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**MINISTRY OF
DECENTRALISATION AND LOCAL
DEVELOPMENT**

NORTH WEST REGION

BOYO DIVISION

BELO COUNCIL

**CITIZEN REPORT CARD MECHANISM (SCORECARD)
ASSESSMENT OF PUBLIC SERVICES IN THE SECTOR OF HEALTH WATER
EDUCATION AND COUNCIL SERVICES WITHIN THE BELO COUNCIL
AREA**



REPORT OF THE STUDY

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LIST OF ABBREVIATIONS

CA	Continuous Assessment
CAMWATER	Cameroon Water Cooperation
CCRM	Citizen Control Reporting Mechanism
CDE	Camerounaise Des Eaux
CDP	Council Development Plan
CMA	Centre Medical Arrondissement
CS Pro	Census and Survey Processing System
DD	Divisional Delegate
DLC	Decentralization Local Collectivises
DMO	District Medical Officer
DNK	Do Not Know
EA	Enumeration Area
FCFA	Fédération des Communautés Francophones et Acadienne
HC	Health Centre
IBE	Inspector of Basic Education
IHC	Integrated Health Centre
LSO	Local Support Organisation
MINADT	Ministère De La Décentralisation
MINEE	Ministère De L'Energie et De L'Eau
MTEF	Midterm Expenditure Framework
NGO	Non Governmental Organization
NIS	National Institute of Statistics
P&T	Post and Telecommunication
PNDP	Programme National de Développement Participatif
PTA	Parents Teachers Association
PVC	Positive Vision Cameroon
SG	Secretary General
SPSS	Statistical Package for Social Sciences
UN	United Nation
USA	United States of America
VDC	Village Development Committee
W.H.O	World Health Organization

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PREFACE

Assessing council activities and services in the municipality by all its inhabitant has been a very big challenge for a very long time. Accountability which has a lot to play in an area where everyone is actively involved in the management of affairs in one way or the other was found wanting.

This prompted people to become very frustrated to a point where effective participation dropped visibly. The absence of effective accountability led to the introduction of Citizen Reporting Card Mechanism (CRCM) by PNDP. This CRCM is expected to be instrumental in helping policy makers to obtain credible feedback on user perspectives regarding service delivery, monitor service-delivery effectiveness in the sectors, provide incentives for continuous improvement over time, and establish benchmarks to promote performance improvements as well as improve transparency and accountability for public service providers. It will also provide inhabitants of my municipality with information that they can use to hold their service providers accountable for the efficient and equitable provision of services and will generate public support for positive reforms.

During this survey, the people's perception on water, health, education and council services were drawn. Findings reflected their opinions and these opinions were geared towards bringing out shortcomings as far as these services were concern.

Also, some expectations were identified and Recommendations were made. A plan of action was elaborated in order to correct the limitations of the services provided and increase the benefits to the population with respect to the four sectors.

The Lord Mayor, Belo Council



Emmanuel Awonsang

EXECUTIVE SUMMARY

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

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

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

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

In line with the water sector, two types of water sources namely public water sources with a percentage of 54.6% and private with a percentage of 45.4%. 31.7% of the households declared the quality was not the best, 22.6% were of the opinion that it had an odour, 68.1% that it has taste and 20.2% that it was colorful. Households said water was cheap as they paid insignificant amounts. The cheap nature of the water was followed by inconsistency in flow as declared by 41.2% of the household. 59.5% are not satisfied with the water services reasons being that water points are too far (58%), water points are insufficient (78.8%) and a host of other reasons. 84.1% expected to see additional water points.

With regards to the health sector in Belo, three health units (public integrated health centre, CMA and Private health centres) were identified by households. Opinions of 56% of

households indicated that private health centres were very close to them. Half of the households (50%) preferred going to private health centres for treatment and 56.3% of the household have attested to the fact that these medical units were managed by nurses. Consultation was not free as declared by 96.1% of the households. According to 53.9% of them the fee charged was high compared to their income. A small proportion of 26.3% were not satisfied with the health services for reasons like inadequate health units (60.7%), distant health units (56.9%), and a host of others. 75.6% of them expect amongst others to see additional health units since most of them use 15 minutes and above to get to medical units.

Three cycles of education namely nursery, primary and secondary schools were identified by 86%, 88.1% and 65.3% of households in the Belo council area respectively. An insignificant number of households made mention of the existence of a vocational school in the area which implied there was a need for some to be introduced there. The national phenomenon of free education at the basic level was found wanting in the area as households with children in the nursery and primary schools declared they pay on average 17,032 FCFA and 7,345 FCFA a year as school fees respectively. Textbooks were not distributed to pupils of the nursery and primary schools. The amount paid as fee was said to be high as more than 58% of the parents attested to that. School maintenance is carried out by the Parents Teachers Association (PTA). 4.8%, 16.3% and 14.1% of households declare they were not satisfied with the services offered at the Nursery, Primary and Secondary schools respectively. They cited distant schools and other factors as reasons for their dissatisfaction. They expected to see more schools constructed nearby in the nearest future.

Analysis of council services was not left out in this exercise. Results of the survey showed that, the birth certificate was the document which was requested for most (20%). 62.7% of the households said it took less than a week to get it. It was observed by 57.1% of the households that the council involves them to support development action but when it came to pertinent issues like program and budgeting session, communication on income and expenditure and finally communication on annual budget, only 15.8%, 6.3% and 14.1% of these households were involved. 75.1% of the households expressed dissatisfaction in the non-involvement of the population in the management of development activities while 81.1% were frustrated at the poor visibility of the council action on the population. The main expectation of the households in Belo was to see an increase in the participation of the local population in the council's affairs and closeness of the council to the people.

A series of recommendations and a plan of action have been elaborated to address the issues raised by the households in the various sectors.

GENERAL INTRODUCTION

Given that accountability and good governance are inadequate 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. 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.

Amongst the different expectations of the 3rd phase of PNDP program, one of the targeted result indicators is “the number of councils which have put in place an operational mechanism for citizen control and access to information.”

To attain this target result, the “Citizenship reporting 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, Batibo, Bafut, Santa, Wum, Tubah, Mbengwi and Fundong) that make up Zone 13 of the Project. Its’ analysis will contribute to strongly advocate for an increased mainstreaming of the populations’ needs at the grassroots level into the interventions of development actors/stakeholders throughout the council territory

Thus, a populations’ perception study is expected to be conducted based on the quality of public services delivery within the council environment, especially in the water, health and

education sectors. The said study is equally intended to dwell on services delivered by the council.

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

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

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

CHAPTER I

LEGAL FRAMEWORK OF DECENTRALISATION AND LOCAL DEVELOPMENT IN CAMEROON

1.1 LEGAL FRAMEWORK OF DECENTRALIZATION 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 concerned 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.

The President of the Republic has modified the structure of the Government by creating the Ministry of Decentralization and Local Development by decree n°2018/190 of 2 March 2018. This decree is in conformity with the Constitution of 18 January 1996 that solemnly stipulates in Article 1, that Cameroon is « a unitary decentralized state ». Prior to the 2nd of March, 2018 government actions related to decentralization were assumed by a Minister Delegate to the Minister of Territorial Administration and Decentralization. At the level of decentralization, this Ministry shall, among other things, elaborate, follow-up and put in place norms relating to the organization and functioning of Councils. It will also act on behalf of the President of the Republic to oversee the running of local councils in the country as well as carry out regular evaluation of the putting in place of the decentralization plan of action. This Ministry shall equally exercise its authority over all organizations in the domain of decentralization. In the domain of local development, the Ministry of Decentralization and Local Development shall work towards the socio-economic development Councils and the promotion of governance.

1.2 PROMOTION OF LOCAL DEVELOPMENT

Local Development is the process by which public, business, and Non-Governmental partners work collectively to create better conditions for growth and development. 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 Belo 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. Belo council promotes the local economic development by ensuring that all communities have access to basic social facilities. This is illustrated in the table

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

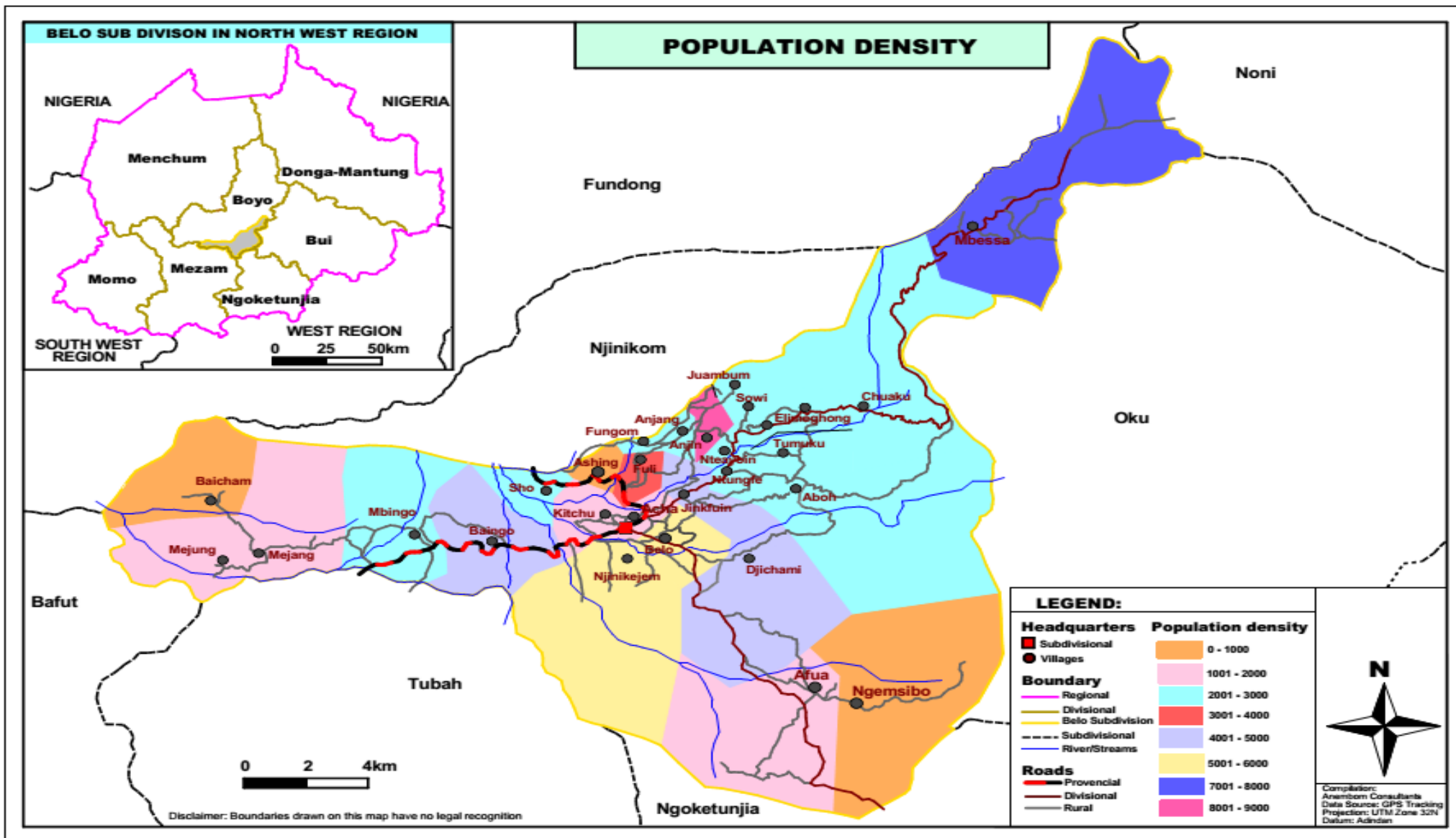
Source: Belo council CDP 2011

1.3 BRIEF PRESENTATION OF BELO COUNCIL

1.3.1. History and Administrative Presentation of Belo Council

Belo Rural Council was created by Presidential Decree No. 93/321 of 25th November 1993 and its municipality covers the entire sub division. The Council went operational in 1996 and till date three Mayors have been at the helm of the Council. Presently, it is simply called BeloCouncil. The Belo council is found in Belo sub division in Boyo Division of the North West Region. It is located within the grassland savannah area of the mountainous Western highlands region of Cameroon. It is situated along the Bamenda-Fundong highway, about 50 km from Bamenda. Belo sub Division is found between latitude 6°4' and 6°20' north and between longitude 10°11' and 10°30' East. It is surrounded by Fundong and Njinikom sub divisions to the west and to the east by Oku and Babessi sub divisions while to the north it is bounded by Noni sub division and to the south by Belo and BELO sub divisions. The entire sub division covers a surface area of about 346 square kilometers. The Belo municipality covers 29 villages with 96 quarters and has a population estimate of 88,664 inhabitants. There are basically 5 ethnic groups in the municipality. These are: The Koms, Mbessas the Fulanis, the Mejungs and the Mejangs. The dialects spoken include the Kom, Mbessa, Mejang, Mejung, Baicham and Fulani. Pidgin is a lingua franca that is very popular, especially in the urban space and amongst the young. A portion of the population speaks English language but this is strictly limited to the literate class. A handful of people also speak French. The map below presents the Belo municipality.

The Council monograph of 2004 grouped the municipality into 17 villages and 104 quarters. Presently, it is simply called Belo Council and the municipality covers 29 villages with 96 quarters. Since its inception in 1996, it has been ruled by 3 mayors.



Source: Belo council map file

Map1: Layout of the Belo Council area

1.3.2. Biophysical milieu

1.3.1.1 Relief description

The Belo council area is found in the mountainous stretch of the western highlands agro-ecological zone of Cameroon. About 80 % of the land within the municipality is situated above 1900 meters in altitude and the topography is characterized by mountains, escarpments, valleys and plateau. The slopes range from 40-70 % with undulating hills and deep valleys. There are two broad valleys separated from each other by mountain ridges like the Aweh and Tzchigon ridges which all join to form part of the Ijim-Kilum mountain range which measures 3000m above sea level. Heavy rainfall is often recorded in August and September. The undulating nature of the area coupled with heavy rains often result to numerous landslides.

Lowland swampy areas are Mejung and Baicham. Rolling gentle hills include: Mbingo and TheNdawara plateau (2100 m asl) while the steep jagged hills within the municipality include: the Baingo escarpment. The Mbi crater falls within the protected area in the sub division.

1.3.1.2 Hydraulic description

There are many rivers and streams found in the area. Most of these rivers take their rise from the Ijim-Kilum Mountain and form headstreams of the Menchum River. The streams/rivers take different names along their courses and the main river which flows across Belo is river Mughom. Other major streams include the Mufua, Chuangchuang and Meng in Mejang. Also found in the sub division are prominent springs and waterfalls which flow down the mountain or hill slopes especially during the rainy season. However, some of these streams and waterfalls are seasonal. Also, present in the sub division is the Mbi Crater Lake and waterfalls such as; The Ngewi, Melung, Ntemnyam and Mughomifalls.

1.3.1.3 Soil description

Although the soils are dominantly volcanic, Belo sub division has two main soil types: ferrallitic and lateritic soils. About 75 % of the soils are derivatives of either basalt or granite while some are also derived from alluvial deposits. In areas like Baingo, Belo and Anyajua, parent rocks like basalt and granite are commonly found. The acidic content of the soil (pH) often ranges from 5.5-7.0. Generally, the ferrallitic soils are on steep sloping grounds and largely account for frequent soil erosion.

1.3.1.4 Forest (flora, fauna)

Although generally described as humid tropical or humid savannah with grass and shrubs, the vegetation of Belo sub division is varied and the major types include: savannah woodlands, forest woodlands, semi-deciduous forests and re-growth savannah. The humid savannah woodlands which are overgrazed are found between isolated clumps of gallery forests along river courses in places like Djichami, Baicham and Mejung; the montaine forests are found on the Ijim mountain ridge, Ndawara and parts of the Mbi Crater while the semi-deciduous forests are found around Mejung and `Mejang. Re-growth savannah grasses are found in places where the population density is low. There exist several trees I the forest that are of human value. The table below show the trees fro I the Ijim forest.

Table 2: List of important trees in the forest in Belo

S/N	Scientific Names	Main Use
1.	<i>Newtonabucchanani</i>	Timber
2.	<i>Albizia gommiifera</i>	Timber
3.	<i>Croton macrastachyus</i>	Timber
4.	<i>Padocarpus latifolius</i>	Timber
5.	<i>Fagerarubescans</i>	Xylophone
6.	<i>Carapagrandiflora</i>	Hoe handle
7.	<i>Prunus africana</i>	Medicine / Commercial purpose
8.	<i>Ranswaelfiavomitonia</i>	Medicine
9.	<i>Polyscias fulva</i>	Carving
10.	<i>Syzgium guineense</i>	Bee keeping / Oil
11.	<i>Schefflera manni</i>	Bee keeping
12.	<i>Schefflera abyssinica</i>	Bee keeping
13.	<i>Pittosporum viritifolium</i>	Medicine
14.	<i>Ficus spp</i>	Timber
15.	<i>Gnidiaglauca</i>	Ropes
16.	<i>Nuxia congesta</i>	Medicine / bee keeping
17.	<i>Bridelia speciosa</i>	Toilet construction
18.	<i>Rawalfiavomitonia</i>	Medicine
19.	<i>Polyscias fulva</i>	Firewood / Carving
20.	<i>Rapanea melanophloea</i>	Timber

Source: Sub divisional delegation of Forestry and Wildlife May 2017

Domesticated animals and Bird species include: cattle, goats/sheep, pigs, poultry (local and improved breeds) and ducks. Wild hunted animals include: Dulker, antelope, Hare, Deer, Monkeys, Pangoline, Chimpanzee, Gorilla, Bush baby and squirrels. Wild birds include: Barneman's Turaco, a protected species, Green Turaco, Grey headed sparrow, Swallow, Hawk, Weaver bird, Sunbird Owls, Kingfisher and Robin.

Some remarkable physical features considered as a patrimony of Belo sub division and which are being threatened by the rapid increase in population and industrialisation includes:

Forest reserves: Ijim Forest, the Community forests in Anyajua, Tumuku and Djichami and

Mbi Crater;

Shrines: Fuli Quarter Head Shrine, Abeh-Aboh shrines, Mbessa palace, Mejang, Mejung, Abeh-Anyajua, Abeh- Belo etc.

Hills: Anyajua/Afua hills,

Mapped landslide areas: Antusi Quarter in Baingo, Anjang Quarter in Anjin and the Ba-ambeng Hills

Water catchments: Afua, Aboh hill, Ndawara plateau, Ijim ridge

1.3.1.5 Protected Areas

The main protected areas in the sub division include: the Ijim Plant Life Sanctuary and Mbi Crater. The protected trees found in the Reserves and some community virgin forests include: Mahogany, Iroko, Canariumschweiwuntii, Prunusafricana, etc. Protected birds are mainly Barnerman'sTuraco (Turacobannerman) and Platysterialaticina (Banded Wattle eye). As concerns protected animals, we can take note of the chimpanzee.

1.3.1.6 Mineral resources

The main mineral resource commonly found within the sub division is the black stones (basalts). Stone quarries are often exploited by individuals for commerce. The products from such quarries are often used for house and road construction works. Sand pits are scarce and one can easily find them only in the Mejung,Mejang and Baicham areas. There is need to continue to identify and explore the mineral potentials found in the municipality.

1.3.3. Economic and Human milieu

1.3.3.1. Population

The estimated population of Belo stands at 88,664 inhabitants with 43788 males and 45575 females. The council area is made up of 5 ethnic groupings namely:Kom, Mbessa, Mejannng, Mejunng, Baicham and the Mbororos. On the general scale, the population distribution by village is per the table below

Table 3:Population distribution by village in the Belo Council Area

s/n	Village	Estiminatedpopulation		Village	Estimated population		Village	Estimated population
1.	Aboh	2,813	11.	Djichami	4,501	21.	Mejung	1,088
2.	Acha	1,590	12.	Elimeghong	2,813	23.	Njinikijem	5,910
3.	Afua	1,700	13.	Fuli	3,686	24.	NtehAyoin	2,813
4.	Ashing	700	14.	Fungom	2,813	25.	Ntungfe	2,813
5.	Anjang	2,813	15.	Jinkfuin	4,150	26.	Sho	2,666
6.	Anjin	8,787	16.	Juambum	2,813	27.	Sowi	2813
7.	Baicham	612	17.	Kitchu	1,551	28.	Tumuku	2,813
8.	Baingo	4,977	18.	Mbessa	7,251	29.	Twalatwal	2,813
9.	Belo	5,072	19.	Mbingo	2,125			

10.	Chuaku	2,813	20.	Mejang	1,355		ESTIMATED TOTAL	88,664
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Source: Belo Council CDP 2011

Of the above population, 32,425 – 36.6% live in the urban setting while 56,239- 63.4% live in the rural setting. The population by age groupings shows that, 0-59 months has an estimated population of 14,135 while 19,635 is made up of school going age (4-16 years). Young people are 29,035. The table below summarizes the population by age groups in Belo Council area.

1.3.3.2. Ethnic Groups and Inter Ethnic Relations

There are five main ethnic groups found in Belo sub division. These are: the Kom, the Mbessa, the Mejang, the Mejung and the Baicham people. There exist also, the Mbororos. Amongst these ethnic groups, the Kom people constitute the greatest number. This is followed by the Mbessa people, the Mejang, the Mejung and the Baicham in descending order. All these ethnic groups are of the Tikari tribe. The settlement of the different ethnic groups was through different routes from the Tikar area, the grass field zone of the Upper Mbam River and its tributaries. The Mejung people came through Bamessing before settling in the Mejung valley, while the Mejang people are said to have passed through Bamenda-Nkwen, Njibujang in Bafut, Aguli in Menchum before reaching their present site. The Baicham people just like the Mbessa people are said to have first said to have first settled in Oku before coming to their present site.

