CAMEROUN **MINISTERE DE LA** **DECENTRALISATION** **ET DE** **DEVELOPEMENT** **LOCALE** ************* *Paix – Travail – Patrie* *************** REGION DE NORDOUEST *************** DEPARTEMENT DU MOMO ************** COMMUNE DE MBENGWI		**REPUBLIC OF** **CAMEROON** **MINISTRY OF** **DECENTRALISATION** **AND LOCAL** **DEVELOPMENT** **************** *Peace – Work – Fatherland* **************** NORTHWEST REGION *************** MOMO DIVISION ************** MBENGWI COUNCIL

Citizen Report Card Mechanism (SCORECARD):
Assessment of public services in the domain of Health, Education, Water and Council Services within the Mbengwi Council Area

REPORT OF THE STUDY

With the Technical and financial support of the National Community Driven Development Program (PNDP) In

collaboration with the National Institute of Statistics

(NIS)

Realizedby Positive Vision Cameroon (PVC)

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LIST OF ABBREVIATIONS

CDP	Council Development Plans
CRCM	Citizenship reporting card mechanism for public action"
DLC	Decentralized Local Collectivises
EA	Enumeration Areas
HO2	Water
LD	Local Development
LSO	local support Organization (LSO)
MTEF	Mid-term Expenditure Framework
NGO	Non-Governmental Organization
NIS	National Institute of Statistics
NW	Region
PNDP	National Community Driven Development Program
PVC	Positive Vision Cameroon
RBM	Results Based Management
SDGs	Sustainable Development Goals
WB	World Bank
WHO	World Health Organization

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PREFACE

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

A number of recommendations which can help improve our services have been outlined. Also, a plan of action has been elaborated with respect to the expectations expressed by our people. Through the CRCM, we will be able to get reliable feedback regarding service delivery, monitor the effectiveness of service-delivery in the sectors under review, provide incentives for continuous improvement over time, and establish benchmarks to promote performance improvements as well as improve transparency and accountability in our delivery of these services. It will also provide our citizens with information which they can use to hold the council executive accountable for the efficient and equitable provision of services and will generate public support for positive reforms.

On the whole therefore, the Scorecard study will facilitate and strengthen the decentralization process, and improve on the participation of our people in the management of council affairs as well as fostering good governance and accountability in the provision of services by the council executive as well as other regional and local services.

The Mayor Mbengwi Council

Tebe Beatrice M..N

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.

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

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

From the findings of this study in the water sector, it was revealed through the declaration of the households (gathered using questionnaires) that, 42.6% of the households are not satisfied with the services offered in this sector. There is insufficiency of water points as declared by 44.4% of the households. The available water points are far off as testified by 35% of the households. Poor quality of water is another call for concern as declared by up to 41% of the households. 49.2% of the households expect additional water points, 30% expect an improvement in the management of water points while 28.3% expect improvement in water quality.

In line with the health sector, the study revealed that, the households in the study area have access mostly to and prefer integrated health centres 49.3%, of which 37.4% of households must trek over long distances to reach these centres. 37.1% of households need additional health units while 39.2% expects more equipment at their nearest health unit.

With respect to the education sector, the households are satisfied with educational facilities but expressed the need of improvement in some areas like the creation of more secondary schools closer to the households given that 50.1% of the households are dissatisfied with the far distance covered by their children to reach the nearest school.The situation is same for 19.3% of the households in the primary cycle. 46% in the primary and 56.9% in the secondary are of the opinion that the fee is high and so needs to be reduced.

With respect to council services, it was revealed that the council needs to improve on its communication as declared by 39.8% of the households. 47.2% of the households hold to the opinion that the council should involve the population in the management of development actions while 44.4% expect the council to get closer to the population.

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

GENERAL INTRODUCTION

Accountability is one of the main pillars of good governance in any strong democracyand 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.After the first two phases, which were considered satisfactory, the government instituted the third phase known as the consolidation phase.To attain the above 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) study for 08 councils (Belo, Tubah, Bafut, Batibo, Wum, Santa, Mbengwi and Fundong) that make up Zone 13 of the study. Its' analysis will contribute to strongly advocate for an increased mainstreaming of the populations' needs at the grassroots level into the interventions of development actors/stakeholders throughout the council territory. Thus, a populations' perception study is expected to be conducted based on the quality of public service delivery within the council environment, especially in the water, health and education sectors. The said study is equally intended to dwell on services delivered by the council and other stakeholders charged with service delivery within the Mbengwi council area.

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 decentralization and local development in Cameroon, synthesis of the methodological approach of the study on the citizen reporting card mechanism for public action in the council area, main results and suggestions for improvement, action plan for the implementation of the CRCM in the council area, general conclusion and recommendation.

CHAPTER I

FRAMEWORK OF DECENTRALIZATION 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 concern with the setting up, equipping, managing and maintaining council health centres in keeping with the health map of the council, as well as assisting health and social centres.

