issuance of birth certificates and certification of official documents. Most of those who go to the council go there for these services. For quite a long time the councils have been associated or identified with these services. The households of this council are of the opinion that the reception for these services is good. However there are delays in obtaining the services due to limited working material with about 20.5% recorded and 23.4% of the households attributed the delay to corruption. The households expressed dissatisfaction over the non-involvement of the population in the management of development activities by the council, unavailability of the council executive (Mayor and his deputies), poor visibility of council actions on the population, limited communication on income /expenditure with only 7.4% affirming their awareness. Only 8% of the households are aware of the council annual budget. The households' are therefore soliciting an increase involvement of the population in the actions of the council in keeping with the objective of decentralization and promotion of local development.

3.6.CONCLUSION AND MAIN RECOMMENDATIONS

3.6.1.Conclusion

The citizen report card mechanism for public action has been an exciting and highly participatory process given its methodology. It is actually a study that works in line and helps to facilitate the decentralization drive with a greater involvement of community members or citizens in the assessment of service delivery at the local level. As far as the council is concern, CRCM was aimed at promoting good governance at the local level by identifying lapses in the provision of services especially in the domain of health, water, education and specific council services in view of building the capacity of council executive while at the same time accompany them towards the fulfilment of their mandate. A synthesis of the results can be summarized in a sectorial fashion as follows.

As far as the water sector is concern, the following problems were identified;

- Poor quality of water and inadequate water points
- Poor management of water points
- Frequent breakdowns of water points

With regards health, the study identified the following problems;

- Inadequate qualified staff.
- Inadequate health units.
- Existing health units are not close to the households.
- There is equally inadequate supply of drugs at the health units
- Inadequate or complete absence of equipment in healthcare units

It should be noted that Santa district has 11 health areas but has access to only one medical Doctor.

As far as the education sector is concern, it can be seen that all educational cycles are present in the council area. However, the following problems were identified;

- Inadequate teaching staff
- High tuition fees
- Inadequate schools
- Long distance to reach the nearest schools
- Unavailability of school textbooks

In line with the council services, the problems identified were as follows;

- Delays in obtaining services due to limited working material.

- The non-involvement of the population in the management of development activities by the council.
- Unavailability of the council executive (Mayor and his deputies).
- Poor visibility of council actions on the population.
- Limited communication on income/expenditure.

The households are therefore soliciting an increase involvement of the population in the actions of the council. Santa council has a strongly committed population and elites and this is one of its principal strengths which if fully capitalized amongst others, can boost the rate of CRCM implementation in the coming years. However, major challenges still exist in the council pertaining to water, health and education which need the combined effort of all stakeholders in order to make progress.

3.6.2.Recommendations

Participatory development and high level communication is the key to decentralization and local governance. During the study, major problems which have a high bearing on local development were identified.

In line with the council services, it was noticed that inadequate involvement of the community and communication were outstanding. To this end, the council can do the following;

- ✚ Create functional notice boards in all villages of the council area and publish all council actions on it.
- ✚ Empower all councillors of the municipality as agents of development to communicate all council actions.
- ✚ Organize open days to enhance exchanges with the population so that they feel belonging and so boost their interest and participation in council activities and community development.
- ✚ The council can equally create a website and make use of social media options to disseminate information given that social media has a wide following.
- ✚ The use of churches, socio-professional groups, VDAs and mosques can also enhance information flow upwards and downwards.
- ✚ Inviting all quarter heads and VDAs to council sessions can greatly improve information

flow.

- ✚ In line with water, it is necessary to empower the water management committees to act as vectors of development by identifying all potential water sources that can be harness while galvanizing local support in terms of local material and labour. .It is equally necessary to empower these management committees through capacity building and financial assistance.
- ✚ With respect to education, it will be important for the PTA to step up its role by organizing the various households to understand the importance of making maximum use of available resources in order to justify their needs.
- ✚ In line with the performance based financing in the health care sector, it will be important for the population to make use of services provided in the nearest health units. This will justify their expectations.

Santa council has a strongly committed population and elites and this is one of its principal strengths which if fully capitalized amongst others, can boost the rate of CRCM implementation in the coming years. The council should therefore take advantage of such great asset.