1.3.3.3. Vulnerable Population

The vulnerable population sums up to about 4374 which is an appreciable number that cannot be neglected. The vulnerability varies. It spans from an entire ethnic group, the Mbororos to the aged, Widows, single mothers, People living with HIV and AIDS (PLWH.), Low Vision (Visual Impaired/blind), Physically Impaired (Cripple), Speech Impaired, Hearing Impaired, Epilepsy, Mental Illness and Orphans

Their challenges vary with their vulnerability and its degree. Their activities also adapted to their vulnerability and degree.

There exist various organizations that work with various categories of the vulnerable population to alleviate their economic conditions. The Baptist mission run rehabilitation programs for the physically challenge. They also have a school for the blind. The Baptists also run the SEEPD program. The program seeks to empower economically the physically challenged and inclusive development. Plan Cameroon works mostly with orphans, widows

and single mothers. They are a Child Rights Based organization. CDVTA seek to improve the lives of the elderly. MBOSCUDA seek to advocate and economic empowerment of the Mbororos. There are other CBOs that work in collaboration with the vulnerable.

1.3.3.4. Synthesis on the Mbororo Population

The Mbororos in Belo make up a single ethnic group that speaks the same language (Fulani). In the Belo Municipality, the Mbororos are found in Baingo, Djichami, Mbingo and Afua. They have their traditional set-ups that are well organized, with the *Ardos* being in charge of a handful of Mbororo families (Hamlets or Sares). These Mbororo families often settle on the hills, far away from the village settlement and their culture and religion are completely different from those of the indigenous people (the Koms).

The major economic activity of the Mbororos is animal husbandry involving the rearing of cattle, sheep and horses. The Mbororo men are in full control of the cattle. The women are mainly concerned with the by-products of cattle like milk and butter, which they sell and use the proceeds for the upkeep of their homes. In addition, the women carry out other economic activities like small scale farming. The women are assisted in their activities by their female children while the male children often serve as herdsman alongside their fathers, taking care of the family cattle. This culture of cattle-rearing is the cause of a consistently tensed relationship with the indigenous population (farmers) as they struggle over limited land for their different economic activities. This has led to farmer/grazer conflicts which are sometimes really violent.

Most of the Mbororos are either literate or semi-literate. This is because they attach little or no importance to formal education. Most of them acquire an Islamic education to facilitate the practice of their religion and the reading of their holy book –The “Koran”.

Feelings of oppression, marginalization and humiliation of the Mbororos as a social class in Belo are evident in every domain of life. The 15-year old Mbororo Social, Cultural and Development Association (MBOSCUDA) is an answer in efforts to empower them to develop and exercise rights on their own terms. The efforts of MBOSCUDA are yet to bear desired fruits for the Mbororos are still conspicuously absent from public spheres in the Belo municipality.

1.3.4. Socio-economic Milieu

Belo being a rural and semi urban setting, the economic activities are of small scale. Most of the population is involved in small scale family agricultural activities. However, other

activities like livestock, petty trading, exploitation of non-timber products, craftsmanship are being practiced. Most widely activities are the agro-pastoral activity that is being carried out by almost every family and all ages. Socio-professional groups exist that carry out common economic activities. These activities include – bike riders, restaurant operators, tailoring and hair dressing, carpenters, forest exploiters etc. these activities are carried out mostly by the working age of the population.

CHAPTER II

SYNTHESIS OF THE METHODOLOGICAL APPROACH OF THE STUDY ON THE CITIZEN REPORTING CARD MECHANISM FOR PUBLIC ACTION IN BELO COUNCIL

This chapter presents the context and the methodology implemented during the realization of the SCORECARD study in the North West Region. The chapter is composed of the following six sections: 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 the data collected data.

2.1.CONTEXT OF THE STUDY

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

This was done in the form of beneficiary questioning and perceptions about the projects implemented in priority sectors for the past years. It was 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 would have to propose immediate actions that will be put in place to sustain local economic development in their respective communities, which will be the best way of achieving effective decentralization in Cameroon as a whole.

2.2.OBJECTIVES OF THE SCORECARD STUDY

The objective of the study was broken into the global and specific objectives

Global Objective:

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

Specific Objectives:

The study was conducted specifically to:

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

2.3.SAMPLING METHODOLOGY AND DATA COLLECTION

2.3.1. Sampling method and Constitution of the sample

The SCORECARD study sampling technique is designed to obtain estimates of household satisfaction indicators with respect to the following sectors at the level of the councils: Water, Health, Education and Council Services. In the North West Region (NWR), 15 councils were involved namely: Ndop, Tubah, Ndu, Nkambe, Kumbo, Jakiri, Bafut, Wum, Mbengwi, Batibo, Fundong, Belo, Santa, Balikumbat and Oku. It should be noted that this selection was done based on the amount in their administrative account, the population size of the division and the fact that the project wanted at least a council to be represented.

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 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

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

households such as boarding students, military barracks, long-term patients interned in hospitals, religious in convents/seminaries/monasteries/nunneries, prisoners, street children or children living in orphanages, etc.) residing in the national territory.

2.3.2. Distribution of the sample

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, *Belo council* had **320** households distributed among **20**EAs. At the end of the SCORECARD study, all EAs were covered and out of the **320**sampled households drawn from this council area, **275**households were successfully identified and interviewed, giving a coverage rate of **91.7 %**.

2.3.2.1. 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 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 Scorecardstudy 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.

2.3.2.2. 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 (3rd GPHC 2005) in Cameroon. The base for drawing the primary sampling unit for Scorecard is the same as the base for drawing the primary sampling units for the EC-ECAM4 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.

2.3.2.3. Selection of households

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

Table 4: Distribution of the number of sampled EAs and households by council of zone 13

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

Source: SCORECARD, PNDP North West Region

2.3.3. 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

2.3.4. Recruitment, Training of Enumerators and Fieldworks

The recruitment of the interviewers was done by studying the application documents

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

The training of the pre-selected candidates for the final selection of interviewers or controllers for the fieldworks was done in 6 days 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 Bafut, Wum, Mbengwi and Batibo Councils and the,
- **Tubah training centre:** for the training of the pre-selected candidates from the Tubah, Fundong, Santa and Belo Councils.

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

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

The data was collected by 15 teams, with each team working in one of the 15 selected councils. In each council, a team was consisted of a council supervisor and 10 field agents (8 interviewers and 2 controllers) divided into two subgroups of 5 persons, with each subgroup headed by a controller. Each council had 7 days of field work for the data collection. The 7 days of field work for the *“Belo”* council started on *“4th October, 2017”* and ended on *11th October, 2017*.

Also secondary data was obtained thanks to the Council Development Plan of the Belo council, documents from the council archives and the internet.

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 12th November, 2017 to the *15th November, 2017*. The purpose of this activity was to improve on the success rate of responses from households.

2.3.5. Community sensitization and awareness

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

2.3.6. Data processing

Data entry and processing was done using the software version 6.3 of CS Pro. The agents selected for the data entry attended a 3-day training course to familiarize themselves with the operating tools (questionnaires, data entry application) of the Scorecardstudy. The actual entry started on December 4th, 2017 and ended on December 15th, 2017. In order to ensure quality control and to minimize typing errors, all the questionnaires were double-entered, and internal consistency checks were performed. The errors detected were systematically corrected.

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

CHAPTER III

MAIN RESULTS OF THE STUDY AND RECOMMENDATIONS FOR IMPROVEMENT

Chapter three examines in details the perception of the households in the Belo council area in relation to water, health, education and council services. It opens up with the age-sex structure of the respondents and the household heads after which a detail examination of the water, health, education and council services is done. The chapter ends with key conclusions and recommendations. We shall begin with an examination of the background information of the respondents and household heads in the council area.

3.1. BACKGROUND INFORMATION

This section of the work seeks to look at the demographic characteristics of the respondents and household heads in the Belo council area. It begins with an examination of the age sex distribution of the respondents after which that of the household heads is looked into. A detail analysis of these characteristics will be examined in the subsequent paragraphs.

3.1.1. Percentage distribution of age and sex in the Belo council area

3.1.1.1. Percentage distribution of population according to the age groups

This study took into consideration all age groups given that, they contributed to the growth and development of the community in one way or the other. According to the information gotten from the field, a vast majority of the respondents were between the ages of 30-49 39.6%. Next to these were those within the age group of 50yrs and above with a percentage population of 32.6%. The least populated age group was that of 30yrs and below that had a percentage of 26.8. It should also be noted that 1% of the respondent declared that they did not know their ages. The fact that majority of the respondents were age 25 and above implied that the data they gave was very reliable and trust worthy. The data presented can be seen clearly on table 5.

Table 5: Percentage distribution according to age groups

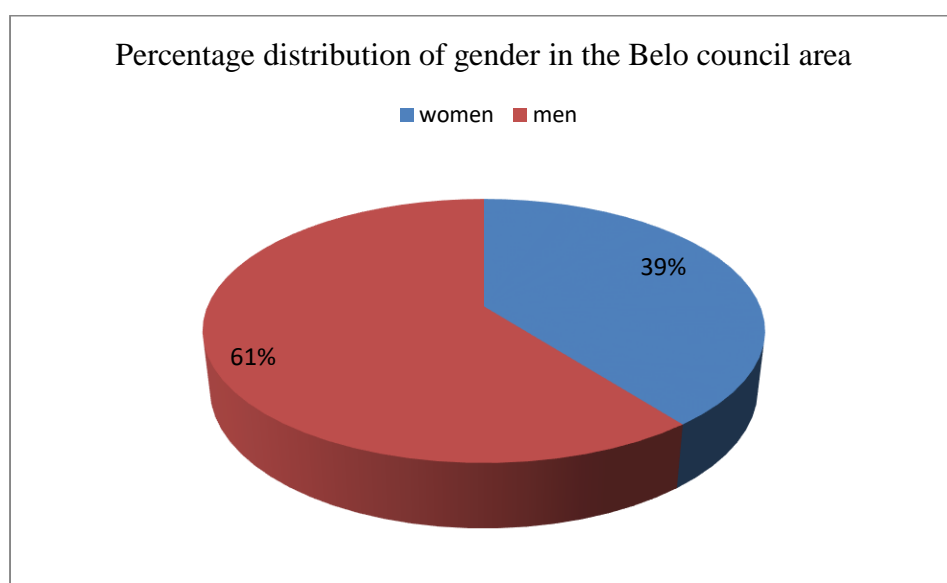
<i>Age groups</i>	<i>Percentage</i>
Less than 20 years	7.4
[20 – 24]	7.7
[25 – 29]	11.7
[30 – 34]	11.0
[35 – 39]	8.8
[40 – 44]	15.0
[45 – 49]	4.8
[50 – 54]	7.4
[55 – 59]	3.4
[60 – 64]	6.6
Above 65 years	15.2
Does not know	1.0
Total	100

Source: scorecard study, Belo council October 2017

It should be noted that, the enumeration exercise did not only end at the level of determining the ages of the respondents, their sex which is a vital tool to display gender incultation of every party in exercise was also taken into consideration. Base on that, we shall be examining the sex distribution of the respondents in the next paragraph

3.1.1.2. Percentage distribution of Sex in the Belo council area

The exercise took into consideration the gender characteristics of sex to show no particular group of persons were left out or ignored. Effective gender participation could be seen in 61% of respondents being men or males and 39% being women or female. Figure 1 below presents the situation statistically

Figure 1: Percentage distribution of sex in the Belo council

Source: scorecard study, Belo council October 2017

The scorecard exercise took into consideration age and gender at two levels. The first level

was that of the respondents which has already been examined above and the second level was that of the household head which shall be examined in the subsequent section.

3.1.1.3. Percentage distribution of age and sex of the household heads in the Belo council area

This section of the work gives us the age-sex distribution of the various household heads in Belo council area. Before going into the analysis we have to first of all have an understanding of who a household head is. A household head is a person who usually lives in the household and who is recognized by all other household members as head of the household. Based on this definition and from the data gotten on the field, 44.8% of the household heads are above 50 years of age, 43.6% between ages 30-49 years old and finally 11.3% declared they were Below 30years of age. An insignificant .2% of the household heads said they did not know their ages. A percentage distribution of these ages can be seen on table 6below.

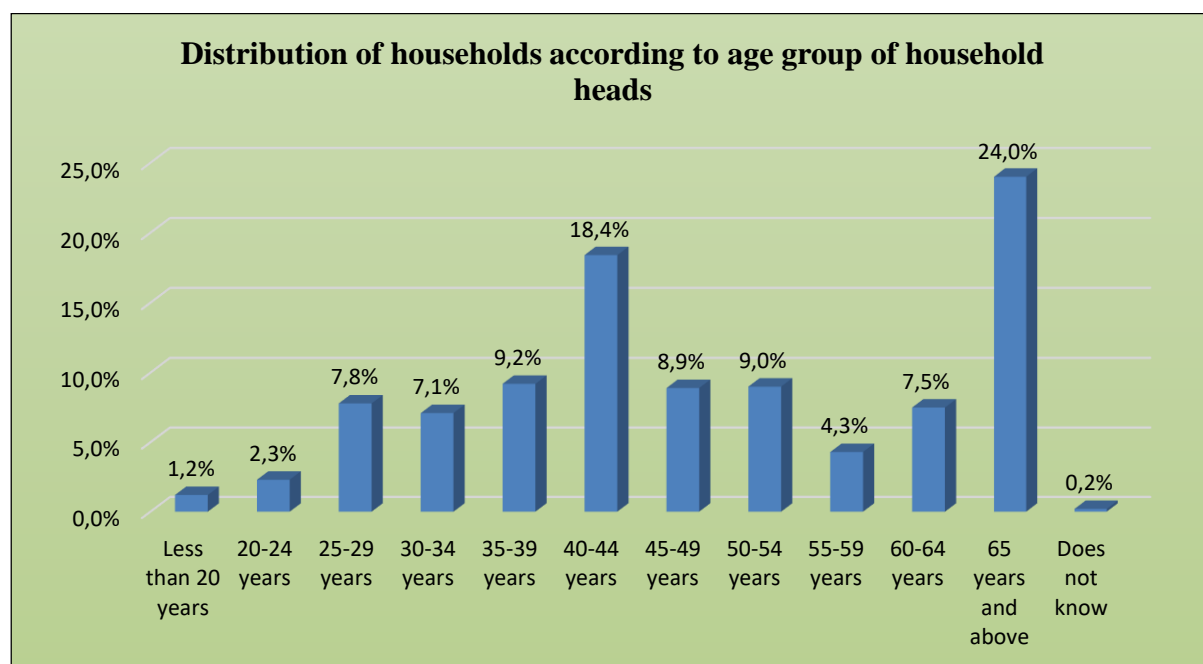
Table 6: Percentage distribution of the age group of household heads

Age groups	Percentage
Less than 20 years	1.2
[20 – 24]	2.3
[25 – 29]	7.8
[30 – 34]	7.1
[35 – 39]	9.2
[40 – 44]	18.4
[45 – 49]	8.9
[50 – 54]	9.0
[55 – 59]	4.3
[60 – 64]	7.5
Above 65 years	24.0
Does not know	.2
Total	100

Source: Scorecardstudy, Belo council, October 2017

A pictorial view of these statistics can be seen in figure 2 below

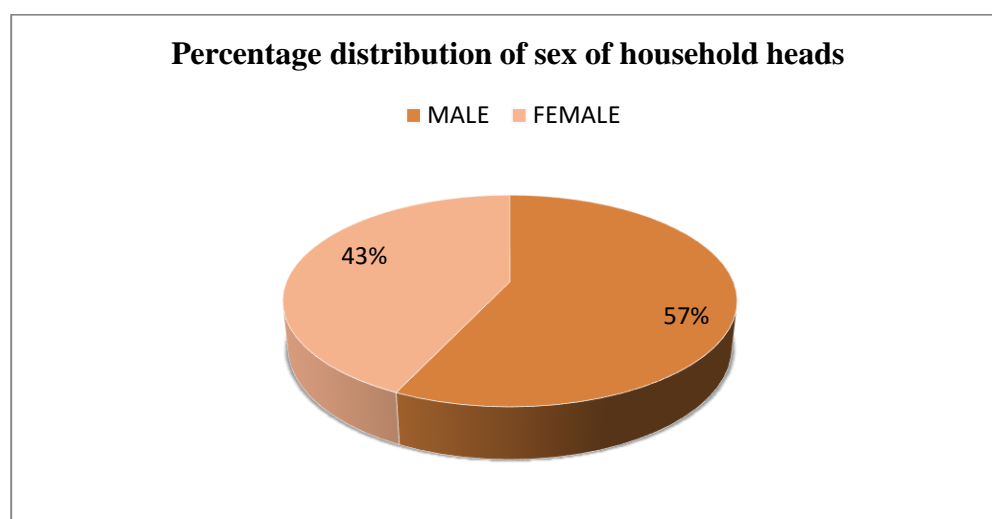
Figure 2: Percentage distribution of households in Belo according to age group of household heads



Source: scorecard study, Belo council October 2017

Talking of the sex distribution of household heads in the Belo council area, 57% of the households declared the household heads were males and 43% females as represented on figure 3 below

Figure 3: Percentage distribution of sex of household heads



Source: scorecard study, Belo council October 2017

From the analysis presented above, we can therefore conclude that, majority of the population of the Belo council area is made up of the youthful population of below fifty years 66.4%, giving 55.3% of them the privilege of heading a household. These figures of the household head simply implied that, there was a sense of responsibility amongst the youth and the fact that majority of the respondents were mature age wise also meant the data they provided was very reliable. Also

the fact that 43% of women were privileged to head households made us to believe that the culture of not giving women the privilege to run affairs of a household was absent in the area.

3.2. WATER SECTOR

On 28 July 2010 the United Nations General Assembly through Resolution A/RES/64/292 declared safe, clean drinking water and sanitation a human right essential to the full enjoyment of life and all other human rights. This came in to support the November 2002, UN Committee on Economic, Social and Cultural Rights which adopted its general comment No. 15 on the right to water stating that: “The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses.” Universal access to sanitation is, “not only fundamental for human dignity and privacy, but is one of the principal mechanisms for protecting the quality” of water resources. The water supply and sanitation facility for each person must be continuous and sufficient for personal and domestic uses. These uses ordinarily include drinking, personal sanitation, washing of clothes, food preparation and personal and household hygiene. According to the World Health Organization (WHO), between 50 and 100 litres of water per person per day are needed to ensure that most basic needs are met and few health concerns arise. This section of the work seeks to examine the various sources of water supply and usage, the cost and quality water and finally appreciation of the water services rendered to the population of the Belo council.

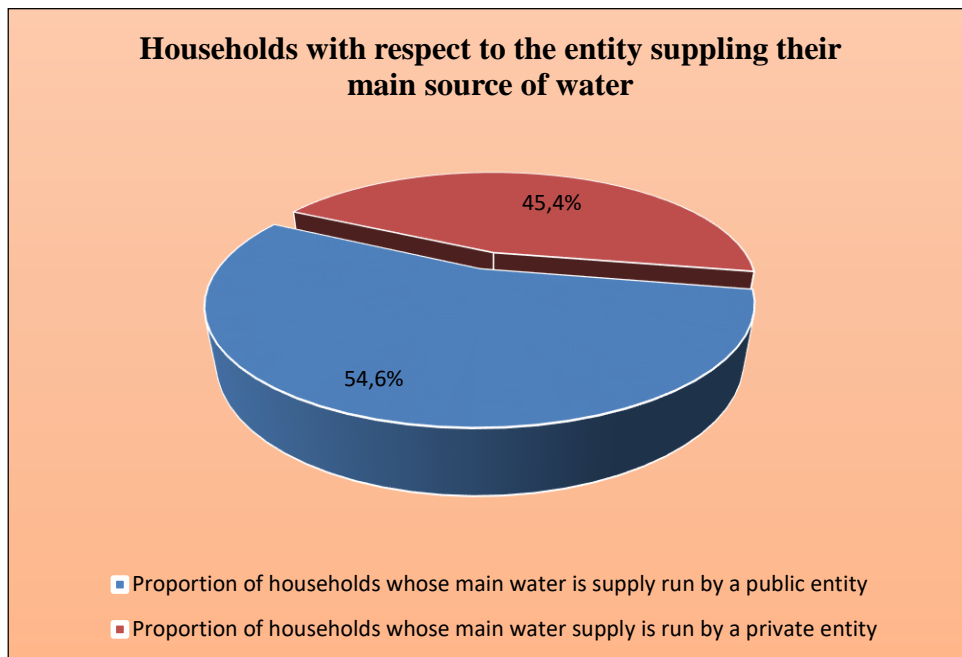
3.2.1. Availability and usage of water services

This portion of the work seeks to examine the public water sources available in the Belo council area and the main public water source used by the households. We shall begin with the identification of the water sources available in the Belocouncil area.

3.2.1.1. Water supply scheme

The availability and quality of water have always played an important role in determining not only where people can live, but also their quality of life. Water is an important commodity of life and majority of man’s activities is settled around water. From the studies carried out, two types of water sources namely public water sources with a percentage of 54.6% and private with a percentage of 45.4% were perceived by the sampled households of the Belo council area. A public water supply is that water which is provided through pipes or other constructed conveyances which serve an average of at least 25 people for at least 60 days a year. This water supply may be publicly or privately owned. While a private water supply is a drinking water source which is NOT provided by a licensed water supply company or utility. The water quality is the responsibility of the owner(s) of the property from where the water source is drawn and/or used. Figure 4 presents the situation of the water sources in the Belo council area.

Figure 4: Households with respect to entity supplying their main source of water



Source: scorecard study, Belo council October 2017

Given that this exercise was done to evaluate public facilities and structures, we shall in the next sub section examine the various types of public water supply sources available to the population of Belo.