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

1.2.   Promotion of Local Development

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

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

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

Like in most rural areas of Cameroon, the main occupation of the population of Mbengwi 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. Mbengwi council promotes the local economic development by ensuring that all communities have access to basic social facilities. This is

illustrated in the table below;

Table 1: Contribution of the council to Local Economic Development

Sector	Activities of the inhabitants	Support provided by the Council
Education	Opening of lay private schools	Provision of PTA teachers Provision of didactic materials to schools Provision of scholarships to poor and needy
Health	Vaccinations, consultations, medicine stores management,	Provision of mutual health schemes to the council area, provision of health equipment to the health units
Water and Energy	Building of tanks, Boreholes, Wells, rural electrification	Protection of water sources, Training of water management committees Planting of water friendly trees Extension of 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 environmental campaigns	Provision of trash cans, Provision of public toilet facilities, Creation of dump sites, Provision of trees to fight land degradation environmental management campaigns

1.3. Brief Presentation of the Mbengwi Council

1.3.1. History, physical and administrative presentation of Mbengwi council

Mbengwi is the Divisional capital of Momo Division in the North West Region of Cameroon. The Mbengwi Council was created by decree N° 77/203 of 29/06/77, situated some 20 km to the west of Bamenda town and at an altitude ranging from 900m to 2000m above sea level. It is located on the western slopes of the Adamaoua between longitude 10^0 00' and 10^0 02' East, and between latitude 6^0 00' and 6^0 05' North, in the Republic of Cameroon. It is bordered to the North by Lower Mbengwi and the Menchum valley, the East by Mankon and Mbengwi, South by Bali and Batibo, and West by Ngie and Njikwa. Mbengwi council area is made up of 29 villages with most of them located along the mile 20 Mbengwi Oshum road, going through Tudig, Njah Etu, Kai and Gwofan. This Municipality lies in the transitional zone between the forest and grass land regions of western Cameroon. Mbengwi council has a surface area of 147,000 square kilometers and 22 municipal councillors.

Mbengwi Area was first of all placed under the South Western federation of Local councils which extended up to including Ndop. During the colonial periods, this South Western federation of Local councils was broken down in to Widikum area council with head quarter in Mbengwi. The Mbengwi council hall now serving as the Mbengwi Municipal Library was inaugurated in 1941. During this period, Momo Division was made up of only Mbengwi and Batibo Sub Divisions. Later on, the enlarged Mbengwi Sub Division was gradually sub-divided in to Mbengwi central, Njikwa and Andek sub divisions. On the 29th of June 1977, the Mbengwi Rural Council was created with headquarters in Mbengwi.

For the physical environment, Mbengwi has a long period of rainy season that runs from March to September with an annual average rain fall of 2022.3mm having an average maximum yearly temperature of 30^0 **C,** which favoursagriculture and animal rearing. Its predominantly deep black soils in the valley and the alluvial soils (rich humus soils) by the river banks favours the cultivation of crops like maize, cassava, beans, plantains and some vegetables. Off season crops are timely planted to take advantage of the rains inSeptember and the transitional period of October. The off season is used by farmers to prepare for the un-coming farming season.

Mbengwi Council is characterised with a long valley stretch surrounded by mountains with most of them counting at least 1500m in height. The valley stretch provides an environment which is conducive for human settlement. This is where more than 95% of the Meta population has settled. Many springs flow down the highlands and form water catchments. It is highly dominated by the savannah vegetation (especially on the hills) which favours animal rearing. The valley is highly made up of trees like palm trees, raffia palms and many fruit trees. The mineral resources found in

Mbengwi include; stones, sand, chalk and clay.

Within the Mbengwi municipality social services such as schools, hospitals water etc. are available in almost all the villages. School ranges from nursery, primary, secondary, technical and vocational education.