CHAPTER IV: ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORTING CARD MECHANISM FOR PUBLIC ACTION IN SANTA COUNCIL

4.1.Synthesis of Problems Identified Per Sector

Table 33 : Synthesis of problems in the Domain of Water in Santa

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

| | | | | |
|--|---|--|--|--|
| | | equipment | | |
| | Delay in maintenance in case of breakdown | Prompt maintenance be ensured | | |
| | | Elaboration of a mechanism for prompt repairs of water points. | | |
| | | Sensitize the population on the importance of securing maintenance fund | | |
| | | The council should provide technical and financial assistance in case of breakdown | | |
| | Far distance to water points | Extension of water to central locations | | |
| | | Lobby with the Mayor/MP Santa for the extension of water to all quarters | | |
| | | Provision of public stand taps/bore holes at central locations. | | |
| | High cost of water provision | Reduction in cost of water provision | | |
| | | Draft a complain to the service in charge | | |
| | | Harmonization of rates | | |

Table 34 : Synthesis of problems in the Domain of Health in Santa

| Sector | Problem identified | Envisaged solution | Level of implementation | |
|--------|--|---|-------------------------|---------|
| | | | Local | Central |
| Health | Insufficiency of existing health care units | Creation and construction of new health care units | | |
| | | Lobby for the creation of health care units | | |
| | | Feasibility studies for the creation of new health units by DMO/Council Santa | | |
| | Far distance to access the health care units | Bring health care units closer to the population | | |
| | | Make use of community health workers/ partner with transporters to carry the sick at lower cost | | |
| | | DMOSanta to make available a weekly visiting Doctor and an outreach centre | | |
| | Poor quality/ insufficient equipment | Provision of more equipment | | |
| | | Lobby with the MP Santa /NGOs for the provision of more equipment | | |
| | | DMO/ Santa Council to facilitate the provision of improved equipment | | |
| | Insufficiency of drugs/pharmacies | Provision of more drugs and Construction of pharmacies | | |
| | | Partner with transporters who can collect drugs from the administrative head quarter to the health unit | | |
| | High cost of access to health care | | | |
| | | Creation of mutual health institution and sensitization of the households to join | | |
| | | Council to facilitate the creation of a mutual health institution, | | |
| | | Reduction in the cost of treatment | | |
| | Poor management of health care units | Improvement in the management of health care units | | |
| | | Put in place/ revamp a management committee at the health unit | | |
| | | DMO and Santa Council to step up supervision and monitoring | | |

| | | | | |
|--|---|--|--|--|
| | Few beds in Hospitalization rooms | Make available sufficient beds in hospitalization rooms | | |
| | | Lobby with elites to donate hospitalization beds | | |
| | | Express a request/need to stakeholders in the health sector for assistance | | |
| | Default related to health care unit staff | Increase assiduity of staff | | |
| | | Putting in place of a suggestion box | | |
| | | Step up monitoring and institute attendance registers. | | |
| | | Training of staff on customer service | | |

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

| Sector | Problem identified | Envisaged solution | Level of implementation | |
|-----------|---|---|-------------------------|---------|
| | | | Local | Central |
| Education | Insufficiency of teaching staff | Provision of more teaching staff | | |
| | | Recruitment and payment of PTA teachers | | |
| | High tuition | Reduction and regularization of fees in all schools | | |
| | | Increase personal savings | | |
| | | Enforce the law on free tuition in nursery and primary public schools and ensure parents are not exploited in secondary schools | | |
| | Far distance to access educational services | Bring educational services closer | | |
| | | Lobby with Mayor / MP for the creation of more schools | | |
| | | Feasibility studies for the creation of new schools, | | |
| | Insufficiency of classrooms | More classrooms be constructed | | |
| | | Construction of temporal classrooms | | |
| | | Provision of local building material and labour | | |
| | | Construction and equipping of classroom blocks | | |
| | Insufficiency of equipment | Adequate equipment be provided | | |
| | | Lobby with Mayor for timely provision of minimum package | | |
| | | Provision of equipment and increase in the minimum package | | |
| | Insufficiency of schools | Creation of more schools in all cycles | . | |
| | | Lobby for the creation of more centrally located schools | | |
| | | Provision of land for the construction of school infrastructure | | |

| | | | | |
|--|---|---|--|--|
| | | Creation and construction of new schools in Santa | | |
| | Non distribution of textbooks | Make available textbooks in all cycles | | |
| | | Lobby for the provision of books from Book Aid International (NGO) | | |
| | | Creation and construction of school libraries | | |
| | Over populated classrooms in secondary schools | Reduce the number of students per classroom to 60 | | |
| | | Construction of more classrooms | | |
| | | Introduction of more streams (A, B, C, D...) | | |
| | | Ensure the implementation of policies related to class sizes | | |
| | The complete absence of vocational training schools | Creation, construction and equipment of Vocational training Centres | | |
| | | Sensitize parents on the importance of vocational training centres | | |
| | | Encourage parents to send children to the created centres | | |
| | High cost | Harmonize, reduce, costs and burdens | | |
| | | Award of scholarships to students, | | |
| | | Review policy on school fees | | |