3.2.1.2. Public water supply scheme available in Belo

Six public water supply sources were perceived by the respondents. These public water supply sources included:

- Well equipped with a pump: These refer to a well equipped with a manual pump, the operation of which is likely to ease water sourcing during the supply process. 8.3% of the respondents declared that this was a public water supply source in the Belo council area
- Protected well which is that 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, it is covered a bit to remain out of birds droppings and animal dung. 0.4% of the respondents were of the opinion that, this is a public water supply source available in the council area.
- Boreholes equipped with a manually operated pump: this 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 channeled through a tube well or borehole by a manually operated pump. This public water supply source was brought into the scene by 1.6% of the respondents.
- 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. A large 84.3% of the selected sample population declared that this was a public water supply source in the municipality

- Access to potable water which is water that has undergone a prior treatment process in a bid to become drinkable and which is later on channeled to the residential areas (CDE, CAMWATER). Potable water as the main source of public water supply was recognized by 74.1% of the population. The table below presents the situation of the various public water supply source found in Belo clearly.

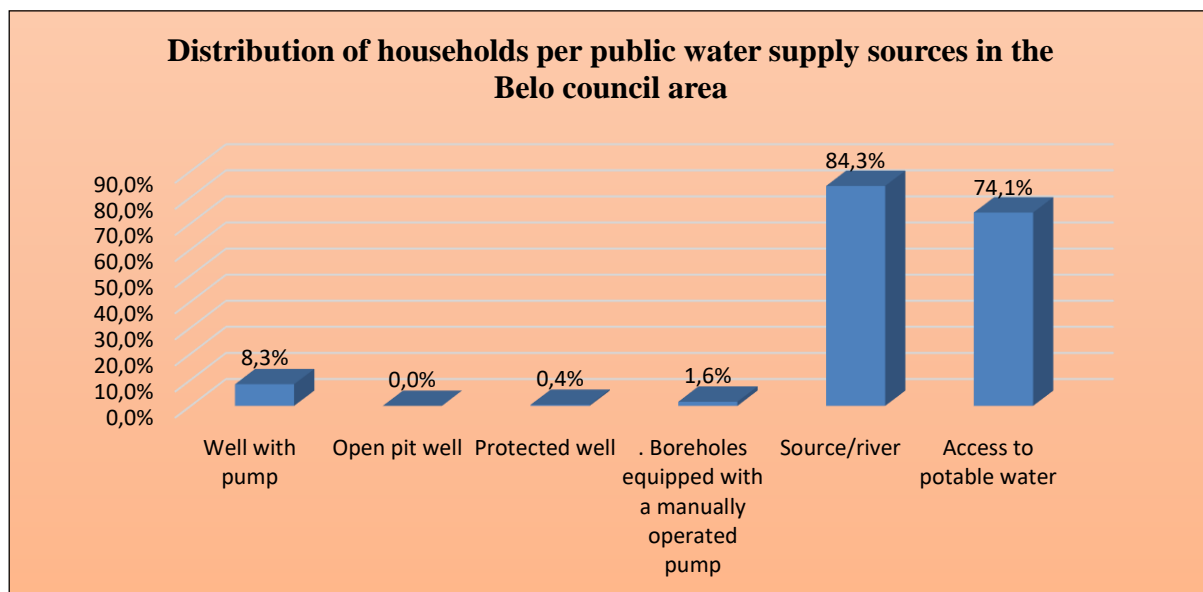
Table 7: Percentage distribution of public water supply source

Public water source system:					
Well with pump	Open pit well	Protected well	Boreholes equipped with a manually operated pump	Spring/river	Access to potable water
8.3%	0.0%	0.4%	1.6%	84.3%	74.1%

Source: Scorecardstudy, Belo council November 2017

Figure 5 supports these data provided in the table above

Figure 5: Distribution of households per public water supply sources in the Belo council area



Source: Scorecardstudy, Belo council November 2017

After identifying the main public water supply sources available, the next task was to examine in details what percentage of the population uses what source as her main source of water.

3.2.1.3. Main public water supply used

Report from the enumeration exercise showed that, there exist the public and private water supply systems. 54.6% and 45.4% of the respondents attested to this fact. Of the 54.6% of the respondents who acknowledged the availability of public water source, 53.9% declared that

their main public water source is portable tap water, 39.6% said they made use of spring/river, 5.8% were of the opinion that they made use of well with pumps and finally 0.8% of them were using boreholes with manual pumps as their main public water supply source. No one made mention of open pit well or protected wells as their main public water supply source. The table below supported by the subsequent figure provides a summary to the situation explained above.

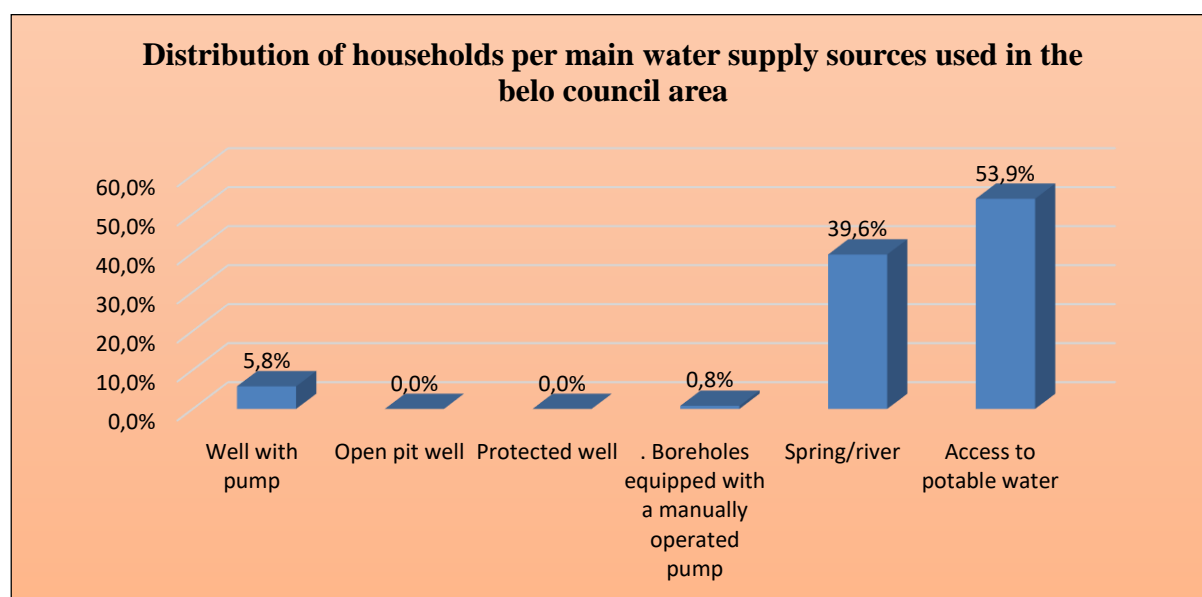
Table 8: Percentage distribution of households per main public water source used

Proportion (%) of households using a public water source	Main public water source use						
	Well with pump	Open pit well	Protected wells	Boreholes with manual pump	Spring/ River	Potable water tap water	Total
54.6	5.8	00	00	0.8	39.6	53.9	100

Source: Scorecardstudy, Belo council November 2017

Figure 6 backs the statements declared above

Figure 6: Percentage distribution of households per main water supply sources used in the Belo council area



Source: Scorecardstudy, Belo council November 2017

With this sources above being the main of public water supply to the households, we shall move further to examine the quality and cost incurred in getting it in the next section of the work

3.2.2. Cost and quality of water services

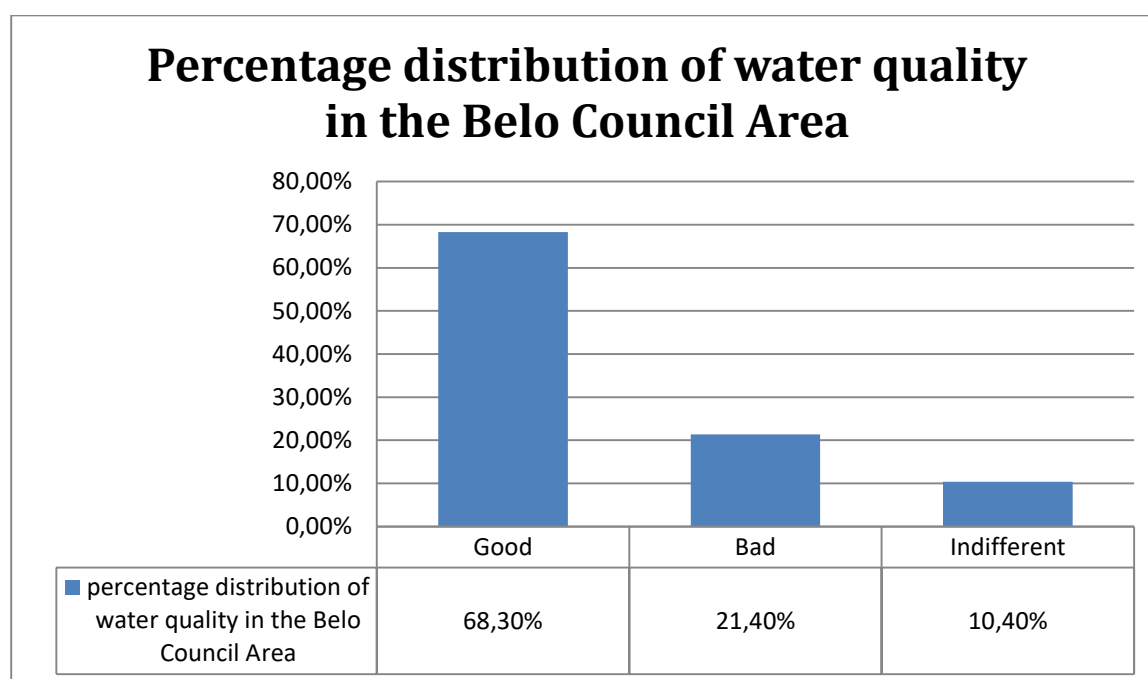
This portion of the analysis has examined in details the cost or expenses incurred in having

access to water. It also took into consideration the quality of water available through characteristics like odor, taste and color.

3.2.2.1. Quality of water services

According to the WHO, water intended for human consumption must be free from chemical substances and micro-organisms in amounts which would provide a hazard to health. 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, color and disagreeable or detectable tastes and odors 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. As far as water quality in the Belo council area is concern, 68.3% of the population perceived it as good, 21.4% as bad and 10.4% declared they were indifferent to the water quality they had at their disposal. Figure 7 summarizes what we had been explaining.

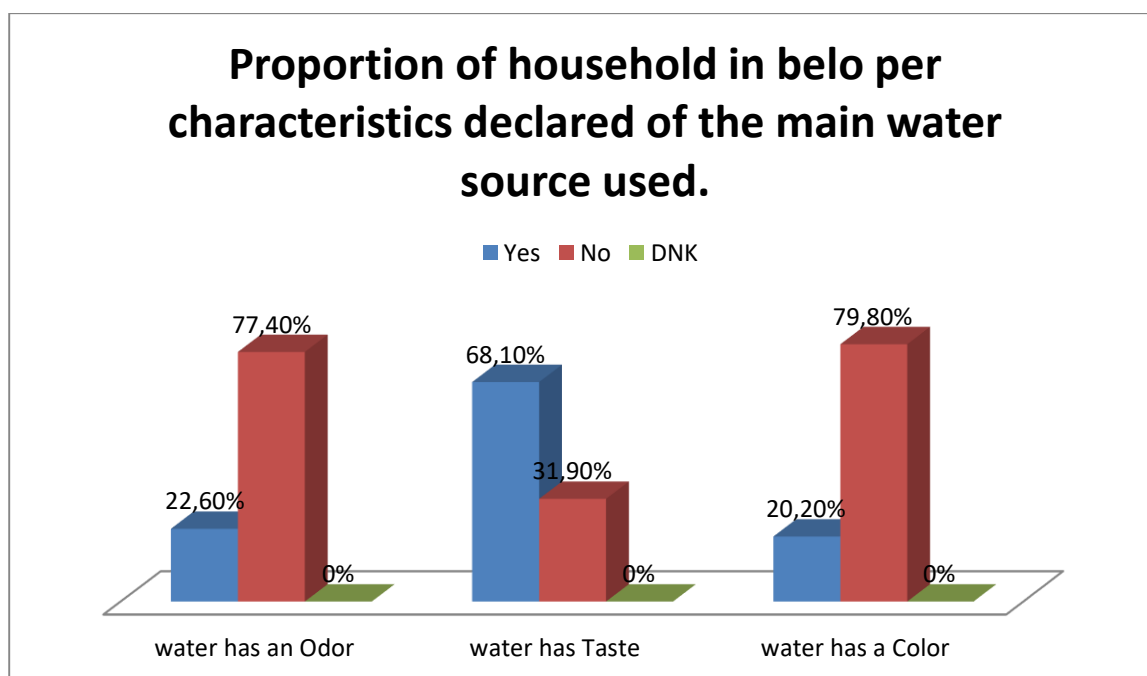
Figure 7: Percentage distribution of water quality in Belo council area



Source: Scorecardstudy, Belo council November 2017

The assessment of water quality in the municipality was further examined based on the odor taste and color characteristics. In that regard, 22.6% of the households said it an odor and 68.1% declared it had an odor. As for the aspect of taste, 20.2% of the household declared the water had taste. Figure 8 below provides an overview of the situation.

Figure 8: Proportion of households in Belo per characteristics declared of the main water source used



Source: Scorecardstudy, Belo council November 2017

After examining the quality of public water in the municipality, the next variable which shall be examined in the next paragraph will be the cost of water services.

3.2.2.2. Cost of water services

According to the UN-Water Decade Program on Advocacy, Communication and Water Supply and Sanitation Collaborative Council; Water and sanitation facilities as well as their services must be available and affordable for everyone, even the poorest. The costs for water and sanitation services should not exceed 5% of a household's income, meaning services must not affect peoples' capacity to acquire other essential goods and services, including food, housing, health services and education. In the Belo municipality, opinions of the households were recorded in relation to whether or not they pay for water, if they do, -what do they pay on average, as well as how they appreciate what they pay for water if at all they do. That said 6.4% of the households declared they pay for the water they use from the public source. This average monthly expenditure was judged as insignificant as summarized by the table below.

Table 9: Percentage distribution of households in Belo per characteristics declared of the cost of 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	Partitioning (%) of households, paying for water, per appreciation of the amount paid			Total
		High	Reasonable	Insignificant	
6.4	*	*	*	*	*

Source: Score Card study, Belo council November 2017

With the water and water services of the area being given to the people for almost free, we shall in the next paragraph examine how this is been appreciated by the various households

3.2.3. Appreciation of water services

This part of the work brings to light how water and water supply services are being appreciated in the Belo council area. The services here include yearly water availability, daily water availability, time taken to fetch water and back and finally If the access to water corresponds to their need for water for water.

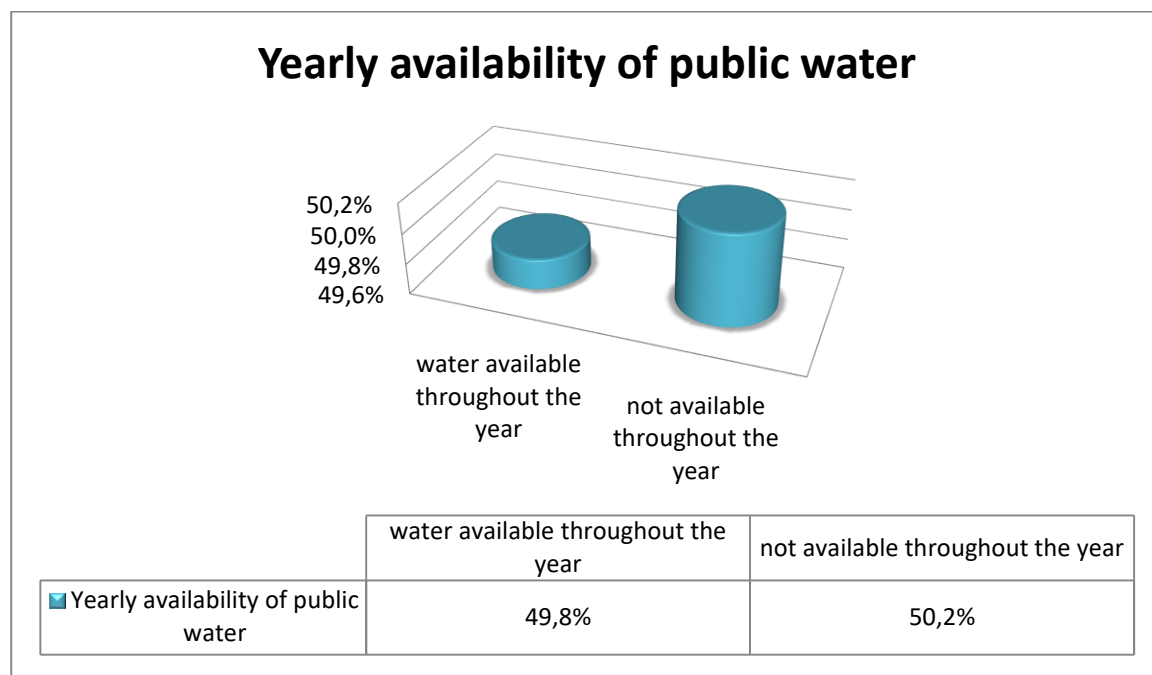
3.2.3.1. Daily and Yearly availability of water in the Belo council area

The water supply and sanitation facility for each person must be continuous and sufficient for personal and domestic uses. These uses ordinarily include drinking, personal sanitation, washing of clothes, food preparation and personal and household hygiene. According to the World Health Organization (WHO), between 50 and 100 litres of water per person per day are needed to ensure that most basic needs are met and few health concerns arise.

According to the information from the households, over 49.8% of the population using a public main water source system declared that this source provides water for them throughout the year. This implies that 50.2% of the sampled household did not have water steadily throughout the year. This analysis turn to gave us the impression that, the structure in charge of water management had to ensure constant availability of water so as satisfy the needs of the more than 50% of the household that were using it.

Figure 9 below summarizes this situation

Figure 9: Yearly availability of public water



Source: Scorecardstudy, Belo council November 2017

Though this water was available throughout the year according to the 49.8% households, 95.2% of these 49.8% who said so had constant water daily which was a very positive aspect. Considering the distance and time they had to cover in order to fetch water, 49.2% of the population who got their water from public sources that are available throughout the year also declared that they use at most 15 minutes to complete a round trip, 25.1% declared that they use between 15 and 30mins to fetch water, 17.6% fetch their water on the spot and finally 8.1% said they use more than 30minutes. An insignificant number of household declared frequencies to access public water correspond to their need for water. Time taken to fetch water in the municipality was good as compared to other areas were most of the population took more than 15minutes to fetch water. However, the 32.2% who spent more than 15minutes to fetch water was too large to be ignored. This figures gave made us to know that, there was a need for portable water in some part of the municipality. Table 10 below summarizes the situation.

Table 10: Percentage of households in Belo council using a public main water source, with water available throughout the day/year following certain the distance required for a round trip to get water

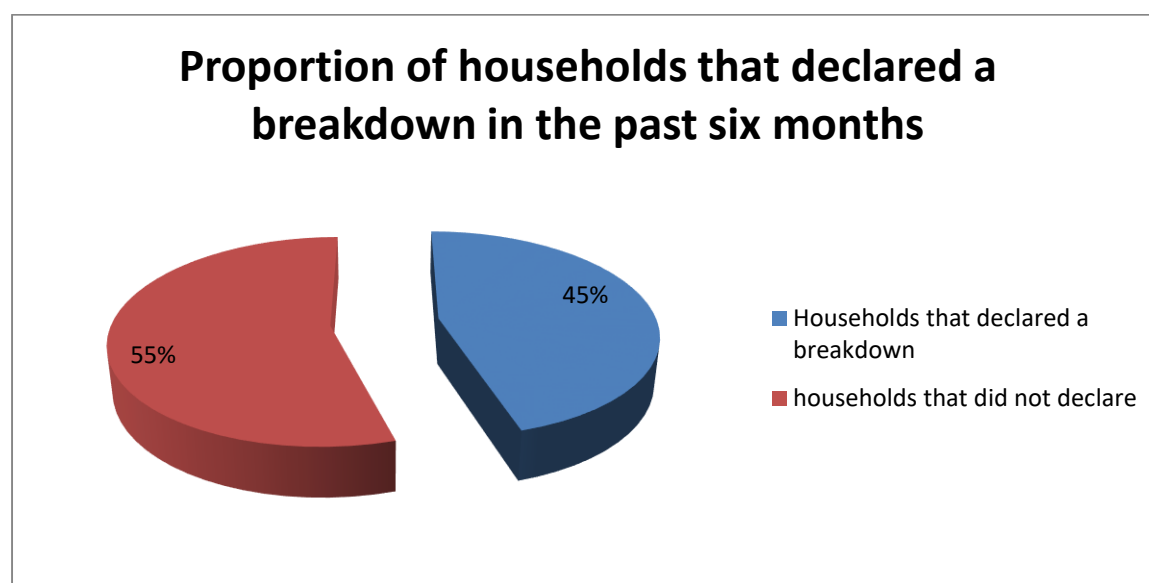
Time taken to go fetch water and back				Total	Proportion (%) of households having access to main public water source used throughout the day	Proportion (%) of households whose frequency to access to public main water source used corresponds to their need for water
On the spot	Less than 15 minutes	between 15 and 30 minutes	More than 30 minutes			
17.6	49.2	25.1	8.1	100,0	95,2	*

Source: Scorecard study, Belo council November 2017

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

Water is very essential in our daily activities and maintenance is of utmost priority in case of any breakdown. In the case of the Belo council area, 45.2% of the population made it clear that they had been declaring a breakdown in their public water supply source to those concerned. These imply that a 54.8% of the households did not declare any breakdown. In this situation we were tempted to believe that, accusations of bad management by the households to the committee was biased since many of them did not even bother to report breakdown. The statistics expressed above could be seen in the figure below.

Figure 10: Proportion of households that declared a breakdown in the past six months



Source: Scorecard study, Belo council November 2017

It should be noted that, of the 45.2% who reported these breakdown, 20.0% said it took less

than a week for repairs to be done, 31.8% declared that those who did the repairs took between one week to a month, 22.6% said between 1-3months and finally 15.8% made it known that it took more than three months. Some 9.8% declared that no maintenance had been done till date. The fact that most of the households declared that it took more than a week for water to be repaired meant that the water management committee had to sit up as far as maintenance was concern. Table 11 below summarizes the situation.

Table 11: Percentage of households in Belo council declaring a breakdown of the main public water source used in the course of the last six months

Time taken for repairs					Total
Less than a week	Between a week and a month	Between a month excluded and three months	More than three months	Not yet	
20.0	31.8	22.6	15.8	9.8	100,0

Source: Scorecard study, Belo council November 2017

In the case of the breakdown reported, we shall in the subsequent paragraph be examining those who are in charge of maintenance.

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

Looking at the water maintenance personnel table below, we realised that 52.8% of the household declared the water management committee resolved the problem of water breakdown, 3.3% said repairs was being carried out by elites of the area, 39.8% gave credits to the village/quarter head for the repairs, 7.8% declared repairs is done by the mayor and finally 9.3% said other individuals do the repairs. From these statistics, the water management committee and quarter heads could be applauded for doing a wonderful job. Also the mayor had to been encouraged to step up the rate of intervention to handle water crisis in the area

Table 12: Percentage of households in Belo council who have declared a breakdown of the main public water source used in the course of the last six months according to the institution/person repairing the breakdown of the main public water source

Proportion (%) declaring that the breakdown declared was resolved by the an institution or personnel						
Mayor	State (government services)	Elite	Water Management Committee	village/quarter head	Administrative Authorities	others
7.8	0,0	3.3	52.8	39.8	0,0	9.3

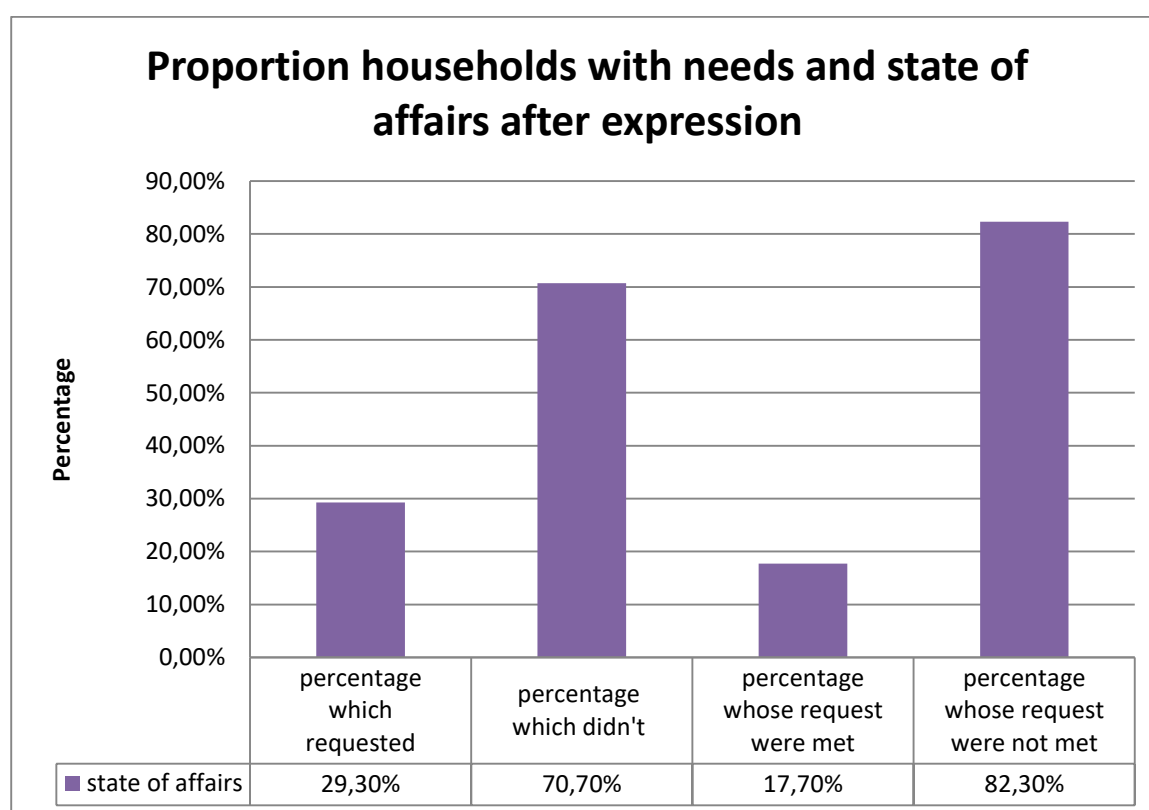
Source: Scorecard study, Belo council November 2017

The households in Belo declared that they have been expressing a need for water for some time now. Who or where this need has been expressed shall be examined in the next section.

3.2.3.4. Need expressed in terms of water supply

According to the WHO, it is legitimate for every individual to have access to good quality water. The inability of the households to have access to water in the Belo council area prompted these households to request for it from the channel which they thought could be of help. According to information from the field, 29.3% of households actually requested for portable water and only 17.7% (which was too small and disgraceful) of those who requested had their needs met. 70.7% of the households did not see any reason to request for water and 82.3% of those who requested never had their needs met. Figure 11 displays clearly the situation.

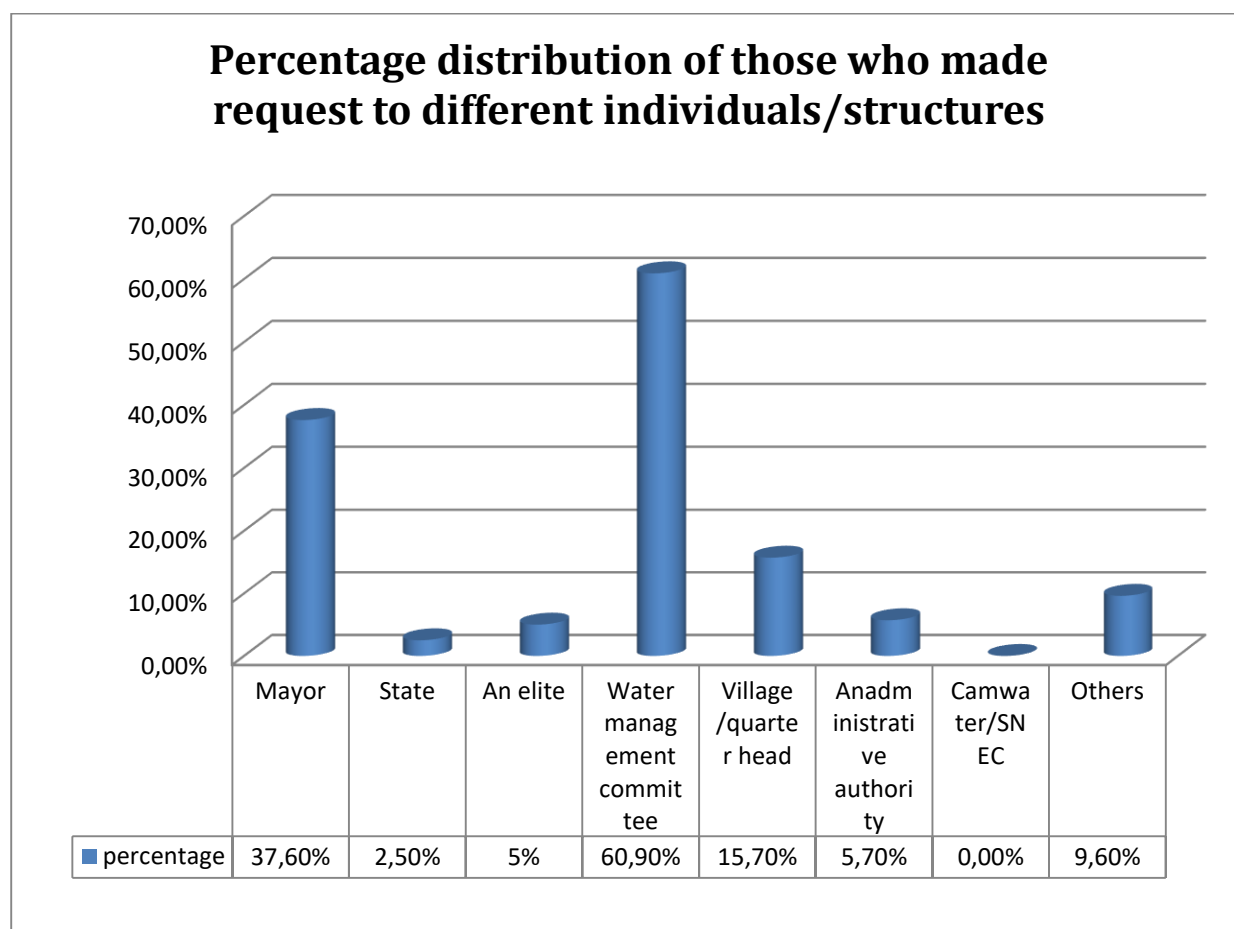
Figure 11: Proportion of households with needs and state of affairs after expression



Source: Scorecardstudy, Belo council November 2017

The 29.3% who expressed a need for public water within the last six months did so to different authorities, institutions or individuals. 60.9% expressed this need to the water management committee, 37.6% to the mayor, 15.7% to the village/quarter head, 5.0% to some elites, 5.7% to the Administrative Authority and 9.6% did express this need to some other persons. No household expressed her needs to CAMWATER or SNEC. This gives us the impression that, the water was managed by the water management committee. Figure 12 below gives us a brighter picture of the request situation.

Figure 12: Percentage distribution of households who made request from different individuals and structure



Source: Scorecardstudy, Belo council November 2017

Some of the households in the council area were not very satisfied with the functioning of the water supply systems and services available at their disposal. Reasons for this non satisfaction shall be examined subsequently

3.2.4. Dissatisfaction in terms of water supply

The previous section provided statistics showing that 54.6% of households in the Belo council area made use of the public water supply. Though this percentage looked higher and could tempt someone to conclude that the people were averagely satisfied, 59.5% of the households in the municipality were not satisfied with the water services. Out of those who reported that they were not satisfied with the water services rendered in their community, 78.8 % of them declared that their non-satisfaction is explained by the fact that, the water points were insufficient, 58% attributed their dissatisfaction to far distances, 45.2% said the management of water points were poor, slowness in maintenance was the point put forward by 44.6%, while 42.1% said the water quality was poor, high cost of water provision accounted for 11.5% of non-satisfaction and finally other factors contributed 14.1%. Table 13 gave us a clear view of the situation on the ground

Table 13: Percentage of households not satisfied and reasons for non-satisfaction with the water provision in Belo council

Proportion (%) of households not satisfied by the potable water provision	Amongst the households not satisfied, proportion (%) whose reason for their not being satisfied is:						
	Far distance of the water point	Poor water quality	Insufficient water points provision	Management of water points	Lack of / Slowness of maintenance in case of a breakdown	High cost of water provision	Others
59.5	58	42.1	78.8	45.2	44.6	11.5	14.1

Source: Scorecard study, Belo council November 2017

Base on the reasons for dissatisfaction expressed above, some expectations were illustrated as far as water supply was concern. These expectations are well elaborated in next section of this report.

3.2.5. Expectations in terms of water supply in Belo council.

The dissatisfactions illustrated by the households presented a need to examine their expectations as far water supply services were concerned. From the statistics gotten, the following expectations were put forward by the sampled households; 84.1% of them said they needed more water points, 53.5% expected an improvement in water management, 51.9% said they wanted an improvement in quality, 53.0% talked of repair works being carried out and 8.9% made mention of the fact that they wanted the price of the water dropped. 14.4% advance other expectations not mentioned amongst this once. The table below provided us with a perfect view of the situation

Table 14: Percentage of households in Belo 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
84.1	53.5	53.0	51.9	8.9	14.4

Source: Scorecard study, Belo council November 2017

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

Public and private water sources exist in Belo as identified by 54.6% and 45.4% of the households respectively. Six public water supply sources have been identified with the households effectively making use of two (spring and potable water). The main source of

water as declared by 53.9% of the household is the portable water. This implies the water management committee is doing a good job by ensuring everyone in the area gets tap water. Though 68.3% of the household say the quality is good, a certain 31.7% say it is bad because it has taste, odour and colour. Contrary to the situation in most councils the water here is almost free as an insignificant amount is paid to get the services. 50.2% of the household complain water is unavailable throughout the year and 66.8% of the household say they take less than 15 minutes to fetch water and back. 45% households have had breakdown in the past six months and repair which is carried out by the water management committee most often takes less than a month to be done. 29.3% of households in the area have expressed a need for potable water and only the needs of 17.7% of those households have been met. 59.5% of households express dissatisfaction in the services rendered reason being that water points are too far and are even inadequate. They expect additional water points and an improvement in water management amongst others.

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 Belo council area.

3.3. HEALTH SECTOR

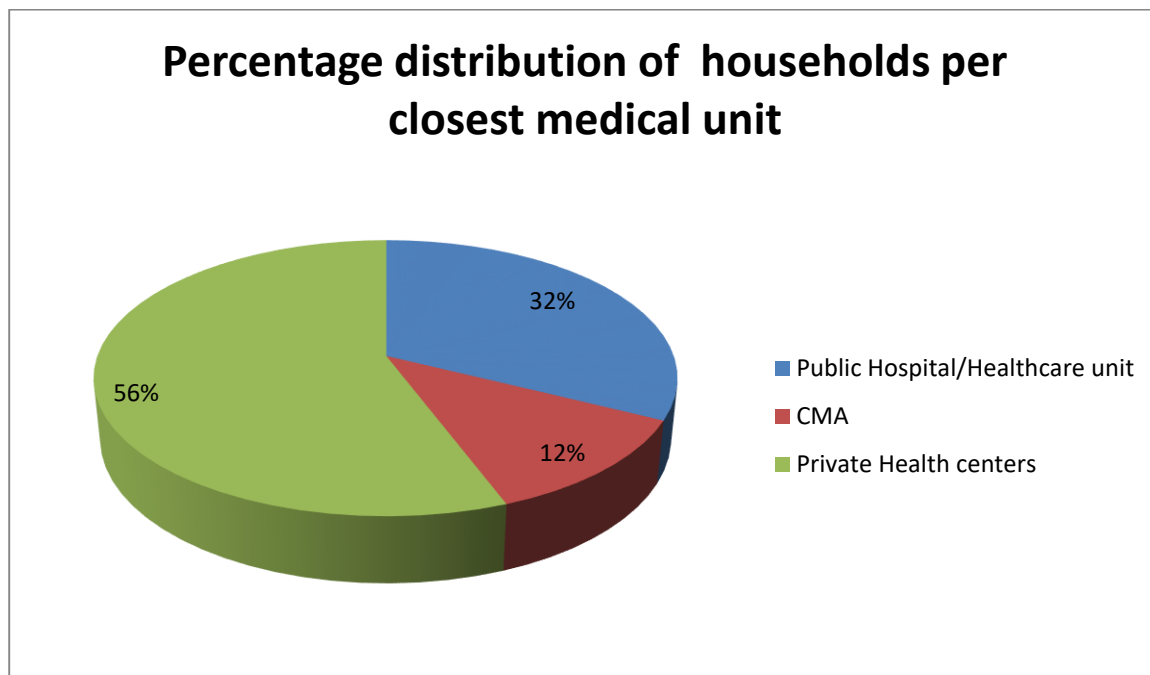
Health is very vital to the development and growth of a community. The development of a community is guaranteed when the individuals of that community leave a healthy life with access to good medical or healthcare facilities. Nowadays developmental policies in communities have an aspect of health which they look into. We shall in this chapter be

examining health related issues in the Belo council area. These issues to be examined include; availability and usage of health facilities and services, cost and quality of health services, appreciation of health services, reasons for non-satisfaction of health services, expectations and finally a synthesis of the perceptions of health services and recommendations.

3.3.1. Availability and usage of services in the health domain

Health services in Cameroon in general and Belo in particular lies in the hands of the public and private sector. Three categories of health care units were identified in the Belo council area by the sampled households. The public Hospital/health care unit(IHC/HC/Dispensary/PMI), the Sub-divisional medical Center (CMA) and Private health care units from the private sector comprising of lay Hospital/private Clinic, privatedenominational Hospital, private Pharmacy, Physician's office, Health Center, denominational/Dispensary, and other private medical structure. 55.8% of the households said the private health center was closer to them, 32.4% identified the public integrated health centers as being the closest while 11.9% declared that they had Hospital/CMA closest to them. Figure 13 below provided us with a summary to this situation

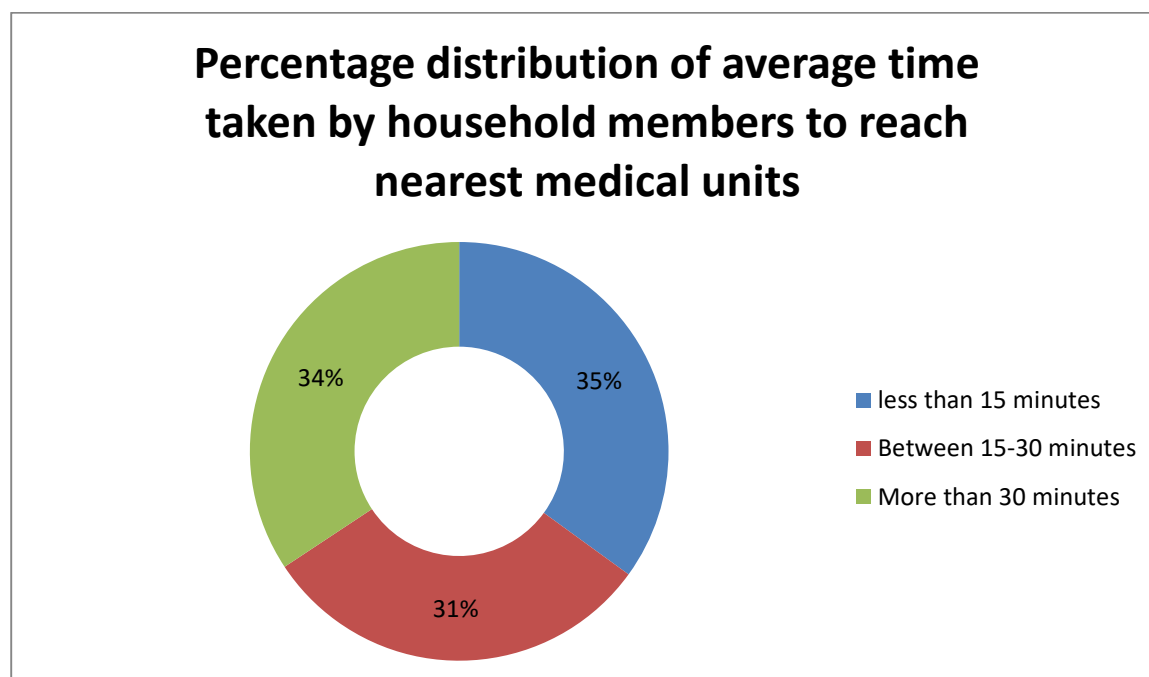
Figure 13: Percentage distribution of households per closest medical unit



Source: Scorecardstudy, Belo council November 2017

After examining which of the medical units was closest to the households, we moved ahead to look at the average time any member of the household took to reach the medical centre closest to them. Statistics proved that 35% of households used less than 15 minutes, 34.3% used more than 30 minutes and 30.7% said they use between 15 to 30 minutes to reach there. The fact that 65% of the households used more than 30 minutes to get to nearby hospital meant there was a need for hospitals to be constructed nearby. Figure 14 below gave us a pictorial view of the time situation

Figure 14: percentage distribution of average time taken by household members to reach nearest medical units



Source: Scorecardstudy, Belo council November 2017

From the figure above, we have the impression that households make good use of the medical units placed at the disposal. The reality of this situation will be examined next.