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

| Sector | Problem identified | Envisaged solution | Level of implementation | |
|------------------|---|---|-------------------------|---------|
| | | | Local | Central |
| Council Services | Non-involvement of the population in the management of development activities | Continuous involvement of the population in the development of Santa 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 | | |
| | | Inform the council about village plans. | | |
| | | Provide reports of village activities | | |
| | | Support village actions morally, financially and materially. | | |
| | | Allocate projects to villages proportionately | | |
| | Default inherent to Council staff | Continuous follow up and monitoring of the behaviour of council staff to ensure satisfactory performance | | |
| | | Put in place a suggestion box for the public | | |
| | | Report to council executive all staff who act unethically | | |
| | | Provide capacity building opportunities for council staff | | |
| | | Sanctions to staff who act unethically. | | |

| | | | | |
|--|--|---|--|--|
| | | Recruit more staff | | |
| | Cumbersome procedures with regards to the processing of user request | Facilitate the procedure regarding the processing of user request | | |
| | | Report to council executive in case of delays or corruption | | |
| | Poor communication on the Council annual budget and activities | Step up communication on the annual budget and activities | | |
| | | Send village executive to attend council budgetary sessions. | | |
| | | Read notices and communiques on the council notice board frequently. | | |
| | | Get in contact with councillor of the village to update village on council activities | | |
| | | Make available the annual budget on the council notice board. | | |
| | | Create a functional website, email and Facebook page to display council information | | |
| | | Recruit a communication officer | | |

4.2. Plan of Action per Sector

4.2.1. Plan of Action for Water

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

Table 37: Plan of action for Water

| Sector | Objective | Specific objective | Actions | Verifiable indicators | Means of verification | Assumptions for realisation | Expected results | Period | Responsibility | Partners | Estimated cost |
|--------------|---|---|---------------------------------------|---|--|------------------------------------|--|---------|---|--|--|
| Water | To make portable water available and affordable to all and sundry in Santa council area within 5 years | 1. To develop and Improve accessibility to portable water | Provision of additional water points | Number of villages with portable water supply | From council reports and field observation | Existence of several water sources | Water is available and affordable in the community | Ongoing | The population, technical service of the council, VDC | DD MINEEME ZAM NGOs Member of parliament | A concrete feasibility study will determine the cost |
| | | | Planting of water friendly trees. | | | | | | | | |
| | | | Protection of water catchment | | | | | | | | |
| | | | Extension of water to needy quarters. | | | | | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|---|------------|---|--|--|
| | | | Organise periodic meetings | | | | | | | | |
| | | 2: To identify and harness water sources in villages | Inventory of water points. | Number of new water catchments | Report from DD MINEE, Mezam From council reports and field observation | Many undeveloped water sources are found in the communities | Many water sources are found and developed in the communities | Ongoing | The population, technical service of the council, VDC | DD MINEEME ZAM NGOs Member of parliament | |
| | | | Identification of new water points | | | | | | | | |
| | | | Lobby for technical assistance | | | | | | | | |
| | | 3: To repair all damaged water points. | Recruitment of technician. | New and bigger pipes are purchased | Report from DD MINEE, Mezam Council Report Field visits | Adequate financial and material support from the community | All damaged water points are repaired in time | Continuous | The population, technical service of the council, VDC | DD MINEEME ZAM NGOs Member of parliament | |
| | | | Creation of water management committee in quarters | | | | | | | | |
| | | | Fund raising to maintain damage sources | | | | | | | | |
| | | 4. To improve quality of water | Periodic cleaning of water catchment area. | Number of water management committee members | Councils report Minutes, Attendance sheets, field | Adequate financial and material support | Quality of water is improved, cleaning of | Continuous | The population, technical service of the council, | DD MINEEME ZAM NGOs Member of | |

| | | | | | | | | | | | |
|--|--|---|--|---|--|---|--|------------|---|--|--|
| | | | Treatment of water points. | trained per village. mobilization is done in all quarters | visits | from the community | water sources and treatment is frequent | | VDC | parliament | |
| | | | Sensitization of the village on the need to ensure water quality | | | | | | | | |
| | | 5. To improve on management of water points | Revamp the water management committee | Number of committee put in place in the council area, periodic meetings | Councils report Minutes, Attendance sheets | High level of commitment, training of members | Management committees exist in all quarters, Periodic meetings are held, | continuous | The population, technical service of the council, VDC | DD MINEEME ZAM NGOs Member of parliament | |
| | | | Put in place a local saving scheme to maintain water | | | | | | | | |