3.3.1.1. Use of services in the health domain

This part of the work we examined in details the medical unit which the household members of the Belo council area preferred going to in case of any health challenge. According to the information collected and treated, 35.8% of the households declared that, when they are in need of medical services they preferred integrated health centers, 49.5% preferred private health centers, 12.1% indicated that they prefer a hospital/CMA, 2.2% declared that they went to medical stores or kiosks and finally 0.4% of the households told us that they go to a medical staff. None of the households acknowledged visiting traditional healers, other sources or even got treated at home. Looking at the situation critically, we realized there were issues to be tackled because; there was no logic in households patronizing private hospitals when they had cheap public hospitals at their disposal. Table 15 gave us a better understanding of the situation

Table 15: Percentage distribution of households per main choice of medical unit in Belo council

Preferences of the household in terms of health care facilities								Total
Public integrated health center	Hospital/CMA	Private health center	Traditional healers	At the medical store/kiosk	Go to a medical staff member	Treat at home/self-medication	others	
35.8	12.1	49.5	00	2.2	0.4	00	00	100,0

Source: Scorecard study, Belo council November 2017

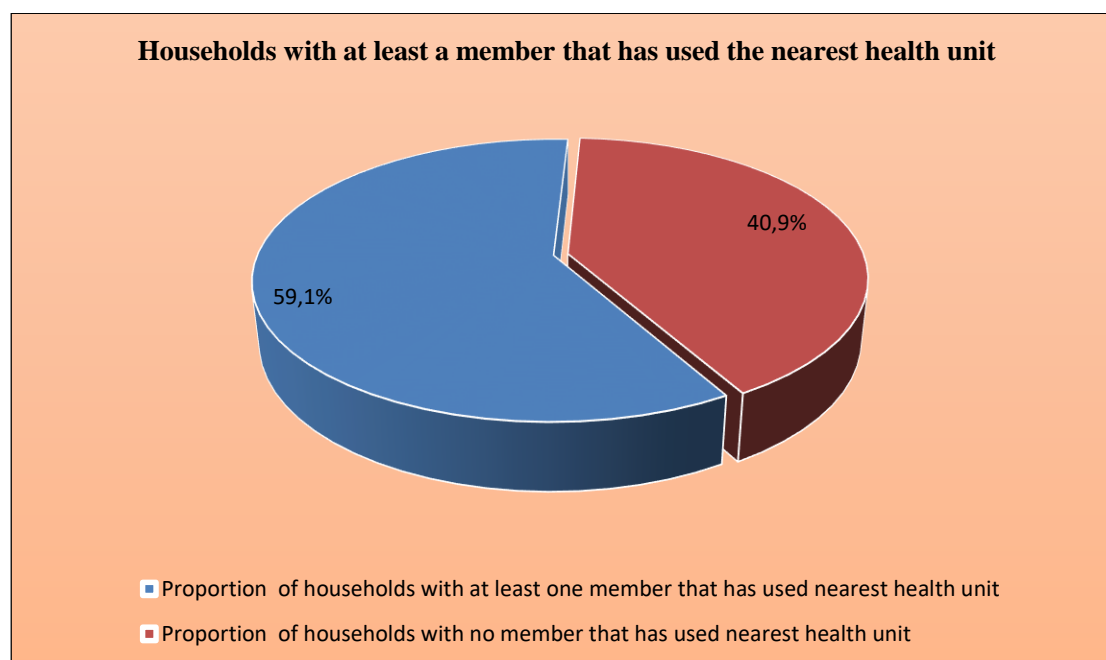
That said, we shall proceed towards examining if any member of the household has visited the closest medical units in the last 12 months and he or she thinks manages the place.

3.3.1.2. Attendance to the nearest health care unit

The essence of this part of the work was to capture who manages the nearest healthcare units of the area. This could only be gotten if at all any member of the household had visited the healthcare unit in the last 12 months.

According to the field statistics, 59.1% of the household had visited their closest health units in the last 12 months while 40.9% had not. Figure 15 presents a clear view of this situation

Figure 15: Households with at least a member that has used the nearest health unit

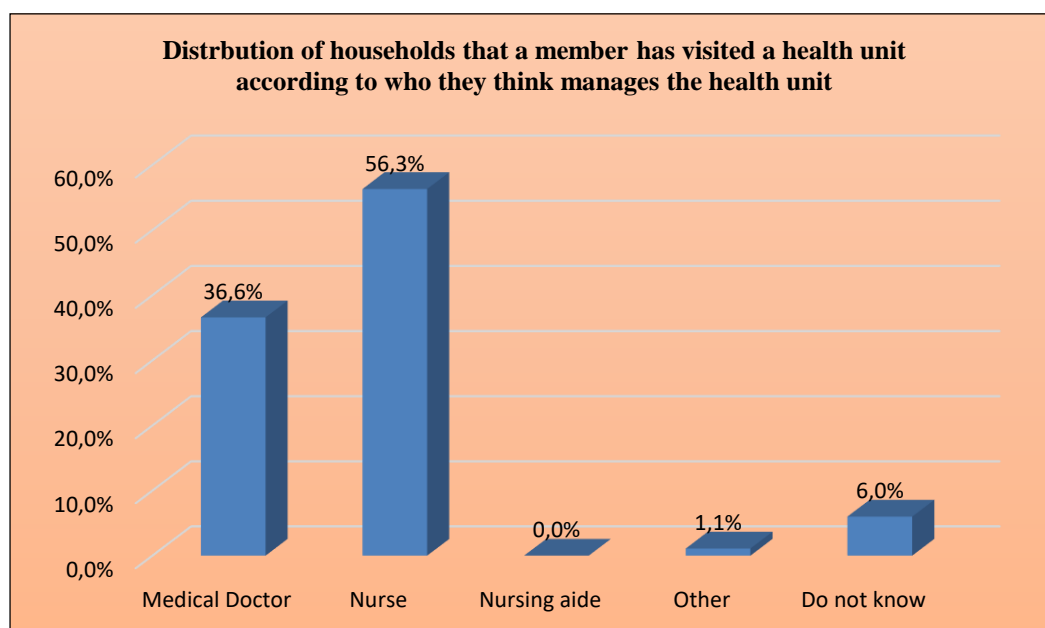


Source: Scorecard study, Belo council November 2017

Of these 59.1 who visited, 56.3% of them perceived that they were managed by a Nurse, 36.6% declared that they were managed by medical doctors, 1.1% said it was managed by other personnel's, no household claimed a Nurse aider managed a health unit and finally 6% of the household declared that they did not know who managed the health units. With this information,

we were tempted to believe there was shortage of doctors in the municipality. The figure below presented to us a glaring view of the situation.

Figure 16: Distribution of households per medical unit management according to the last visit



Source: Scorecardstudy, Belo council November 2017

After an examination of the management, the stop is going to be at characteristics of the healthcare units

3.3.1.3. Characteristics of visited health care units

A standard health care unit has certain norms and global characteristics which it portrays. Some of these characteristics include presence of personnel, availability of material/equipment, existence of hospital rooms, number of beds per room, existence of a pharmacy or pro-pharmacy and finally availability of drugs. As concern these characteristics, 96% of the households said there were personnel present, 98.9% declared pharmacies existed, 82.7% were of the opinion that admission rooms were present, 97% made us to understand that basic materials were available and 93.3% of these very respondents claimed drugs were available. With regards to the number of beds per room, 32.7% of the households declared that, their rooms had less than 5 beds, 36.4% said the rooms had about 5-10 beds, 24.8% were of the opinion that there were more than 10 beds per room while 6.1% said they did not know the total number of beds per room. These figures showed that the hospitals were very equipped as compared to others in different areas. Table 16 below summarizes the characteristics of the nearest hospitals

Table 16: Percentage characteristics of the nearest healthcare unit visited in the Belo council area

Percentage distribution of nearest health units' Characteristics declared by households during their last visit								
Presence of person	Availability of basic material/equipment	Existence of hospitalization hall/rooms	Number of beds in the hospitalization halls/rooms				Existence of a pharmacy/pharmacy	Availability of drugs
96	97	82.7	<5	5-10	10+	DNK	98.9	93.3
			32.7 %	36.4 %	24.8 %	6.1 %		

Source: Scorecard study, Belo council November 2017

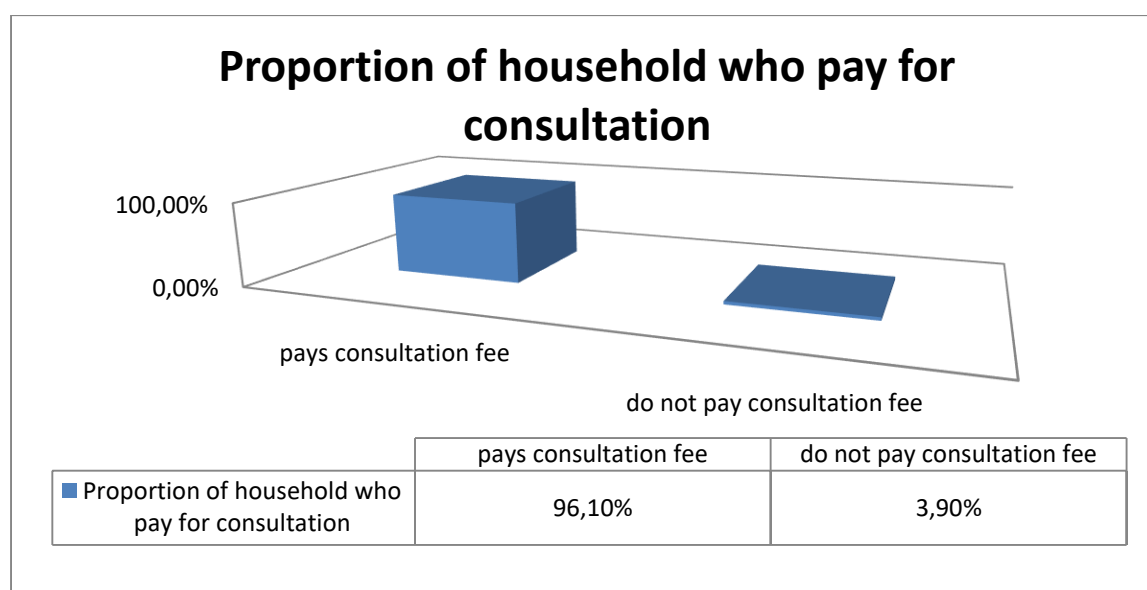
With these characteristics in place, how much the household pays for services at the healthcare unit is going to be our next point of focus.

3.3.2. Appraisal of the amount paid in the health care unit

A detailed examination of the cost of health services in Belo showed that health services were not rendered for free. How much was being paid and an appraisal of the amount is what we shall be examining in this section.

From the data collected, 96.1% of the household in the municipality declared that they pay consultation fee and only a minimal 3.9% told us they had free consultation. Figure 17 illustrate this situation for a better understanding

Figure 17: Percentage distribution per consultation fees paid



Source: Scorecard study, Belo council November 2017

Amongst the 96.1% of the household who declared they pay consultation fees, 51.4% said the pay between 500FCFA to 1000FCFA, 38.9% reported that they pay more than 1000 FCFA

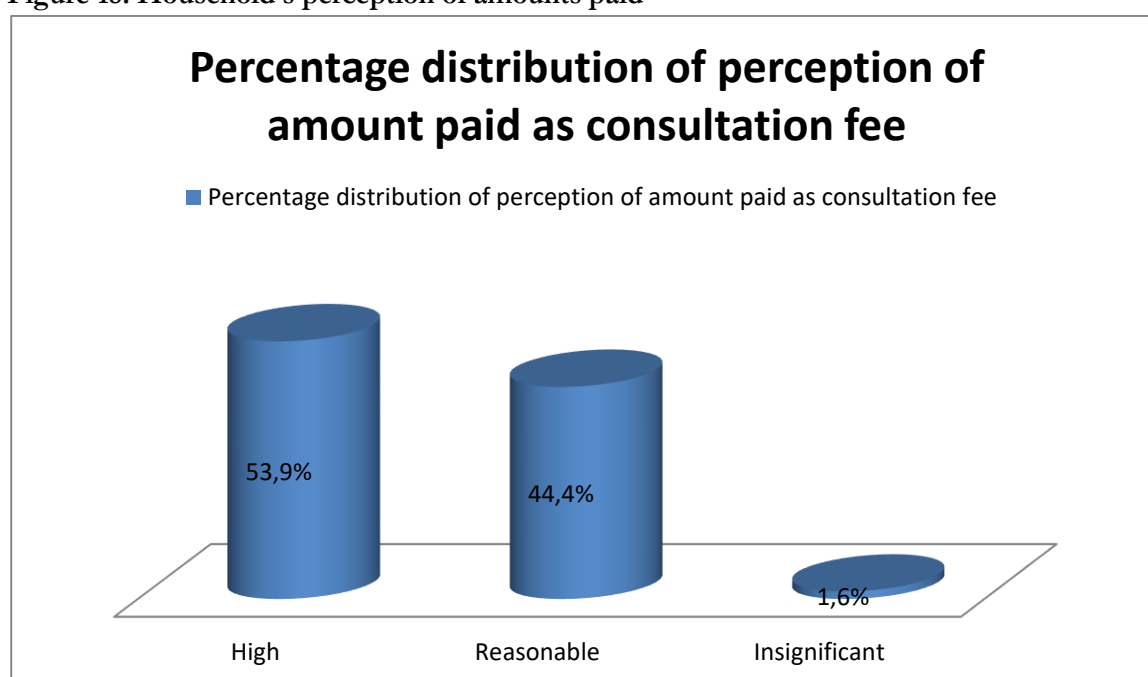
and finally 9.6% declared they pay less than 500FCFA. The households who pay the consultation fee had different perceptions about the amount they paid. For example 53.9% of the households evaluated the amount as being high, 44.4% said it was reasonable and finally 1.6% where of the opinion that it was insignificant. Table 17 and figure 18 below ascertain to the analysis above

Table 17: Percentage of households in Belo council, whose members have paid consultation fees at the nearest health care unit

Average amount paid for consultation fees (FCFA)			
Less than 500 FCFA	Between 500 and 1000 FCFA	More than 1000 F CFA	Total
9.6	51.4	38.9	100,0

Source: Scorecard study, Belo council November 2017

Figure 18: Household's perception of amounts paid



Source: Scorecard study, Belo council November 2017

After examining the amount paid for consultation and an appraisal of that amount, the study now takes us to how receptive the medical staffs were at the time the households visited the health care unit

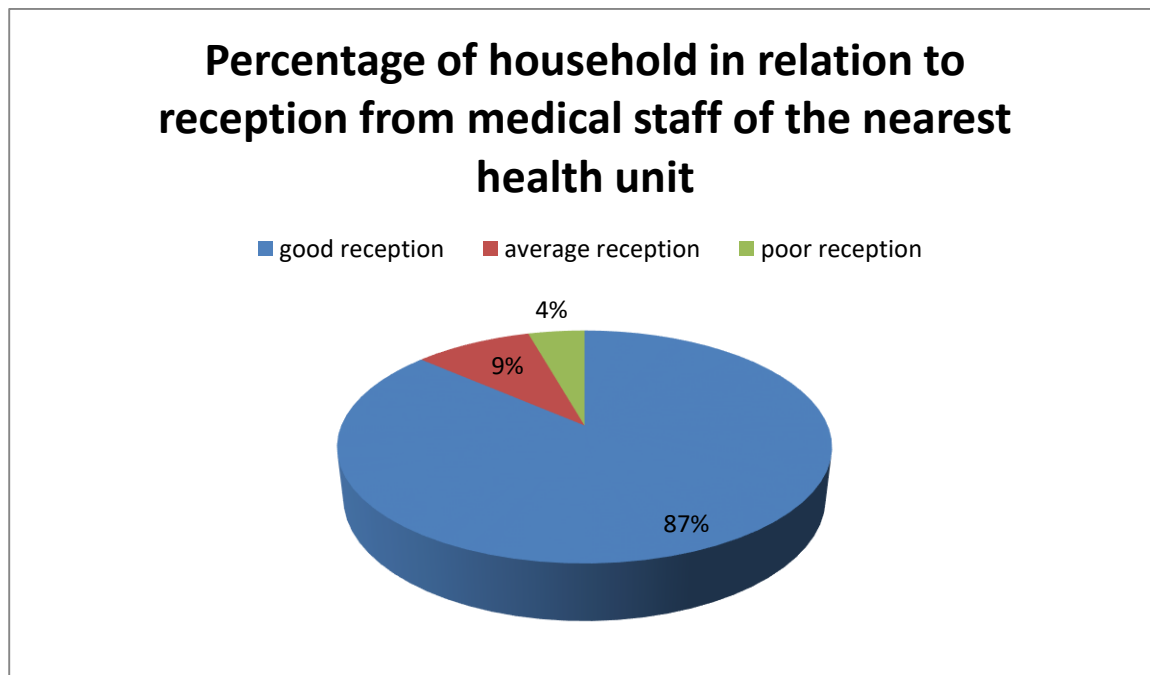
3.3.3. Appreciation of health services

This area of the work takes into account the attitude of the medical staff upon arrival of the household member at the medical unit and if the problems that took them to the health unit was solved. it opens up the reception.

3.3.3.1. Reception of medical staff

There is a common believe that the survival of a patient depends on how that patient is being taking care of. A patient who is psychologically traumatized stands little or no chance. Based on that, the opinion of the household members in Belo in relation to how receptive the medical personnel were taken. 86.4% of selected households declared that they had a good reception from the medical staff, 9.2 said their reception was average and 4.4% of the households talked of a bad or hostile reception. Figure 19 below gives us a good view of the situation

Figure 19: Percentage of households in relation to reception from medical staff



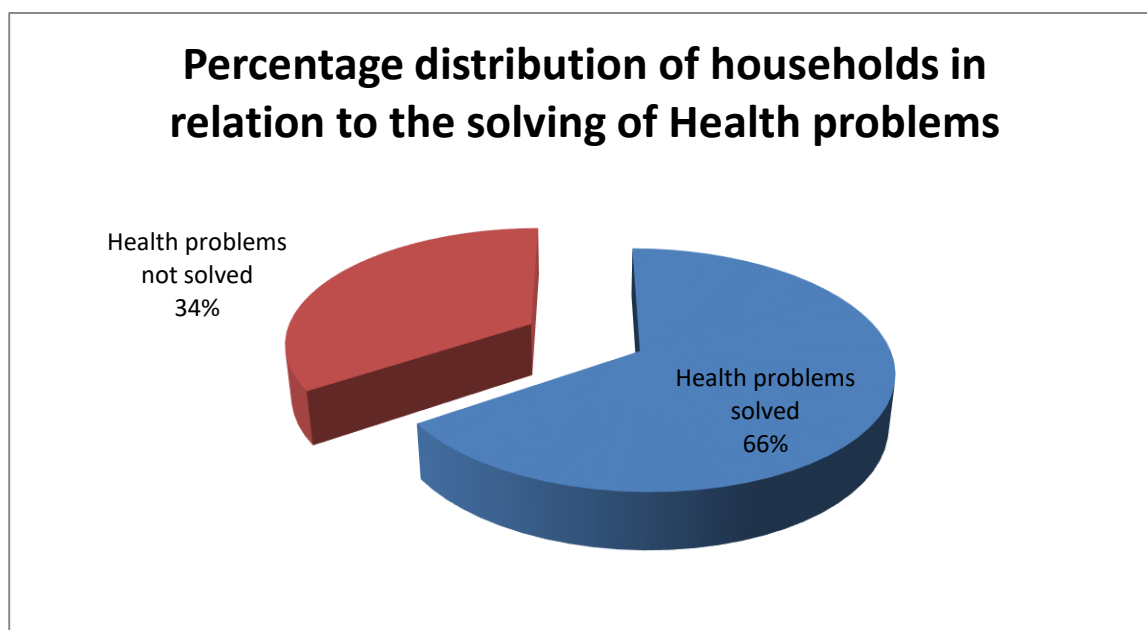
Source: Scorecardstudy, Belo council November 2017

The figure above gives us the impression that majority of the households benefitted from good reception when they last got to the hospital. Visiting these hospitals, where the problems that took them to the hospital solved, where these households satisfied with the services, if not what could be the reasons for their non-satisfaction is what we will be looking at in the next section.

3.3.3.2. Solving of health problems in the village and reasons of dissatisfaction

The presence of health units in rural milieu helped a lot to tackle health emergencies and sensitizations on outbreak of epidemics and pandemics. This has been the case with those found in the Belo council area with 65.6% of the households declaring that their problems have been solved and 34.4% still holding to the fact that solutions have not been found to their health problems. Figure 20 below illustrate this statistic

Figure 20: Distribution of households in relation to problem solving



Source: Scorecardstudy, Belo council November 2017

3.3.4. Reasons for non-satisfaction of the households

Moving further into the study it was realized that some households were disgruntled with the health services offered. 26.3% expressed dissatisfaction with the health services offered which generally meant the health services were very good judging from the small number of disgruntled individuals while 73.4% expressed satisfaction in the health services. Of these 26.3% who said they were not satisfied, 60.7% attributed their frustration to insufficient health care units, 56.9% gave reason for their non-satisfaction as far distance to access health units, 34.2% said they were not satisfied with the quality of equipment, 31.3% claimed poor quality of services rendered was the reason for their none satisfaction, 30.8% talked of poor management of health units, 35.2% identified insufficiency of drugs while 35.4, and 21.3% gave high cost and weaknesses from the staff as reason for their non-satisfaction. 24.4% advance other reasons for their non-satisfaction. Table 18below illustrates the percentages for a better understanding

Table 18: Percentage of households in Belo council whose members are not satisfied with the services rendered by health care unit and reasons of dissatisfaction

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
26.3	56.9	31.3	60.7	21.3	30.8	35.2	34.2	35.4	24.4

Source: Scorecard study, Belo council November 2017

The table above has clearly illustrated the various reasons why the households were disgruntled with the services. As a disgruntled individual there must be some expectations which you think should be put into place so that your stance on that situation can change. We shall be closely examined in our next section

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

The households expressed a number of expectations as far as the water supply services were concerned. According to them, meeting these expectations will bring great satisfaction. Amongst the households as seen below, 75.6% of households declared that additional healthcare units should be created / constructed. This suggestion ties so very much with the fact that they have to trek for long just to benefit from health services. 57.9% reported that health care units should be Equipped, 46.5% said staff should be transferred to the area, 36.8% declared that drugs should be supplied to the area and finally 35.1% advance other expectations from the health sector. The table below illustrates the presentation

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

Proportion (%) of households whose expectations in health services are : (S20)				
Additional health care units	Provision/supply of drugs	Transfer of a staff member	Equipped health care units	Others
75.6	36.8	46.5	57.9	35.1

Source: Scorecard study, Belo council November 2017

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

Belo municipality like any other has several health units which were grouped into three (public hospitals, sub divisional medical centres and private healthcare units) major units by the households. Opinions of 56% of households indicate that private health centers were very

close to them. The health sector registered some positives, some of which were 97% of the households declaring the hospitals were well equipped, 82.7% confessing there were rooms to accommodate patients, 98.9% attesting to the fact that pharmacies were present with a further 93.3% adding their voice to say the pharmacies had drugs, 96% of the households declared health personnel's were always present and 86.4 confirming these personnel's gave them a very good reception. Generally, 73.4% of the households were satisfied with the health services. Lapses identified were, 66% of them perceive they use more than 15minutes to get to the closest health centres which could cost several lives in case of emergencies. Half of the households preferred going to private health centres for treatment and 56.3% of the households attested to the fact that these medical units were managed by nurses hence a need for more doctors in the area. Consultation was not free as presented by 96.1% of the households as more than half of them pay between 500-1000FCFA which according to 53.9% of them was too high comparing to their income. A small proportion of 26.3% were not satisfied with the health services for reasons like inadequate health units, distant health units, and a host of others. They expect amongst others to see additional health units since most of them use 15minutes and above to get to medical units.

Just like health, education is a central aspect 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 Belo Council area.

3.4. EDUCATIONAL SECTOR

The Constitution of Cameroon from 1996, revised by law the 14th of April, 2008 recognizes the Right to Education in its preamble stating that, the state assures the Right to Education and instruction. Primary education is compulsory. Organization and control of education are obligations of the state. The general legal framework is established by the Law on the Orientation of Education n° 98/004 from the 14th of April 1998. This law concerns the two educational sub-systems (Anglophone and Francophone) and it is applicable to preschool, primary and secondary, as well as technical and normal education. Article 9 stipulates that primary education is compulsory. Furthermore, in Article 7 of the law stipulates that the states guarantee equality of chances in access to education, without discrimination based on sex, political, philosophical or religious opinion, social, cultural, linguistic, or geographic origin. Article 9 guarantees that the education is non-confessional and neutral and independent with regard to all religions. That said we shall in this chapter be examining the availability and usage of educational services, cost and quality of the services, appreciation of the services, reason for non-satisfaction if any, expectations and a general summary of the services

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

The educational system of Cameroon is divided into Nursery, Primary, secondary, vocational and higher education. Schools in many area of the country have all these cycles functioning smoothly. Belo which is also part of the country is not left out. There exist three cycles of education in the Belo council area. Statistics from the study showed that, 86% of household reported that their village/neighborhood had a Nursery school and a household had an average of 1.3 children attending this nursery school. In terms of the distance travelled by children who attend the nursery school, 84.2% of them cover less than 1 km, and 15.8% cover a distance between 1 and 5km. None of the households declared their kids travel more than 5km to get to school. However, the households declared their children spend on average 20.4 minutes on foot to get to school which was too bad for children of that tender age. Primary schools were the most common in the Belo council area as reported by 88.1% of households. On average, a household had at least 1.9 children attending primary school, 73.8% of these pupils travel less than 5km to go to school, 25.7 % between 1-5km and 0.5% travel more than 5km to get to school. Averagely, their children take about 24.3 minutes to reach school.

Finally, 65.2% of the households reported that there existed secondary schools in their village. Of all the household residing in this community, an average of 1.9 children attended secondary school. As for the distance travelled and the time taken by high school children to

reach their school, 39.1% of the household population estimates that their children travel less than 1km to get to school. It should be noted, that 56.4% of household said their children travel between 1-5km before arriving school and finally, 4.4% said they travel above 5km for studies. Households estimated they use 41.8 minutes to reach school. Table 20 below presents these situations clearly.

Table 20: Percentage of households in BELO council, whose children have access to education, per type of educational cycle, distance and time taken to get to school

Available Cycle	Proportion of households in Belogoing 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
			Less than 1KM	Between 1 and 5 KM	More than 5KM	Total	
Nursery	86	1,3	84.2	15,8	0.0	100	20,4
Primary	88.1	1,9	73.8	25.7	0.5	100	24,3
Secondary	65.2	1,9	39.1	56.4	4.4	100	41,8

Source: Scorecard study, Belo council November 2017

After examining the cycles of schools, distance and time taken to get to the schools, the next thing which the studies seeks to examine is the cost and quality of education in the area.

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

Education according to the government is free in the nursery and primary cycles. What is being paid in most of these public schools especially at the Nursery and Primary schools is the PTA levy which ranges between 2500-5000FCFA. However, this is not the case with conventional and lay private institution who charges very high amount as school fees so as to be able to meet up with taxes, insurance, staff income and other expenditures.

With the case of Belo, all households (100%) with children in nursery and primary schools declared they paid fees for their children. For the case of households with children in the secondary school, 99.6% declared that they paid school fees.

Assessing the average amount spent throughout the school year as school fees, household with children in the nursery school said they spent 17,032FCFA averagely. This amount was judged by 68.5% of the households as high, 31.5% as being reasonable and no household talked of it being insignificant.

Households with children in the primary schools declared they spent on average 7,345FCFA as school fees throughout the year. 58% of the households who paid these school fees said

this amount was high while 40.0 % of households found the amount as being reasonable. It should be noted, however, that a very small segment of the Belo household population estimated at about 2% assessed this amount as being insignificant.

Finally, the 99.6% of the households who paid fees for the children in the secondary school reported that they spend 30,768FCFA on average. It should be noted that, 85.4% of the households made it clear that the amount of fees paid in secondary schools was high, 13.4% found it to be reasonable (13.4%) and finally 0.8% of the household said it was insignificant. Table 22 below summaries every aspect explained above.

Table 21: Percentage of households having paid the required fees for education and an appraisal of the amount

Educational cycle	Proportion (%) of households having paid the required fees for education	Average school fees expenditure spent throughout a school year per child (CFA Francs)	Partitioning (%) of households paying fees required per appreciation of the amount paid		
			High	Reasonable	Insignificant
Nursery	100,0	17,032	68,5	31,5	0,0
Primary	100,0	7,345	58,0	40,0	2,0
Secondary	99,6	30,768	85,4	13,4	0,8

Source: Scorecardstudy, Belo council November 2017

3.4.2.2. Quality of services offered in the educational sector per cycle

In terms of quality of services in the education sector per cycle, we looked at the perceptions of households with regards to the availability of benches for all pupils to sit on, if the school had a complete cycle and had a classroom per class level and if textbooks were distributed in the schools

According to the perception of households, 98.2% of the households reported that there were complete cycles in the primary section while 98.7 and 85.4% reported that the first and second cycle for the secondary school that their children attended were complete. 75.4%, 78.7% and 97.5% of the households with children in the nursery, primary and secondary schools respectively in the Belo council area declared that the school their child/children attended had a classroom per class level. While 85%, 89.4% and 97.7% of them said there were benches in the nursery, primary and secondary schools their children attended respectively. For households whose children were in the nursery school, 20.6% of them reported that textbooks are distributed to their children while just 11.3% of their counterparts with children in the primary school thinking the same. An illustration of this can be seen below.

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

Education al cycle		Characteristics declared about the school attended			
		Has a complete cycle	Has a classroom per class level	Availability of benches for all pupils to sit on	Distribution of school textbooks in the school
Nursery			75.4	85.0	20.6
Primary		98.2	78.7	89.4	11.3
Secondary	1 st cycle	96.6		97.7	
	2 nd cycle	84.2			
			97.5		

Source: Scorecardstudy, Belo council November 2017

The availability of educational services in the Belo area has been of prime importance to the local community as it has help to improve on the academic levels of members of households. How the households appreciate this service is what we shall be studying next.

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

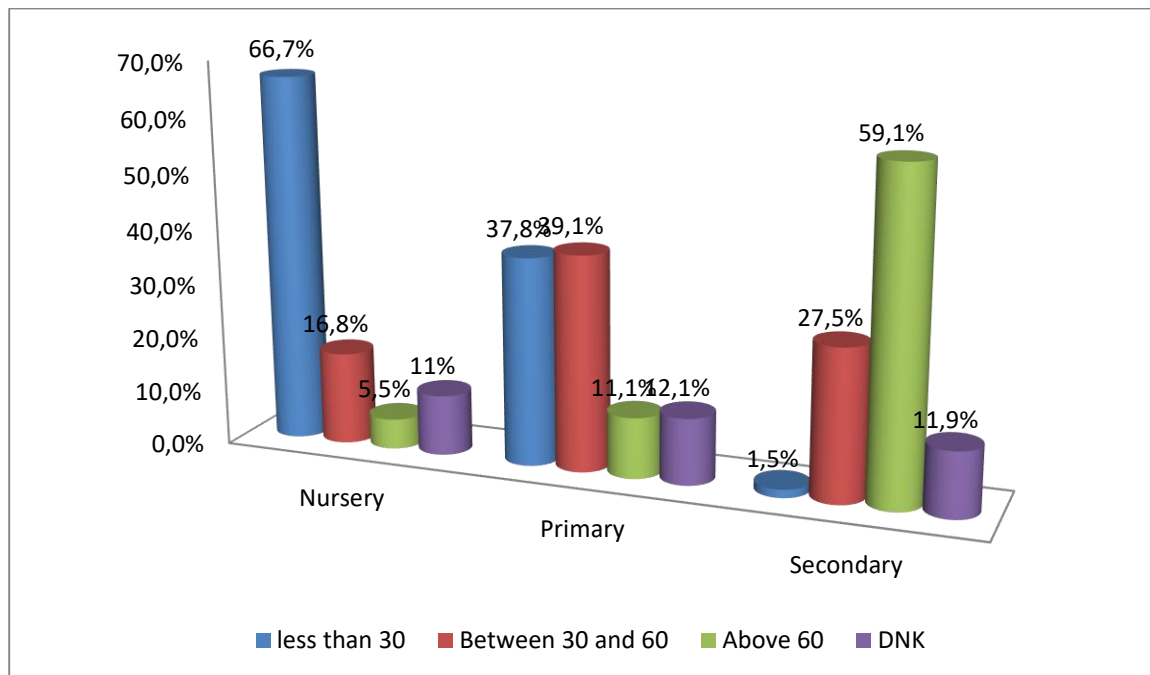
This section of the work seeks to appreciate the educational services provided in the council area based on number of children per classroom and effective presence of teachers in class. In our Cameroon context, the average number of children that are supposed to be in a class is 30 for nursery school, 30 for primary and 60 for secondary schools. This enables the teacher to master the children's problems very well and know where to make amends hence and improvement in the standard of education. With respect to the Belo council area, statistics of the average number of children per class were as follows; 66.7% of the households with kids in the nursery school revealed that their children are less than 30 in class, 16.8% said their children are between 30 and 60, 5.5% declared their children were in classrooms of more than 60 and finally 11% said they did not know how many children were in the classrooms of schools attended by their children.

Talking about the primary, 37.8% of the households with kids in the primary school revealed that their children were less than 30 in class, 39.1% said their children were between 30 and 60 in class, 11.1% where of the opinion that, their kids were more than 60 in class.Finally, 12.1% told us that they knew nothing about the number of children in the class of schools were their kids school

At the secondary level, 1.5% of households with kids in the secondary school revealed that their children were less than 30 in class, 27.5% said their kids were between 30 and 60 in class,while 59.1% said they were above 60 in class. A certain 11.9% of the households were

of the opinion that they were not current with the idea of number of children per class of where their children school. Figure 21 illustrate this concept clearly

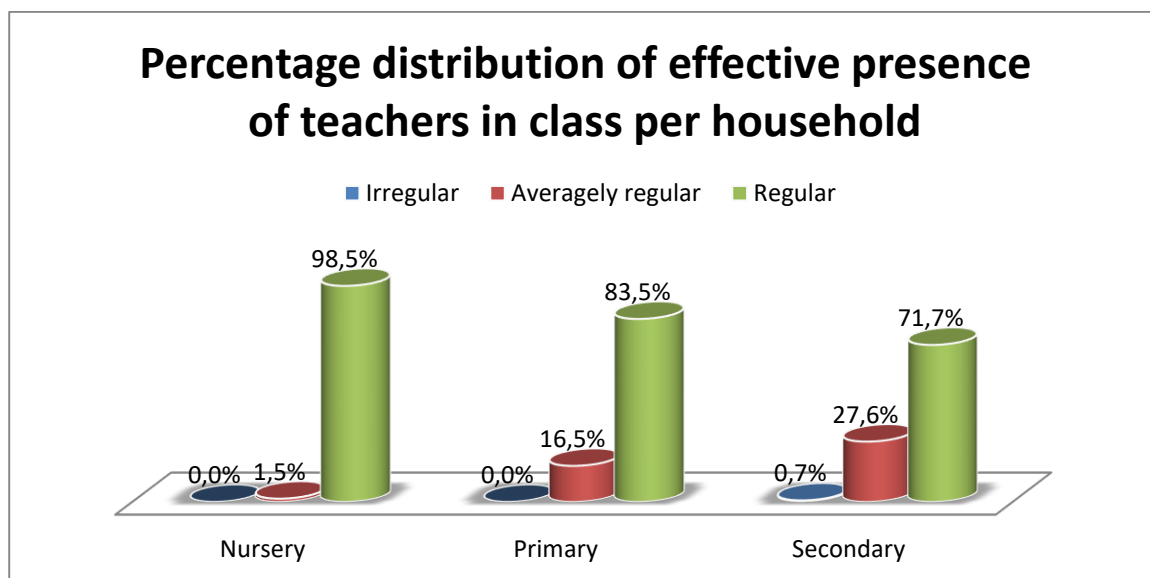
Figure 21: Percentage of households whose children are going to school and are in classrooms with an average number of pupils.



Source: Scorecardstudy, Belo council November 2017

Taking a look at the appraisal of the teacher's presence in the classroom, 98.5% of the households with children in nursery declared the teachers were regular, 1.5% said they were irregular and no one talked of the teacher being irregular. As far as the primary school is concerned, 83.5% of households with pupils in nearby schools said the teachers were regular, 16.5% were of the opinion that the teachers were averagely regular. No household with a child in the primary school talked of irregularity of teachers in school. Finally, 71.7% of the households talked of regularity of teachers teaching their children in the secondary schools, 27.6% said the teachers who teach their children were averagely regular and finally 0.75 of the households complained of irregularity of teachers teaching their children in the secondary schools. Figure 22 below gives us a pictorial view of the situation

Figure 22: Percentage distribution of effective presence of teachers in class



Source: Scorecardstudy, Belo council November 2017

With the infrastructures in place, who does the maintenance is what we shall be examining next.

3.4.1.1.General state of classrooms

This portion of the task seeks to examine who does repairs in case of any damage on the infrastructures. According to the information from the council area, 100.0%, 99.1%, 97.7% of households with children in the nursery, primary and secondary schools respectively declared that when there was a problem with school infrastructure it's the PTA that did repairs.

In the same line, 1.9%, 2.5% and 1.2% of households with children in Nursery, primary and secondary schools were of the opinion that in the advent of any damage the mayor did the repairs.

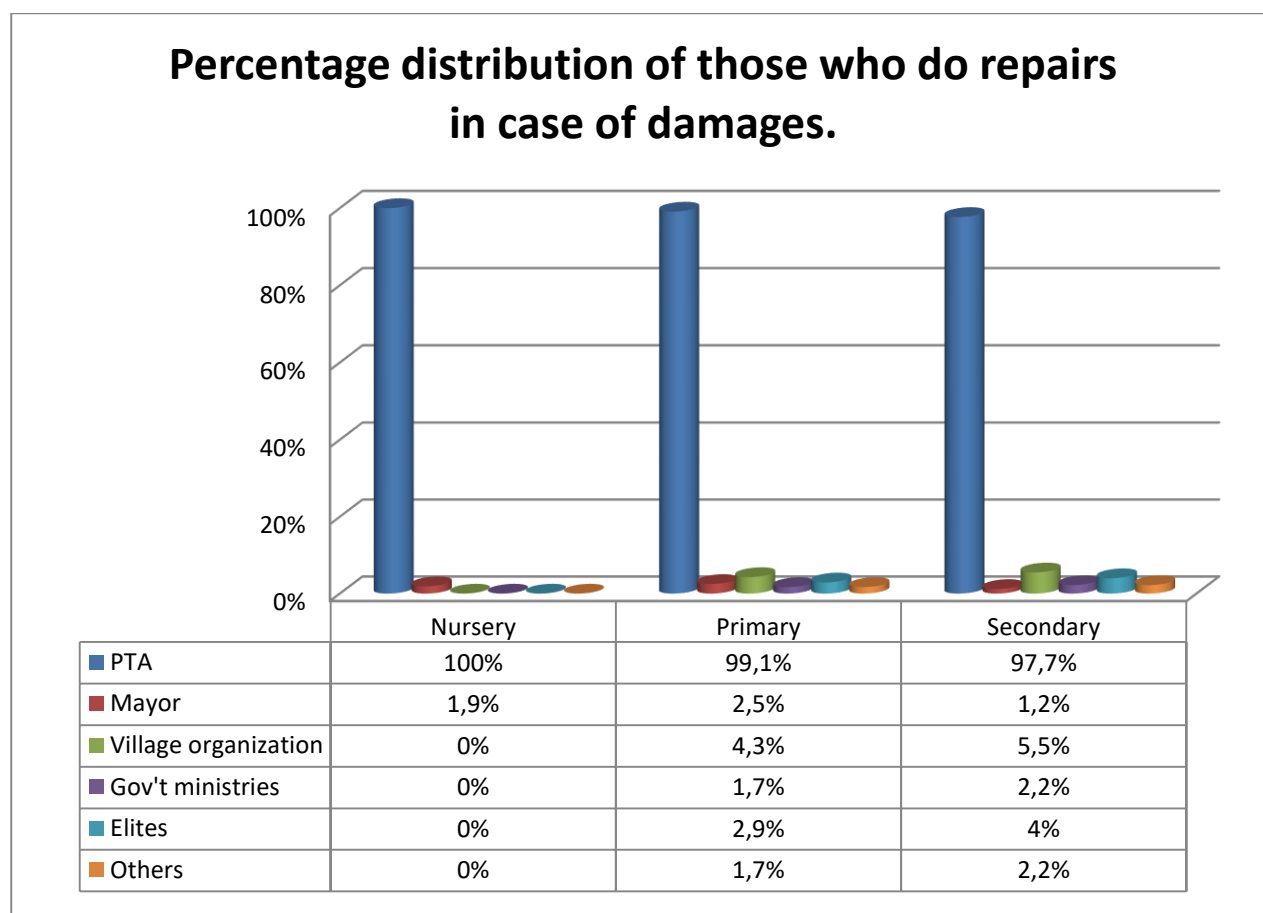
Looking at the role played by village organizations in this development, 4.3% and 5.5% of households with children in the primary and secondary schools revealed that they carryout repairs in case of any damages.

1.7% and 2.2% of households with children in the primary and secondary schools perceived that, the government ministries in-charge of education and professional trainings at different levels carried out maintenance when there were damages.

As far as elites of good will were concern, 2.9% and 4% of households with children in the primary and secondary schools said these elites did the repairs when there was break down.

Finally, 1.7% and 2.2% of the households with children in the primary and secondary school respectively confessed repairs were done by other category of institutions or individuals. From the facts gotten, it was very clear that everything as far as school maintenance is concerned was left in the hands of the PTA. Figure 23 clearly illustrates these points.

Figure 23: Percentage distribution of structures or individuals who do repairs in schools



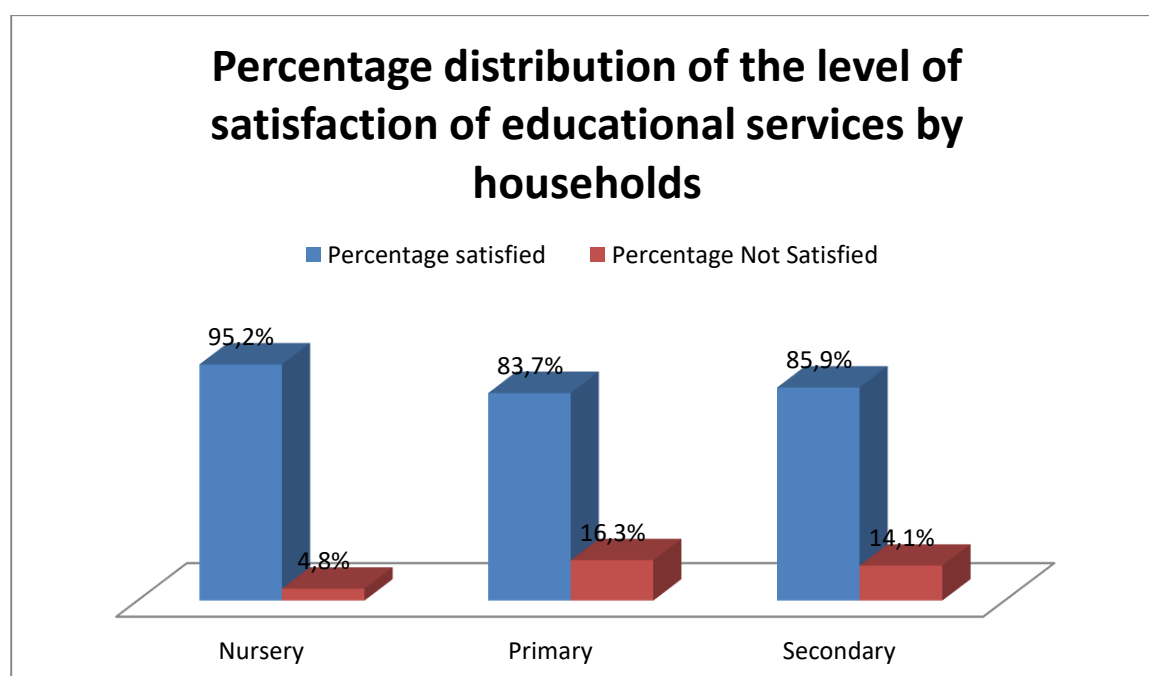
Source: Scorecardstudy, Belo council November 2017

After the evaluation of the quality of educational services provided, the next stop was to examine how satisfied or non-satisfied the people were in respect to these services.