4.2.2.Action Plan for Health

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

Table 38: Plan of action for Health

| 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 Santa council area by 2023 | 1: To Improve the staffing situation | Recruit Community health workers | Number of staff recruited | From council reports and field observation, Report from DMO | Availability of human resource, community is ready to provide community health workers | More staff are available and willing to handle cases of illness promptly | By 2019 | The population, technical service of the council, VDC, management committee | Ministry of public health, DMO Santa NGOs Member of parliament | A concrete feasibility study will determine the cost |
| | | | Lobby with the council for the recruitment of more qualified staff | | | | | | | | |

| | | | | | | | | | | | |
|--|--|--------------------------------------|--|--|--|---|---|---------|--|---|--|
| | | 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 Santa From council reports and field observation | Incidence of diseases in the community and community members are capable of settling health bills | Many health care units are available and there is an improvement in the quality of health | By 2020 | VDC, the council, The member of parliament | Ministry of public health, DMO Santa | A concrete feasibility study will determine the cost 0 |
| | | 3: To provide more drugs. | Construction of a pharmacy. | New pharmacies are constructed and equipped with drugs | Report from DMO Santa Council Report Field visits | The community is willing to purchase clinical drugs, Growing population | Drugs are provided in the health care unit at affordable cost | ongoing | The population, technical service of the council, Mayor VDC, management committee | Ministry of health, Member of parliament, DMO Santa | A concrete feasibility study will determine the cost |
| | | | Recruitment of pharmacy attendants in the villages. | | | | | | | | |
| | | | Provision of drugs | | | | | | | | |
| | | 4. To provide more equipment | Lobby with DMO/Mayor/MP for the provision of equipment to all health units | Number and quality of equipment provided | Councils report Management committee report, DMOs report | Inhabitants are interested in making use of the health facility | There is an improvement in the quality of health | Ongoing | The population, Mayor, technical service of the council, VDC, management committee | Ministry of health, Member of parliament, DMO Santa | |

| | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---------|--|---|--|
| | | | | | | | | | | | |
| | | 4. To reduce cost of access to health care unit | Creation of a mutual health fund | One mutual health fund created | Council report DMO's report Authorization note. | More people can gain access if charges are low. | There is a decrease in cost of treatment and death rate | By 2019 | The population, Mayor, technical service of the council, VDC, management committee | Ministry of health, Member of parliament, DMO Santa | |
| | | | Sensitization of the population on the importance of enrolling in the fund. | Number of sensitization meetings. List of new charges. A service note is put up | Attendance sheets Report of meetings held. Copy of the list published | Population is not aware of the benefits of a mutual health fund | | | | | |
| | | | Rigorous check on arbitrary charges. Service note to sanction defaulters | | Copy of service note published | | | | | | |

4.2.3.Action Plan for Education

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

Table 39: Plan of action for Education

| 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 Santa council area by 2023 | 1: To Improve the staffing situation of schools in the council area | Recruit and support PTA teachers | Number of staff recruited | From council reports and field observation, Report from DDSEMezam/ IBE Santa | Available human resources PTA is ready to support | More staff are available and committed to teach in the various schools | By 2019 | The population, technical service of the council, VDC, PTA, Mayor | Ministry of Basic /Secondary education IBE Santa/ DDSE NGOs Member of parliament | A concrete feasibility study will determine the cost |
| | | | Send children of the municipality to teacher training schools | | | | | | | | |
| | | | Provide low cost housing to teachers sent to the municipality | | | | | | | | |

| | | | | | | | | | | | |
|--|--|--|---|---|--|---|--|------------|---|---|--|
| | | | Lobby with the Mayor and DDSE/IBE for the recruitment of more staff | | | | | | | | |
| | | 2: To create more schools and have a school located closer to the households | <p>Lobby with Mayor and DDSE/ IBE for the creation and construction of more schools.</p> <p>Provide land and local labour</p> | Number of schools created | Report from IBE Santa/ DDSE Mezam From council reports and field observation | Many children of school going age The community can support Local building material | All school cycles are available and there is a reduction in time taken to reach the nearest school | By 2020 | VDC, the council, The member of parliament, PTA | Ministry of Basic/ Secondary education, IBE Santa, DDSE Mezam | A concrete feasibility study will determine the cost |
| | | 3: To provide more classrooms. | <p>Construction of temporal Classrooms.</p> <p>Provide local building material</p> | New classrooms are constructed and equipped | Report from DDSE Meza m/ IBE Santa, Council Report, | Available children of school going age | More available and equipped classrooms with | Continuous | The population, technical service of the council, Mayor | Ministry of Basic/ Secondary education, IBE Santa, DDSE | A concrete feasibility study will determine the cost |

| | | | | | | | | | | | |
|--|--|-----------------------------------|--|--|--|--|---|---------|--|---|--|
| | | | Construction of more classrooms | | Field visits | | permanent material and children learn in conducive condition | | VDC, management committee, PTA | Mezam | |
| | | 4: To distribute school textbooks | Proper management of minimum package by officials | Number and quality of textbooks provided | Report from DDSEMezam/ IBE Santa, Council Report, Field visits, testimony of parents | NGOs and Elites of good will are willing to assist | Children have access to textbook and the quality of results is improved | Ongoing | The population, technical service of the council, Mayor VDC, management committee, member of parliament, PTA | Ministry of Basic/ Secondary education, IBE Santa, DDSE Mezam, NGOs | A concrete feasibility study will determine the cost |
| | | | Lobby for a Mass distribution of textbooks by Book Aid International (NGO) | | | | | | | | |

| | | | | | | | | | | | |
|--|--|------------------------------|---|--|--|--|---|---------|---|---|--|
| | | 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 | Available local building material and support from PTA | There is an improvement in the quality of education | By 2020 | The population, Mayor, technical service of the council, VDC, management committee, PTA | Ministry of Basic/ Secondary education, IBE Santa, DDSE Mezam, NGOs | A concrete feasibility study will determine the cost |
| | | | Increase the minimum package to schools | | | | | | | | |

| | | | | | | | | | | | |
|--|--|---|--|---|---|---|---|---------|--|--|--|
| | | 6. To improve on the quality of results | Guidance, counselling and orientation of students/ Pupils. | 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 | Tendency for more follow up at all levels of learning, Possibility of pedagogic seminars | Sustained improvement in quality of results | Ongoing | School authorities, teaching staff, pupils/ students, NGOs | Ministry of Basic/ Secondary education, IBE Santa, DDSE Mezam, | A concrete feasibility study will determine the cost |
| | | | Organize pedagogic workshops for teachers | | | | | | | | |
| | | | Quality standards set for all schools. | | | | | | | | |
| | | | Teachers given targets, | | | | | | | | |

| | | | | | | | | | | | |
|--|--|---------------------------------|--|---|--|---|---|---------|---|---|--|
| | | | Scholarship opportunities announced | | | | | | | | |
| | | 7. To reduce the cost of access | Check for arbitrary fee charge | Number of new cases enrolled after reduction, | Enrolment registers, reports of school authorities, minutes of PTA meeting | Income levels here are low and parents can't afford to pay fees | More awareness and increase in literacy | By 2020 | School authorities, IBE/DDSE pupils/ students, NGOs | Ministry of Basic/ Secondary education, IBE Santa, DDSE Mezam | A concrete feasibility study will determine the cost |
| | | | Regulate and harmonize fees in all schools | | | PTA is willing to cut down on levees | | | | | |

4.2.4.Action Plan Council Services

STRATEGY OF THE 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

Table 40: Plan of action for Council Services

| 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 2023 | 1: To involve the population in decision making | The Council should invite representatives of the population during council sessions | Number of stakeholders and socio professional group who attended the council session | From council reports and attendance sheets, invitation letters distributed, council notice board, Dispatch letters | The population is willing to collaborate in the development of the council, Increase in the use of council services | More stakeholders participate in decision making, Sustained increase in the use of council services | On-going | The Secretary General | Mayor PNDP | A concrete feasibility study will determine the cost |
| | | | | | | | | | | | |
| | | | Village representatives should constantly visit the council notice board and inform council executive of their activities | | | | | | | | |

| | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|----------|---|---|--|
| | | | | | | | | | | | |
| | | 2: To communicate all development actions | <p>Council should make announcements through various media houses/ Social media.</p> <p>Construction and placement of council notice boards at strategic locations of the village.</p> <p>Development of a website, email and face book page</p> | <p>Number of copies of different announcements sent out,</p> <p>Website developed, Email address created</p> | From council reports and field observation Testimony from the population | Many communication avenues are available | <p>High involvement of the population in decision making at the council</p> <p>Updated website Frequent use of all communication means</p> | On-going | <p>The SG of the council</p> <p>The population</p> | <p>The Mayor PNDP</p> <p>DD communication</p> <p>DD P&T</p> | A concrete feasibility study will determine the cost |
| | | 3: To ensure transparency in management. | Council should make available the administrative and financial account of the council yearly. | 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 updated | More awareness on the administrative and financial accounts is created | On-going | <p>The municipal treasurer</p> <p>Council finance officer</p> <p>Council cahier</p> <p>The SG</p> | Divisional treasury, Other financial services | A concrete feasibility study will determine the cost |