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

The provision of educational facilities and rendering of services in the same line did not register a positive impact on everyone in the community. While some (nursery (95.2%), primary (83.7%) and secondary (85.9%)) were very satisfied about what was been done, others (nursery (4.8%), primary (15.3%) and secondary (14.1%)) were not satisfied with what they were seeing. However, we applaud the education sector for recording a high rate of satisfaction as illustrated in Figure 24 below.

Figure 24: Percentage distribution of level of satisfaction of educational services by households



Source: Scorecardstudy, Belo council November 2017

For the households who were not satisfied, they advanced several reasons for their non-satisfaction. Households with children in the Nursery schools had no significant reason for being unsatisfied.

Talking about the primary school, the reasons for non-satisfaction as declared by the households were, the high cost of schooling (61.0%) , followed respectively by the distance to access educational services (41.0%), the inadequate equipment (42.5%), inadequate number of schools (59.2%), inadequate classrooms (48.2%) and staff-related failures (30.4%), poor results (11.5%) and no distribution of textbooks (28.8%).

Among the reasons for dissatisfaction advanced by the households in relation to education services, the high cost of schooling was the most advanced reason declared by the households (82.4%) with children in secondary school, 75.9% said remoteness of the schools was the reason they were not satisfied. Inadequate teaching staff was a point raised by 42.8% of the households, 56.9% of them said inadequate number of schools was the reason for their dissatisfaction, inadequate classrooms (33.5%) and teaching staff (30.4%) was another point raised. some other households identified non distribution of textbooks (28.8%), poor results (11.55%) and other factors (4.6%) as the reasons for their non-satisfaction. The table below presents a summary of the analysis.

Table 23: Percentage of households in Belo council according to the level of satisfaction and the reasons of dissatisfaction, in terms of education services

Educational cycle	Amongst the households not satisfied, proportion (%) whose reason of dissatisfaction is :								
	Far distance to access educational services	Insufficiency of classrooms	Insufficiency of equipment	Insufficiency of schools /vocational training centers	Insufficiency of teaching staff	The non-distribution of school textbooks	Poor results	High tuition fees	Others
Nursery	*	*2	*	*	*	*	*	*	*
Primary	41	48.2	42.5	59.2	48.2	53.6	27	61	5.4
Secondary	75.9	33.5	42.8	56.9	30.4	28.8	11.5	82.4	4.6

Source: Scorecard study, Belo council November 2017

After the households brought forth their reasons for non-satisfaction, the next thing which the exercise took into consideration were the expectations of the households. These expectations will be examined below.

3.4.5. Expectations in the services rendered in the domain of Education per cycle

A detailed look at the expectations of households with children in the Nursery school showed that, 14.4% of them expect a reduction in cost of services, 11.9% wanted additional facilities, 11.1% talked of more classrooms, 10.8% declared they expected textbooks to be distributed to the pupils, 9.7 wanted more schools to be created, 9% desire to have schools very close to them, 8.2% made mention of improvement of results and finally 2.8% advanced other reasons.

Looking at the expectations of the households with children in the primary schools, 33.5% of them said they expected more staff to be recruited, 33.3% made mention of textbooks to be distributed, 33.1% talked of reduction in the cost of the services, 29.6% declared they wanted more equipment to be added in the schools, 28.8% expected more classrooms, 23.2% talked about having schools nearby, 20.8% said more schools should be created, 20% of the households sighted an improvement in quality of results and finally 4.3% forwarded other expectations.

With respect to the expectations of households with children in the secondary schools, 32.3% expected a reduction in the cost of educational services, 26.1% want more staff recruited, 25.1% of the households said they expected additional equipment, 23.4% sighted schools to be located nearby as their expectation, 21.2% declared that they wanted textbooks to be distributed, 20.3% talked of building more classrooms, 18.4% stated creation of more

² Represents an insignificant figure

schools, finally 17.3% and 3.5% expected an improvement in result quality and other factors respectively. Table 25 supports the explanations above.

Table 24: Proportion (%) of households in Belo council, per type of expectations in the domain of education and per educational cycle

Educational cycle	Proportion (%) of households whose expectations in the domain of education are :								
	To have a school located	Built more classrooms	Add additional equipment	Create more schools /vocational training center	Recruit more teaching staff	Distribute school textbooks	Improve the quality of the results	Reduce the costs	Others
Nursery	9.0	11.1	11.9	9.7	14.9	10.8	8.2	14.4	2.8
Primary	23.2	28.8	29.6	20.8	33.5	33.3	20.0	33.1	4.3
Secondary	23.4	20.3	25.1	18.4	26.1	21.2	17.3	32.3	3.5

Source: Scorecard study, Belo council November 2017

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

Three cycles of education namely nursery, primary and secondary schools were identified by households in the Belo council area. No household made mention the existence of a vocational school in the area which implies there was a need for some to be introduced there. The national phenomenon of free education was found wanting in the area as households had to pay some money to get their children trained as seen on their average yearly expenditure on educational facilities. Secondary schools had complete cycles and most levels had classrooms with benches. Textbooks were not distributed to pupils of the nursery and primary schools and the nursery schools had less than 30 pupils in class which made the teaching and learning process a simply task. In the same line it was noted that the primary and secondary schools had more than 30 and 60 children in class respectively. Going by the standards of 30 and 60 at most per class in these cycles according to the Cameroon context, these classrooms were overcrowded. This went further to make the teaching and learning process very challenging on the path of the instructor and the learner. Majority of the households confirm teachers were always regular. The amount paid as fee was said to be high and most maintenance work were carried out by the PTA. 4.8%, 15.3% and 14.1% of households declared they were not satisfied with the services offered at the Nursery, Primary and Secondary schools respectively. Most of them cited distant schools, high tuition fee, inadequate schools and teachers and non-distribution of textbooks as reasons for their dissatisfaction. They expected to see schools constructed nearby, teachers recruited, school fees reduced and additional classrooms in the nearest future.

Away from the education sector, Councils in Cameroon today have been given the power to

promote and foster local development following the law on decentralization. The following section aims at capturing data about the council services delivered, the household's appraisal of such services, as well as the involvement of the population in the functioning of the council.

3.5. SERVICES OFFERED BY THE COUNCIL INSTITUTION

According to LAW No 2004/017 OF 22 JULY 2004 ON THE ORIENTATION OF DECENTRALISATION, the councils were endowed with administrative and financial autonomy for the management of regional and local interests. In that capacity, the mission of the councils or boards was to promote economic social; health; educational; cultural and sports activities in their respective areas of jurisdiction. This law stipulated that, Councils shall have a general mission of promoting local development and improving the living condition of their inhabitants. In this portion of our work, we examined some of those services offered by Belo council and how it was appreciated by the people.

3.5.1. Availability and usage of council services

Belo council like any other council has a host of services it renders to the population. Whether these services are utilized by the people is what we shall be examining in this part of our studies.

The services and percentage of households who made use of those council service in the past 12 months were; issuance of Birth certificate as declared by 20% of the households, Certification of official documents 5.7%, Building permits 1.2%, Death certificate 0.9% Marriage certificate 1.5% Certificate of Residence 0.4% Approval/Validation of localization plans 0.8% Request for Information 5.6% and Others 0.5%.

Of the many services rendered by the council, the most sorted service was the issuance of Birth certificate as declared by 20% of the households in the area. This activity according to them was done in the last 12 months. 93.8% of them declared that they had a good reception. With regards to the time spent to obtain the service 24.95% were of the opinion that it took less than a day, 37.8% said it took between a day and a week, 23.7% noted that it took between a week and a month, 6.8% identified the range one to three months as the time it took to obtain the service, 6.7% decreed that it was still ongoing and no one talked of the service taking more than three months.

With regards to the other services, an insignificant proportion of the households declared the reception was good and the actual time taken to obtain the services. Table 26 below illustrates the assessments made above

Table 25: Percentage of households in Belo council which have requested for a council service in the last 12 months

<i>Services</i>	<i>Proportion of households which have requested for a service in the last 12 months</i>	<i>Proportion of households which are of the opinion that the reception for the said service was good</i>	<i>Time spent to obtain the services</i>					
			Less than a day	Between 1 day and a week	Between a week and a month	Between one month and three months	More than three months	Ongoing
Issuance of a birth certificate	20,0	93,8	24,9	37,8	23,7	6,8	0,0	6,7
Certification of official documents	5,7	*	*	*	*	*	*	*
Building permit	1,2	*	*	*	*	*	*	*
Death certificate	0,9	*	*	*	*	*	*	*
Marriage certificate	1,5	*	*	*	*	*	*	*
Certificate of Residence	0,4	*	*	*	*	*	*	*
Approval/Validation of localization plans	0,8	*	*	*	*	*	*	*
Request for Information	5,6	*	*	*	*	*	*	*
Others	0,5	*	*	*	*	*	*	*

Source: Scorecard study, Belo council November 2017

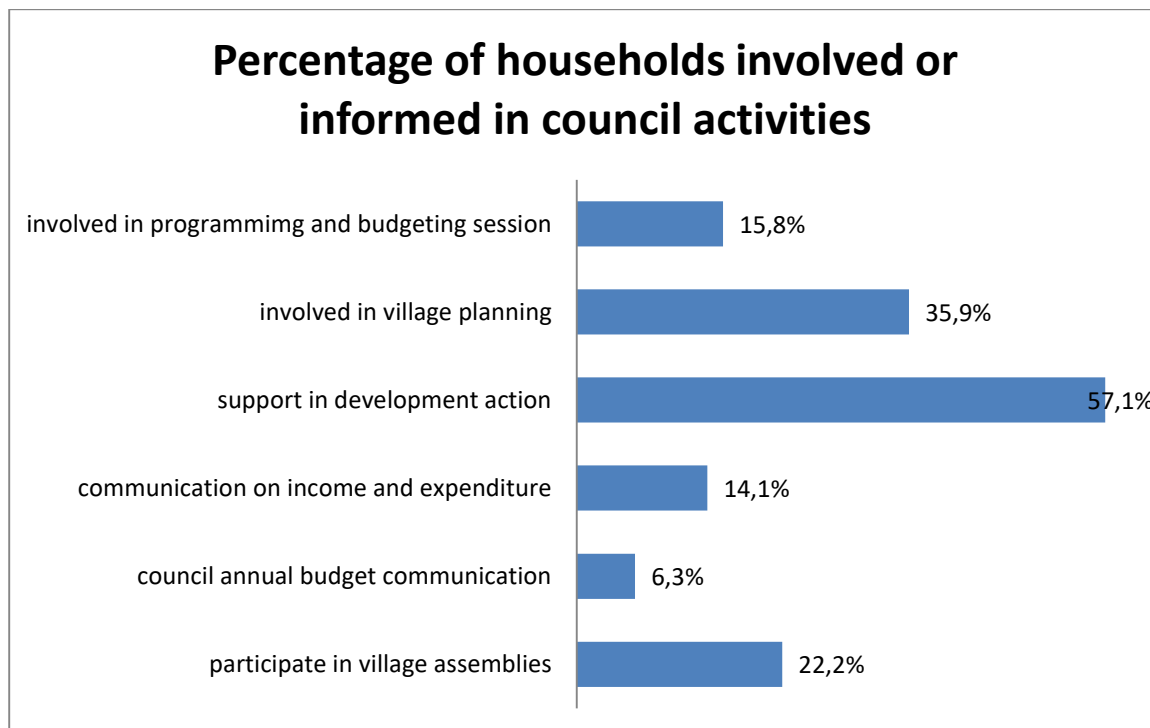
The next section of this work looks at how the council services are being appreciated by the households.

3.5.2. Appreciation of council services

Dissemination of information on Council actions and household involvement in the Council's activities is a fundamental right of the population since the council is owned and managed by the people. In this section of the work, we looked at the proportion of households informed or involved in council activities. In the Belo council area, and going by the results of the study, 57.1% of householder interviewed declared they within the past 12 months they have been involved or were informed of the village/quarter in Support development actions. On a similar note, 14.1% of the household had been involved or informed on the income and expenditure of the council and 22.2% declared they were informed or involved in village assemblies.

It is worth noting here that most of the activities that the council solicits the participation of the citizens have nothing to do with resources/finances. For example, when it comes to Involving the village/quarter in planning, 35.9% of the population attest to the fact that they were either informed of or participated in the activity, but when it comes to activities like Communication on the council annual budget and Involving the village /quarter in programming and budgeting sessions, only a negligible proportion (15.8 and 6.3) declared they were involved. Figure 25 presents what has been explained so far.

Figure 25: percentage of households informed and involved in council services



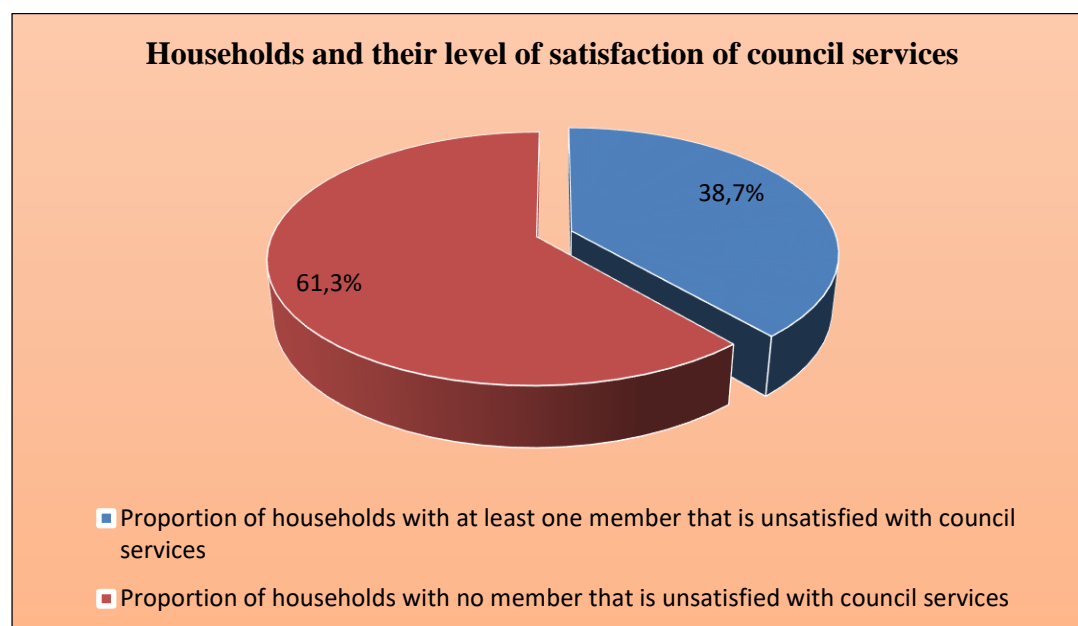
Source: Scorecardstudy, Belo council November 2017

After examining the level of participation of the households on council services, we shall be looking at the how satisfied the people are with the services the council renders and reasons for their non-satisfaction if any.

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

38.7% of the people of Belo expressed dissatisfaction with regards to the council services offered. This implies 61.3% were satisfied with what the council was offering as could be seen in figure 26 below.

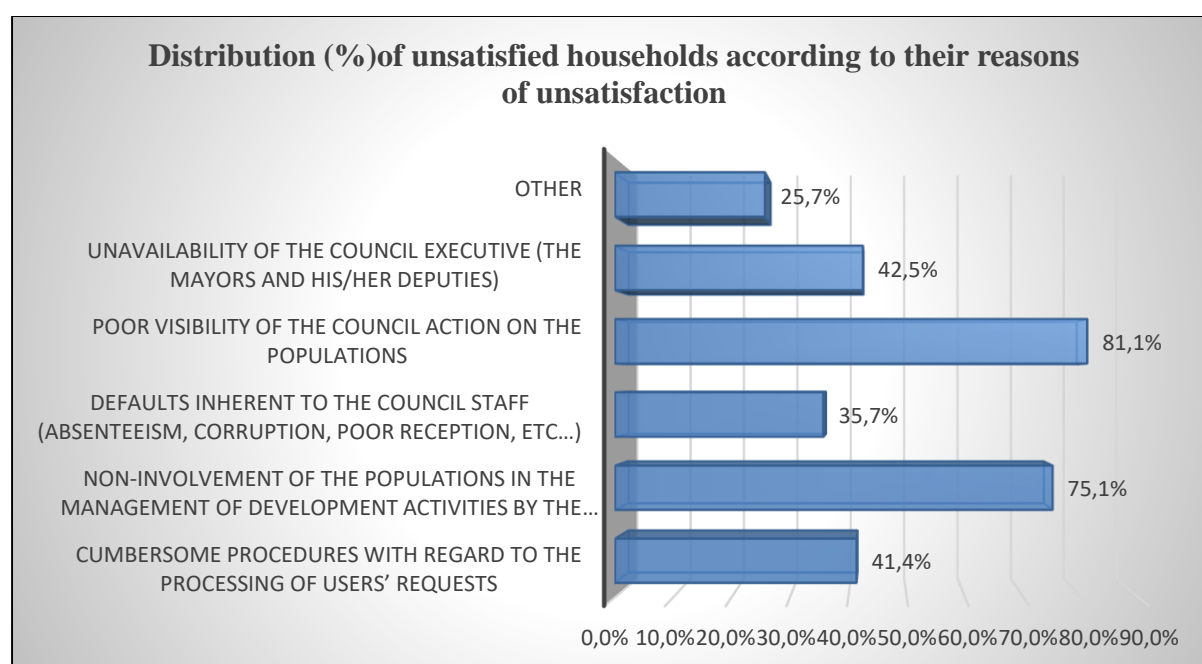
Figure 26: Level of satisfaction of council services by Households



Source: Scorecardstudy, Belo council November 2017

Of the 38.7% who declared their non-satisfaction, 81.1% declared that there was poor visibility of the council action on the population, 75.1% said they were not happy with the non-involvement of the populations in the management of development activities by the council, a further 41.4% said processing users request was too cumbersome, 42.5% claimed the absence of council executives made him dissatisfied and finally 25.7% put up other reasons. Figure27presents the situation in figures.

Figure 27: Proportion (%) of households in Belo council whose members are unsatisfied with the council services and reasons of dissatisfaction vis-à-vis Council services



Source: Scorecardstudy, Belo council November 2017

With the identification of reasons for dissatisfaction by the households concerned, the study went a step ahead to look at the main expectations of the households to the council services rendered.

3.5.4. Main expectations in the services rendered by the council

Certain expectations were presented by the people to the council. Concerning the Closeness of the Council to the populations, 65.9% of the population declared that the council need to either bring it services closer to the population or invite the population to come closer to its services. 53.7% of the population declared that should improve on its communication as far as its development actions are concerned. While 64.0% opined that the council should work on its involvement of the populations in the decision-making process, 53.4% called for transparency in council management and finally 37.8% advanced other reasons.

Table 26: Percentage of households in Belo council having expectations, per type of expectations

Proportion (%) of households whose expectations in terms of council services are :				
Increased involvement of the populations in the decision-making process	Increased communication by the council as far as its development actions are concerned	More transparency as far as management is concerned	Closeness of the Council to the populations	Others
64,0	53,7	53,4	65,9	37,8

Source: Scorecard study, Belo council November 2017

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

The council through the decentralization law was empowered to provided welfare and other services to her local population. These services are being rendered in the municipality but it seems those well-known and utilized by the local population are the establishment of a birth certificate, marriage certificate and certification of official documents. The birth certificate is the document which was requested for most and 62.7% of the households said it took less than a week to get it. It was observed by 57.1% of the households declared that the council involves them to support development action but when it comes to pertinent issues like program and budgeting session, communication on income and expenditure and finally communication on annual budget, majority of these households were left out. 75.1% of the households expressed dissatisfaction in the non-involvement of the population in the management of development activities while 81.1% where frustrated at the poor visibility of the council action on the population. The main expectation of the household in Belo is to see an increase in the participation of the local population in the council's affairs and closeness of the council to the people. We cannot say the council is owned and managed by the people yet the people do not know what is happening there.

3.6. CONCLUSION AND MAIN RECOMMENDATIONS

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

- ❖ Limited number of water sources
- ❖ undeveloped water sources
- ❖ Poor quality of water
- ❖ Insufficient number of health personnel available in hospitals
- ❖ limited number of health care units
- ❖ insufficiency of drugs in healthcare units
- ❖ insufficient or complete absence of equipment in healthcare units
- ❖ limited number of school in the nursery, primary and secondary cycles
- ❖ far distant need to cover in order to access schools
- ❖ non distribution of school textbooks in the nursery and primary cycles
- ❖ high tuition fees
- ❖ population's involvement in decision making at the level of the council
- ❖ population's involvement in development actions
- ❖ transparency in management at the level of the council

Recommendations:

It is recommended that the following should be rectified in the Belo council area as far as these four services are concerned.

- Installation of additional taps and improvement in the water management system.
- Creation of more public health centres closer to the people with additional staff and equipment
- Build more academic institutions around the people and subsidize it through the provision of textbooks and other study guides to help decongest the classes and improve the quality of education available.
- Get the population involved in the budgetary and decision making activities in the council area.