| | | | | | | | | | | | |
|--|--|--|--|---|---|--|---|----------|--|-----------------------------|--|
| | | | Publish the annual investment plan of the council and give copies to village heads | | | | | | | | |
| | | 4: To increase population's access to decentralised services | Opening of special civil status centres. | Number of special civil status centres created. | 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 | On-going | technical service of the council, Mayor | PNDP MINADT | A concrete feasibility study will determine the cost |
| | | | Employment of registrars, | Number of registrars employed. | | | | | | | |
| | | | Creation of mobile registration centres | Number of mobile registration centres created | | | | | | | |
| | | 4. To provide more equipment | Needs identification. | Number and quality of equipment provided | Councils report Report of the stores accountant | Increase in council revenue | There is an improvement in quality of equipment used by council workers | On-going | Mayor, technical service of the council, stores accountant | PNDP Suppliers, Contractors | A concrete feasibility study will determine the cost |
| | | | Procurement of equipment | | | | | | | | |

4.3.PROGRAM FOR THE DISSEMINATION OF RESULTS AND THE PRESENTATION OF AN ACTION PLAN

Table 41 : program for the dissemination of results and the presentation of an action plan

| DATE | VENUE | ACTIVITY | EXPECTED RESULTS | PERSONS RESPONSIBLE |
|-------------------------|-----------------------|--|---|--|
| | PVC and Santa Council | Administrative and Pedagogic Preparation | A contact meeting is done and the date for the restitution workshop has been agreed upon, invitation letters are prepared and sent out, all logistics for the workshop are prepared (workshop program, writing materials, study report printed and distributed) | Scorecard supervisor for Santa, CDO All Stakeholders |
| | Santa council | 1. Organisation of a workshop with stakeholders to reconstitute, review and validate the report of the study | The restitution workshop is attended by the various stakeholders, the various results per sector are presented for review by the participants, stakeholders have validated the results | Scorecard Supervisor Santa CDO All Stakeholders |
| | PVC | 2. Writing of report | A report which captures the key observations made by participants of the restitution workshop is written. | Scorecard Supervisor Santa |
| | PNDP | 3. Submission of final Report / technical validation | A final report is submitted to PNDP for technical validation | PVC /PNDP |
| 93 SANTA COUNCIL 2017 | | | | |

Photo Gallery

Picture 1 : Training of Enumerators at Tubah Centre



Picture 2 : Enumerators writing the selection test and field work



BIBLIOGRAPHY

- **The Santa Monographic report by Swiss Association for International Cooperation (Helvestas Cameroon)**
- **Population and housing census 2005**
- **The Growth and employment strategy papers of Cameroon**
- **Santa Council Development Plan (CDP) 2017 by PNDP**
- **Report of Inspectorate of basic education Santa 2015/2016**
- **Report of DD of Secondary education Mezam 2016/2017**
- **Technical documents and reports from various sector ministries**

ANNEXES

Annexe 1: List of the stakeholders involved in the Study

- The Governor's representative
- Regional Delegate of MINEPAT

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

SANTA COUNCIL

1. Team Leader: SHEI WILLIAM KANJO

| S/N | NAME | FUNCTION |
|-----|----------------------------|---------------------------|
| 1 | CHEYEH Julius NGWAN | Council Supervisor |
| 2 | Diangha Laura N. | Enumerator |
| 3 | Hassan Bello | Enumerator |
| 4 | Ajemsimbom Vanity N. | Enumerator |
| 5 | Mbom Marie N. | Enumerator |
| 6 | Abembom Tedji N. | Enumerator |
| 7 | Yibain Emmanuel S. | Enumerator |
| 8 | Ful Prosper L. | Enumerator |
| 9 | Bailei Odette M. | Enumerator |
| 10 | Chiambah Remedy | Enumerator |
| 11 | Hamadu Bello B. | Enumerator |

Annexe 2: Questionnaires of the Scorecard Study

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



PLANIFICATION MINISTRY OF
DEVELOPMENT

SECRETARIAT GENERAL GENERAL SECRETARY

PROGRAMME NATIONAL DE DÉVELOPPEMENT

NATIONAL COMMUNITY
DEVELOPMENT PROGRAM DRIVEN

PARTICIPATIF

CELLULE NATIONALE DE COORDINATION

NATIONAL COORDINATION UNIT

Citizen Report Card

Assessment of public services within the Council of

| Section I. BACKGROUND INFORMATION | |
|--|---|
| A01 | Region _____ |
| A02 | Division _____ |
| A03 | Council _____ |
| A04 | Batch number _____ |
| A05 | Enumeration Area Sequential number _____ |
| A06 | Residence stratum : 1=Urban 2=Semi-urban 3=Rural |
| A07 | Name of the locality _____ |
| A08 | Structure number _____ |
| A08a | Household number in the sample _____ |
| A09 | Name of the household head _____ |
| A10 | Age of the household head (in years) _____ |
| A11 | Sex of the household head : 1=Male 2=Female |
| A12 | Name of the respondent _____ |
| A13 | Relationships between the respondent and the household's head (see codes) _____ |
| A14 | Sex of the respondent: 1=Male 2=Female |
| A15 | Age of the respondent (on a bygone-year basis) _____ |
| A16 | Phone number of the respondent _____ |
| A17 | Date of beginning of the survey _____ |
| A18 | Date of end of the survey _____ |
| A19 | Name of the enumerator _____ |
| A20 | Name of the council's supervisor _____ |
| A21 | Data collection result |
| | 1=Complete Survey 4=Absence of a qualified respondent |
| | 2= Incomplete Survey 5=Empty house or no house responding to the |
| | 3=Refusal given address |
| | (If the answer is different 96= Any other reasons (to be specified) and 2, the |
| | from 1 a questionnaire should come to an end) |

| | | |
|------------|---|----------------------|
| A22 | Assessment of the quality of the survey 1= Very good 2=Good 3=Average 4=Poor 5=Very poor | <input type="text"/> |
|------------|---|----------------------|

CODES

A13

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

| <u>Section II. POTABLE WATER</u> | | |
|---|--|---|
| H01 | Which public water supply systems exist in your village/quarter? (Circle the corresponding letter(s)) Is there any other system? | 1=Yes 2=No Well equipped with a pump <input type="text"/> Open pit well <input type="text"/> Protected well <input type="text"/> Boreholes equipped with a manually operated pump <input type="text"/> E. Spring/ river <input type="text"/> F. Access to tap water (pipe borne water) <input type="text"/> |
| <u>Section II. POTABLE WATER</u> | | |
| H01a | Is your main water supply source run by a public or owned by a private entity? 1=Public 2=Private If 2 H14 → | <input type="text"/> |
| 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 | <input type="text"/> |
| H03 | What is the quality of the said water? 1=Good 2=Poor 3=Indifferent | <input type="text"/> |
| H04 | Does this water have an odour? 1=Yes 2=No 8= Does not know. | <input type="text"/> |
| H05 | Does this water have a taste? 1=Yes 2=No 8= Does not know. | <input type="text"/> |
| H06 | Does this water have a colour? 1=Yes 2=No 8= Does not know. | <input type="text"/> |
| H07 | Do you pay something to get this water? 1=Yes 2=No If no → H08 | <input type="text"/> |
| H07a | If yes, how much do you spend on average per month? (give an amount in FCFA) | <input type="text"/> |
| H07b | How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant | <input type="text"/> |
| H08 | Is this water available throughout the year? 1=Yes 2=No | <input type="text"/> |
| 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 | <input type="text"/> |
| 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 . | <input type="text"/> |
| 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 | <input type="text"/> |
| H10b | Who repair it? Who else? | 1=Yes 2=No A=Mayor (Council) <input type="text"/> B=State <input type="text"/> C=An elite <input type="text"/> D=The Water Management Committee <input type="text"/> E=the village/quarter head <input type="text"/> F=CAMWATER/SNEC/CDE <input type="text"/> X=Other partners/stakeholders : _____ <input type="text"/> |

| | | | |
|---|---|---|---|
| H11 | Do you have access to that water point at any moment of the day? 1=Yes 2=No If yes H13 → | | <input type="checkbox"/> |
| H12 | If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice | | <input type="checkbox"/> |
| H13 | Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| H15 | To whom did you submit your request/needs? (several answers are possible) Other? | 1=Yes 2=No Mayor (Council) State An elite The Water Management Committee The village/quarter head the Administrative authorities G .CAMWATER/SNEC/CDE X . Other stakeholders : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| H16 | Has your need been met? 1=Yes 2=No If no →H18 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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. → | | <input type="checkbox"/> |
| H19 | State the reasons of your non-- | 1=Yes 2=No | |
| <u>Section II. POTABLE WATER</u> | | | |
| | satisfaction with regard to water supply in your village (several answers are possible). Any other reason? | A. Far distance to access to the water point B. Poor quality of water C. Insufficiency of water supply points D. Poor management of the water supply E. Failure/delay to repair in case of breakdown F. High cost of water supply X. Any other reasons to be specified : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| H20 | What are your expectations in terms of supply of potable water? (Several answers are possible). Any other expectation? | 1=Yes 2=No A. Additional water points ; B. Improvement in terms of management of the existing water points; C. Repair works should be carried out on the damaged water points ; D. Improvement of the quality of the existing water points ; E. Reduction of price ; X. Other expectations to be specified : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Section III. HEALTH