CHAPTER IV

SYNTHESIS OF PROBLEMS AND ACTION PLAN FOR THE IMPLEMENTATION OF THE CITIZEN REPORT CARD MECHANISM FOR PUBLIC ACTION IN BELO COUNCIL

4.1. SYNTHESIS OF PROBLEMS IN THE BELO COUNCIL AREA

4.1.1. Synthesis of problems in the Domain of Water in Belo

Table 27: Synthesis of problems in the water sector

5. Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Water	Insufficiency of water points/absence of CAMWATER	Extension of new water points, boreholes and supply of water by gravity in all quarters		
		Identification of sites for the construction of catchments/boreholes.		
		Lobby for resources to construct bore holes and supply water by gravity		
	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 MINEE Boyo		
	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 Belo 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 for those who use CAMWATER		
		Draft a complain to the service in charge		
		Harmonization of rates		

4.1.2. Synthesis of problems in the Domain of Health in Belo

Table 28: Synthesis of problems in the health sector

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 Belo		
	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		
		DMO Fundong to make available a weekly visiting Doctor		
	Poor quality/ insufficient equipment	Provision of more equipment		
		Lobby with the MP Belo /NGOs for the provision of more equipment		
		DMO/ Fundong Council to facilitate the provision of improved equipment		
	Insufficiency of drugs/pharmacies	Provision of more drugs		
		Construction of more pharmacies in the hospital		
		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 Fundong 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		

4.1.3. Synthesis of problems in the Domain of Education in Belo

Table 29: Synthesis of problems in the education sector

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Education	Insufficiency of teaching staff	Provision of more teaching staff	√	√
	High tuition	Reduction and regularization of fees in all schools	√	√
	Far distance to access educational services	Bring educational services closer		√
	Insufficiency of classrooms	More classrooms be constructed	√	√
	Insufficiency of equipment	Adequate equipment be provided	√	√
	Insufficiency of schools	Creation of more schools in all cycles	√	√
	Non distribution of textbooks	Make available textbooks in all cycles by applying and requesting for help from Book Aid International or Plan Cameroon	√	√
	Poor results	Step up monitoring and continuous evaluation of pupils and students to guarantee improve results	√	√

4.1.4. Synthesis of problems in the Domain of Council service in Belo

Table 30: Synthesis of problems with the council services

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Council	Non-involvement of the population in the management of development activities	Continuous involvement of the population in the development of Belo municipality(through quarter heads/village Associations)	√	
	Poor visibility of the Council action on the population	Make the Council action more visible through the realization of concrete projects(Projects realized be labeled)	√	
	Default inherent to Council staff	Continuous follow up and monitoring of the behavior of council staff to ensure satisfactory performance	√	
	Cumbersome procedures with regards to the processing of user request	Facilitate the procedure regarding the processing of user request Ensure that monitoring is improved upon Regular/spontaneous check of staff	√	
	Poor communication on the Council annual budget and activities	Step up communication on the annual budget and activities Ensure that communiques be posted on bill boards Ensure that the budgetary session be open to all. This can be done through focal point persons in their various areas The communication officer together with the public relations officer should equally make the population aware of the councils activities by making use of social media (Face book page)	√	

4.2. PLAN OF ACTIONS FOR PROBLEMS IDENTIFIED

4.2.1. Plan of action for the water sector

STRATEGY OF THE SECTOR:To make potable water systems available and adapted to the specific environment to all communities throughout Belo council area

Table 31: Plan of action for the water sector

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Water	To make potable water available and affordable to all and sundry in Belo council area within 5 years	1: To develop and Improve accessibility to portable water	Extension of additional water points Rehabilitation of community water catchment	Number of villages with portable water supply	From council reports and field observation	Increase in number of water sources	Water is available and affordable in the community	Ongoing	The population, technical service of the council, VDC	DD MINEE BOYO NGOs Member of parliament	To be determined later
		2: To identify and harness water sources in villages	Inventory of water points Identification of new ones	Number of new water catchments	Report from DD MINEE, Boyo 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 MINEE BOYO NGOs Member of parliament	
		3: To repair all damaged water points.	Recruitment of technicians and creation of water committee in	New and bigger pipes are purchased	Report from DD MINEE, Boyo Council	Adequate financial and material support from the	All damaged water points are repaired in time	Ongoing	The population, technical service of the water	DD MINEE BOYO NGOs Member	

			quarters		Report Field visits	community			management committee council, VDC	of parliament	
		4. To improve quality of water	Periodic cleaning and treatment of water catchment	Number of water management committee members trained per village, mobilization is done in all quarters	Councils report Minutes, Attendance sheets, field visits	Adequate financial and material support from the community	Quality of water is improved, cleaning of water sources and treatment is frequent	Ongoing	The population, technical service of the council, VDC and water management committee	DD MINEE BOYO NGOs Member of parliament	
		5. to improve on management of water points	-Revamp the water management committee -Sensitize the population on the importance of keeping these points safe	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,	Ongoing	The population, technical service of the council, VDC and water management committee	DD MINEE BOYO NGOs Member of parliament	

4.2.2. Plan of action for the health sector

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

Table 32: Plan of action for the 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 Belo council area by 2023	1: To Improve the staffing situation	Lobby for the recruitment of more staff CHW scholarship	Number of staff recruited	From council reports and field observation, Report from DMO	Increase in number of staff available, community health workers are provided	More staff are available and willing to handle cases of illness promptly	Ongoing	The population, technical service of the council, VDC, management committee	Ministry of public health, DMO Fundong NGOs Member of parliament	To be determined later
		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 Fundong From council reports and field observation	Many health care units are available	Many health care units are available and there is an improvement in the quality of health	Ongoing	VDC, the council, The member of parliament	Ministry of public health, DMO Fundong	To be determined later
		3: To provide more drugs.	Construction of a pharmacy, Recruitment of pharmacy attendants in the villages, provision of drugs -lobby for drugs from NGOs which are into health relief activities	New pharmacies are constructed and equipped with drugs	Report from DMO Fundong Council Report Field visits	Adequate drugs are supplied to the health care unit	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 Fundong	To be determined later
		4. To provide more equipment	Lobby for the provision of equipment to all health units	Number and quality of equipment provided	Councils report Management committee report, DMOs report	Adequate equipment's are made available	There is an improvement in the quality of health	Ongoing	The population, Mayor, technical service of the council, VDC, management committee	Ministry of health, Member of parliament, DMO Fundong	

4.2.3. Plan of action for educational services

STRATEGY OF THE EDUCATIONAL 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 33: Plan of action for educational sector

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 Belo council area by 2023	1: To Improve the staffing situation of schools in the council area	Lobby for the recruitment and transfer of more staff. Recruit	Number of staff recruited	From council reports and field observation, Report from DDSE Boyo/ IBE Belo	Increase in number of staff available, PTA teachers employed	More staff are available and committed to teach in the various schools	Ongoing	The population, technical service of the council, VDC, PTA, Mayor	Ministry of Basic /Secondary education IBE Belo/ DDSE NGOs Member of parliament	To be determined later
		2: To create more schools and have a school located closer to the households	Lobby for the creation and construction of more schools	Number of schools created	Report from IBE Belo/ DDSE Boyo From council reports and field observation	Many nursery, primary and secondary schools are available	All school cycles are available and there is a reduction in time taken to reach the nearest school	Ongoing	VDC, the council, The member of parliament, PTA	Ministry of Basic/ Secondary education, IBE Belo, DDSE Boyo	To be determined later
		3: To provide more classrooms.	Construction of temporal classrooms	New classrooms are constructed and equipped	Report from DDSE Boyo/ IBE Belo, Council Report, Field visits	More available classrooms	More available and equipped classrooms with permanent material and children learn in conducive condition	Ongoing	The population, technical service of the council, Mayor VDC, management committee, PTA	Ministry of Basic/ Secondary education, IBE Belo, DDSE Boyo	To be determined later

		4: To distribute school textbooks	- equipping the libraries. - Lobby for textbooks from external donors, divisional delegations and elites	Number and quality of textbooks provided	Report from DDSE Boyo/ IBE Belo, Council Report, Field visits, testimony of parents	More and varied textbook are made available,	Children have access to textbook and the quality of results is improved	Ongoing	The population, technical service of the council, Mayor VDC, management committee, member of parliament, PTA	Ministry of Basic/ Secondary education, IBE Belo, DDSE Boyo, NGOs	To be determined later
		5. To provide more equipment	Lobby for the provision of equipment to all schools	Number and quality of equipment provided	Councils report Management committee report, IBE/DDSE report	Adequate equipment's are made available	There is an improvement in the quality of education	Ongoing	The population, Mayor, technical service of the council, VDC, management committee, PTA	Ministry of Basic/ Secondary education, IBE Belo, DDSE Boyo, NGOs	To be determined later
		6. To improve on the quality of results	Quality standards set for all schools, teachers given targets, scholarship opportunities announced	Number of continuous assessments per week, Number of seminars and workshop organized for staff	Copies of CAs, publication of quality standards, invitation for different seminars, reports of IBE/DDSE	More follow up is ensured at all levels of learning	Sustained improvement in quality of results	Ongoing	School authorities, teaching staff, pupils/ students, NGOs	Ministry of Basic/ Secondary education, IBE Belo, DDSE Boyo,	To be determined later
		7. To reduce the cost of access	-Reduction in cost of access to education, provision of scholarship -encourage individuals of goodwill to grant scholarships	Number of new cases enrolled after reduction,	Enrolment registers, reports of school authorities, minutes of PTA meeting	More pupils and students have access to learning	More awareness and increase in literacy	Ongoing	School authorities, IBE/DDSE pupils/ students, NGOs	Ministry of Basic/ Secondary education, IBE Belo, DDSE Boyo	To be determined later

4.2.4. Plan of action for council services

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

Table 34: 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 December 2018	1: To involve the population in decision making	-Invite the population during council sessions - conducting study regularly to get the people's perception on council activities	Number of stakeholders and socio professional group who attended the council session	From council reports and attendance sheets, invitation letters distributed, council notice board, Dispatch letters	Increase in number of actors invited during council sessions, Increase in the use of council services	More stakeholders participate in decision making, Sustained increase in the use of council services	Ongoing	The Secretary General	Mayor PNDP	To be determined later
		2: To communicate all development actions	Announcements through various media houses, Social media, Construction and placement of council notice boards at strategic locations of the town, development of a website, email and face book page	Number of copies of different announcements sent out, Website developed, Email address created	From council reports and field observation Testimony from the population	Increase turnout in all council activities, All communication avenues have been exploited	High involvement of the population in decision making at the council Updated website Frequent use of all communication means	Ongoing	The SG of the council The population	The Mayor PNDP DD communication DD P&T	To be determined later

			-Sensitize the counsellors on their task as the people's representatives - ensure information is sent regularly to the people through their counsellors								
		3: To ensure transparency in management.	Publish administrative and financial account of the council yearly, Publish the annual investment plan of the council	Number of stakeholders who are aware of the accounts	All accounts and income sources are published on the notice board	Administrative and financial accounts are published	More awareness on the administrative and financial accounts is created	Ongoing	-The municipal treasurer -Council finance officer -council cashier The SG	Divisional treasury, Other financial services	To be determined later
		4: To increase population's access to decentralised services	Opening of special civil status centres, Employment of registrars, Creation of mobile registration centres	Number of special civil status centres created, Number of registrars employed Number	Area view of the special centres, field visits, list of newly recruited employees	Communities are willing to host the centres,	Increase access of the population to decentralised services, Increase number of households benefiting from decentralised	Ongoing	technical service of the council, Mayor	PNDP MINADT	To be determined later
		4. To provide more equipment	Need identification, Procurement of equipment	Number and quality of equipment provided	Councils report Report of the stores accountant	Increase in council revenue	There is an improvement in quality of equipment used by council workers	Ongoing	Mayor, technical service of the council, stores accountant	PNDP Suppliers, Contractors	To be determined later

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

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

Picture Gallery

End of training test



Field work



ANNEXES

Annexe 1: List of the stakeholders involved in the study

- The Governor's representative
- Regional Delegate of MINEPAT
- RD of Sector Ministries concerned
- The Regional Coordinator of PNDP
- SDOs representatives
- Regional President of UCCC
- Mayors
- INS Regional Chief
- Representatives of CSO.
- Household representatives
- Traditional Authorities

- Economic cooperators' representatives
- The Council Executive ;
- The Civil Society Organisation ;
- The Administrative Authorities ;
- The Traditional Authorities ;
- Religious Authorities ;
- Economic operators ;

BELO COUNCIL

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

S/N	NAME	FUNCTION
1	KINFER Cyril MAGHA	Council Supervisor
2	Nchum Esther	Enumerator
3	Wainmoh Conrad N.	Enumerator
4	Ndosak Betrand M.	Enumerator
5	Cheng Louis F.	Enumerator
6	John Paul Ayeah	Enumerator
7	Ndong Emmanuel A.	Enumerator
8	Ambe Jude Z.	Enumerator
9	Nson Hilda F.	Enumerator
10	Melvis Bih T.	Enumerator
11	Nancy Cheahfuin T.	Enumerator

Annexe 2: Questionnaires of the Scorecard study

MINISTRE DE L'ECONOMIE, DE LA
ECONOMY, PLANNING AND REGIONAL
ET DE L'AMENAGEMENT DU TERRITOIRE



PLANIFICATION MINISTRY OF
DEVELOPMENT

SECRETARIAT GENERAL GENERAL SECRETARY

PROGRAMME NATIONAL DE DEVELOPPEMENT

NATIONAL COMMUNITY DRIVEN
DEVELOPMENT PROGRAM

PARTICIPATIF

CELLULE NATIONALE DE COORDINATION

NATIONAL COORDINATION UNIT

Citizen Report Card

Assessment of public services within the Council of

<i>Section I. BACKGROUND INFORMATION</i>		
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 from 96= Any other reasons (to be specified) nd 2, 1 a the questionnaire should come to an end)	_
A22	Assessment of the quality of the survey 1= Very good 2=Good 3=Average 4=Poor 5=Very poor	_

CODES

A13

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

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

H12	If no, what is the daily frequency in terms of potable water supply in your household? 1=Once ; 2=Twice; 3=Thrice		__
H13	Does the said frequency correspond to your current need in terms of potable water consumption-? 1=Yes 2=No		__
H14	Did you express any need in terms of potable water supply in the course of the last 6 months, more specifically since? 1=Yes 2=No If no → H18		__
H15	To whom did you submit your request/needs? (several answers are possible) Other?	1=Yes 2=No A. Mayor (Council) B. State C. An elite D. The Water Management Committee E. The village/quarter head F. the Administrative authorities G .CAMWATER/SNEC/CDE X . Other stakeholders : _____	__ __ __ __ __ __ __ __ __
H16	Has your need been met? 1=Yes 2=No If no → H18		__
H17	In the event of a satisfactory answer, how much times did it take for your need to be satisfied? 1=Less than one month 3=Over three months 2=Between one and three months		__
H18	Broadly speaking, what is your level of satisfaction, especially in terms of water supply in your village? (Just circle a single answer) 1=Satisfied 2= Indifferent 3=Unsatisfied If 1 or 2 H20 . →		__
H19	State the reasons of your non--	1=Yes 2=No	
Section II. POTABLE WATER			
	satisfaction with regard to water supply in your village (several answers are possible). Any other reason?	A. Far distance to access to the water point B. Poor quality of water C. Insufficiency of water supply points D. Poor management of the water supply E. Failure/delay to repair in case of breakdown F. High cost of water supply X. Any other reasons to be specified : _____	__ __ __ __ __ __ __
H20	What are your expectations in terms of supply of potable water? (Several answers are possible). Any other expectation?	1=Yes 2=No Additional water points ; Improvement in terms of management of the existing water points; Repair works should be carried out on the damaged water points ; Improvement of the quality of the existing water points ; E. Reduction of price ; X. Other expectations to be specified : _____	__ __ __ __ __ __

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	__
S02	How much time do you need, on average, to reach the nearest health care unit from your household? 1=Less than 15 minutes 2=Between 15 and 30 minutes 3=Between 30 minutes and 1 hour, 4 = Over 1 hour	__

S03	Where do your household members preferably go when they have health problems? (Just a single answer) 1=Public integrated health Center 5=Medicine store 2=Hospital /CMA 6=Go to a medical staff member 3=Private health center 7= Treat at home /Self-medication 4=Traditional healers 8=Others (to be specified)	__	
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	__	
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	__	
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	__	
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	__	
S08	Is your health care unit (CMA or Hospital) provided with hospitalization rooms? 1=Yes 2=No If no → S10.	__	
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.	__	
S10	How much did he/she pay for one consultation? (Session fees) 1=Free of charge 3=Between 500 and 1000 CFAF 2=Less than 500 CFAF 4=Over 1000 CFAF If S10=1 → S14	__	
S11	How do you appraise the said amount? 1=High 2=Affordable 3=Insignificant	__	
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	__	
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	__	
S14	How did the household member appraise the welcome attitude of the medical staff of the said health care unit? 1=Caring 2=Fair 3=Poor	__	
S15	Is this health care unit provided with a pharmacy/pro-pharmacy? 1=Yes 2=No If no → S17	__	
S16	Are drugs always available? 1=Yes 2=No 8=Do not know	__	
S17	Is this nearest health care unit capable of providing appropriate solutions to most of the health problems faced by your household? 1=Yes 2=No	__	
S18	Broadly speaking, what is the level of satisfaction as concerns health care services provided by the nearest health care unit to your household? (Only circle a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If S18=1 or 2 → S20	__	
S19	State the reasons of your nonsatisfaction with regard to health services provided within the health care unit you attend? (several answers are possible) Any other reason?	1=Yes 2=No 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 unit Insufficiency of drugs Poor quality of/Insufficiency of equipments High cost with regard to health care access X. To be specified) : _____	__ __ __ __ __ __ __
S20	What are your expectations with respect to health care services? Any other expectations?	1=Yes 2=No Additional health care units Supply of drugs C.Transfer of a staff member D. Equipped health care units	__ __ __ __

X. Other to be specified _____

Section IV. EDUCATION

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

E13	How do you appraise such amount? 1=High 2=Affordable 3=Insignificant	__	__	__	__
E14	In addition to the fees, has your household paid additional fees to the personnel of the school (name of the cycle) prior to the enrolment of children from your household in school? 1=Yes 2=No If no E16 →	__	__	__	__
E15	Were you obliged to pay such additional fees to the school (name of the cycle) 1=Yes 2=No	__	__	__	__
E16	When classroom in the school of (name of the cycle) attended by children from your household need repairs, Who does the repairs? 1=Yes 2 =No . Parents-Teachers' Associations (PTA) . The Mayor (Council) . A village organisation D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) _____ Any other?	__	__	__	__
E17	In general, what is your level of satisfaction with regard to education services provided in the (name of the cycle) your village? (Only a single answer is possible) 1=Satisfied 2=Indifferent 3=Not satisfied. If 1 or 2 E19. →	__	__	__	__
E18	State the reasons of your non-satisfaction in connection with the basic education services provided in (name of the cycle) in your village? (Several answers are possible) Any other reason? 1=Yes 2=No A. Far distance to access the education service B. Insufficiency of class-rooms C. Insufficiency of equipments D. Insufficiency of schools E. Insufficiency of teaching Staff F. No distribution of text books G. Poor results H. High tuition fees X. Any other reason to be specified	__	__	__	__
E19	Do you have any expectations in terms of provision of education services in the (name of the cycle)? (Several answers are possible) Any other expectation? 1=yes 2=No A. Have a school located nearer to the village/quarter Build more class-rooms Add additional Equipments D. Create more school/vocational training center E. Recruit more teaching staff F. Distribute text books G. Improve the results	__	__	__	__

	H. Reduce the costs				
	X. Others (specified) _____				

Section V. COUNCIL SERVICES

Council Services ↓	C01 Have you requested for a specific service to the council (name of the service) during the last 12 months, notably since..... ? 1=Yes 2=No following service →	C02 How were you received during your last time at the council? (Choose only one answer) 1=Well 2=Indifferent 3=Bad	C03 After how much time did you obtain the service requested from the Council? 1=At most after one day 2=Between one day and one week 3=Between one week and one month 4=Between one month and three months 5=Beyond three months 6=Ongoing 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=Unavailable staff /absent 2=Absence of working material 3=Corruption 4=Other factors (to be specified) _____	C06 Did you have to pay a tip in order to obtain the said service? 1=Yes 2=No
Issuance of birth certificates	__	__	__	__ __	__	__	__
Certification of official copies of documents	__	__	__	__ __	__	__	__
Building permit	__	__	__	__ __	__	__	__
Death certificate	__	__	__	__ __	__	__	__
Marriage certificate	__	__	__	__ __	__	__	__
Certificate of residence	__	__	__	__ __	__	__	__
Approval of localisation plans	__	__	__	__ __	__	__	__
Information	__	__	__	__ __	__	__	__
Other (to be specified) _____	__	__	__	__ __	__	__	__
C07	Has any member of your household taken part in the village assemblies aimed at drawing up the Council Development Plan (CDP, AIP, and MTEF)? 1=Yes 2=No						__
C08	Is any member of your household informed about the amount of the annual budget of your council? 1=Yes 2=No						__
C09	Is any member of your household informed about the expenditures and incomes of your council during the previous fiscal year? 1=Yes 2=No						__

C10	Does the council support the development actions of your village/quarter (such as community activities, follow-up of village development committees, follow-up of management committees, setting up of village development and monitoring committees, carrying out of micro projects in your village/quarter, etc.)? 1=Yes 2=No 8=Does not know	__
C11	Does the council involve your village/quarter when planning development actions? 1=Yes 2=No 8=Does not know	__
C12	Does the council involve your village/quarter when programming and budgeting development actions? 1=Yes 2=No 8=Does not know	__
C13	Broadly speaking, what is your level of satisfaction as concerns services provided by the council? (choose only a single answer) 1=Satisfied 2=Indifferent 3=Not satisfied If 1 or 2 C15	__
C14	State the reasons of your nonsatisfaction with regard to services provided by the council (Several answers are possible). Any other reason ?	1=Yes 2=No A. Cumbersome procedures with regard to the processing of users' requests B. Non-involvement of the populations in the management of development activities by the council 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) _____
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) : _____

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