| | | |
|------------|--|--------------------------|
| S01 | Which is the nearest health care unit to your household? 1= Public integrated health Centre 2= Hospital/CMA 3= Private health Centre | <input type="checkbox"/> |
| S02 | How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4 = Over 1 hour | <input type="checkbox"/> |

| | | |
|--|---|--|
| S03 | Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 2=Hospital /CMA 3=Private health center 4=Traditional healers 5=Medicine store 6=Go to a medical staff member 7= Treat at home /Self-medication 8=Others (to be specified) | <input type="checkbox"/> |
| S04 | Has any member of your household gone, at least once, to the nearest health care unit in the course of the last 12 months, specifically since ? 1=Yes 2=No If no → S17 | <input type="checkbox"/> |
| S05 | Who is in charge of managing such health care units? 1=Medical doctor 2=Nurse 3= Nurse aider 4=Other (to be specified) _____ 8= Does not know | <input type="checkbox"/> |
| The last time a member of your household is taken care of in such a health care unit, | | |
| S06 | Were the medical staffs present? 1=Yes 2=No | <input type="checkbox"/> |
| S07 | Were minor medical equipment (such as scissors, syringes, spirit, cotton, betadine, thermometer, tensiometer, medical scale, etc.) always available? 1=Yes 2=No 8=Do not know | <input type="checkbox"/> |
| S08 | Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no → S10. | <input type="checkbox"/> |
| S09 | How many beds are available in the hospitalization rooms? 0= None, 1=Less than 5 beds 2=Between 5 and 10 beds 3=Over 10 beds 8=Does not know. | <input type="checkbox"/> |
| S10 | How much did he/she pay for one consultation? (Session fees) 1=Free of charge 2=Less than 500 CFAF 3=Between 500 and 1000 CFAF 4=Over 1000 CFAF If S10=1 → S14 | <input type="checkbox"/> |
| S11 | How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant | <input type="checkbox"/> |
| S12 | In addition to the consultation fees, did the household member who received treatment give a tip to the medical staff for him/her to be better taken care of ? 1=Yes 2=No —If no→ S14 | <input type="checkbox"/> |
| S13 | If yes, did the person do it willingly or is he/she obliged by the medical staff to do so? 1=Personal initiative 2=Obliged by the medical staff to do so | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| S15 | Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No —If no→ S17 | <input type="checkbox"/> |
| S16 | Are drugs always available? 1=Yes 2=No 8=Do not know | <input type="checkbox"/> |
| | | |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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? X. To be specified) : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| S20 | What are your expectations with respect to health care services? Any other expectations? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

X. Other to be specified _____

Section IV. EDUCATION

| | Education cycle → | <i>Nursery</i> | <i>Primary</i> | <i>Secondary</i> | <i>Vocational training</i> |
|------------|---|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E15 | Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E16 | When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2=No A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organisation D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) _____ Any other? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| E17 | In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 E19. → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E18 | State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village? (Several answers are possible) Any other reason? 1=Yes 2=No A. Far distance to access the education service B. Insufficiency of class-rooms C. Insufficiency of equipments D. Insufficiency of schools E. Insufficiency of teaching Staff F. No distribution of text books G. Poor results H. High tuition fees X. Any other reason to be specified | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| E19 | Do you have any expectations in terms of provision of education services in the (name of the cycle)? (Several answers are possible) Any other expectation? 1=yes 2=No A. Have a school located nearer to the village/quarter B. Build more class-rooms C. Add additional Equipments D. Create more school/vocational training center E. Recruit more teaching staff F. Distribute text books G. Improve the results H. Reduce the costs | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 of staff /absent 2=Absence of working material 3=Corruption 4=Other factors (to be specified) _____ | C06 Did you have to pay a tip in order to obtain the said service? 1=Yes 2=No |
| Issuance of birth certificates | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Certification of official copies of documents | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Building permit | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Death certificate | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Marriage certificate | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Certificate of residence | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Approval of localisation plans | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Information | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other (to be specified) _____ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|------------|--|---|--|
| 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 Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc...) Poor visibility of the council action on the populations E. Unavailability of the council executive (the Mayors and his/her deputies) X. Any other reasons (to be specified) _____ | <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). Any other expectation? | 1=Yes 2=No . Increased involvement of the populations in the decision-making process . Increased communication by the council as far as its development actions are concerned . More transparency as far as management is concerned . Closeness of the Council to the populations X. Any other expectation (to be specified) : _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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