Map 1: Map of Mbengwi Council area
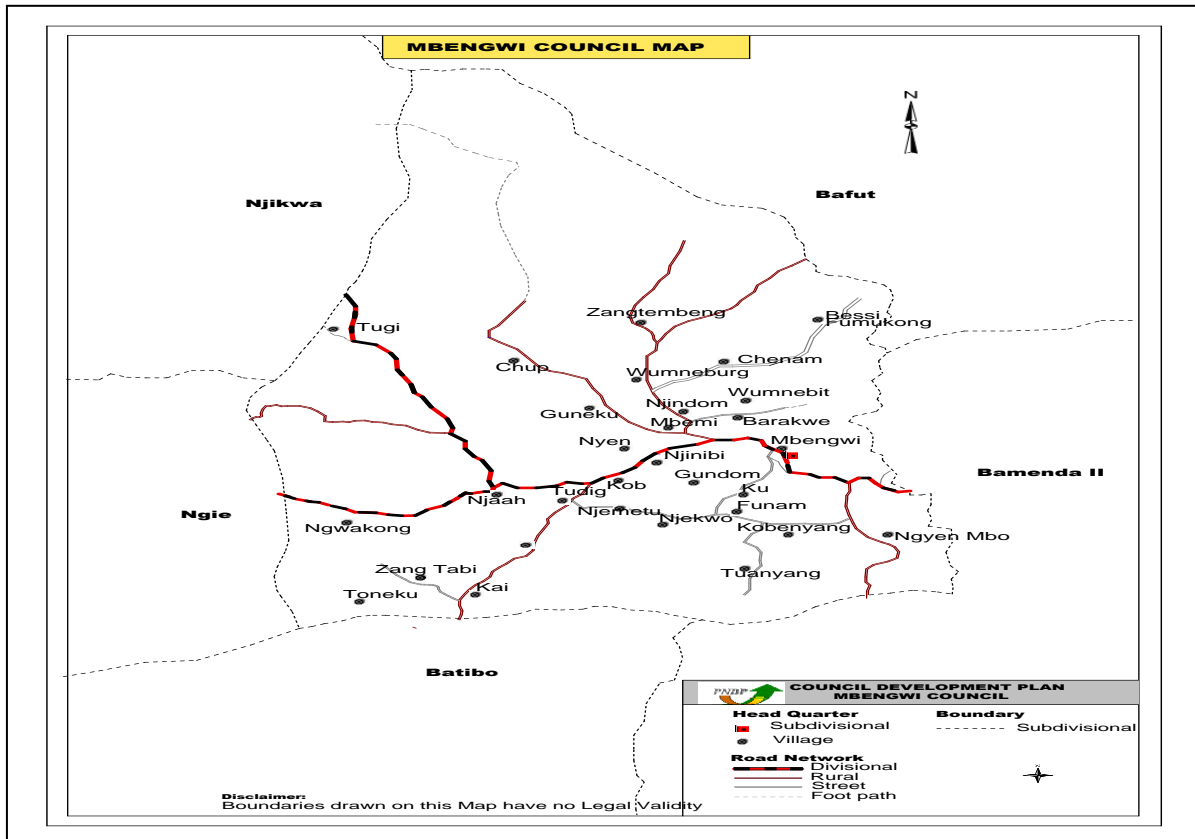
Source CDP

- **Temperature**

The Meta zone (Mbengwi council) has an average maximum yearly temperature of 30^0 C, which favours the growth of crops like cassava, maize, cocoyams, yams, plantains. Temperature variation, dropping from the valley of settlement up the surrounded mountains gives the opportunity for the cultivation of a variety of crops. The cold temperatures at the top of the mountain fairly permit the cultivation of crops like cabbages and green spices.

- **Relief**

Mbengwi Council is characterised with a long valley stretch surrounded by mountains with most of them counting at least 1500m in height. The valley stretch provides an environment which is conducive for human settlement. This is where more than 95% of the Meta population has settled. Many springs flow down the highlands and form water catchments. The valleys render the

environment good for the cultivation of seed crops while the hilly areas permit the growth of grass for cattle rearing.

- **Hydrology**

Mbengwi is a water shade for river Abi and river Mezam flowing through Mbengwi. It is also a water shade for most of the streams and springs flowing through the Municipality and those that have originated on the high lands. These water bodies have encouraged the cultivation of both seed crops and vegetables (especially off season cultivation). Most of these water bodies have given rise to sand pits in almost all of the villages in Mbengwi Municipality. River Abi has also given rise to the Abi Fall which is a potential electricity generation site.

- **Flora/Fauna**

Mbengwi Council area lies within the transitional zone between the Western Grass fields and forest region. It is highly dominated by the savannah vegetation (especially on the hills) which favours animal rearing. The valley is highly made up of trees like palm trees, raffia palms and many fruit trees. This area favours settlement and agriculture. Forest characteristics are highly observed at the western part of Mbengwi shaded by Ngie and Njikwa which favours the cultivation of cash crops like cocoa.

The only wild animals that Mbengwi can boast of include squirrels, cane rats, rat moles, snakes and to a little extern monkeys. The location of Mbengwi Council gives the opportunity for domestic animal farming. The animals presently reared in Mbengwi include; cattle, horses, pigs, goats, sheep, chickens, dogs and rabbits. These animals are mostly reared for economic purpose and are usually sold during hardship and end of year festivals.

- **Soil**

The predominantly deep black soils in the valley and the alluvial soils (rich humus soils) by the river banks favours the cultivation of crops like maize, cassava, beans, plantains and some vegetables. The soils on the hills or mountains are not quite deep but favours the growth of graminae used for grazing.

- **Minerals**

The mineral resources found in Mbengwi include; stones, sand, chalk and clay. Clay is highly found in the Bome Zone while sand and stones can be extracted in almost all the villages within the municipality. Most of the people in the villages are concerned with the extraction of sand and stones for sale. This greatly helps them for sponsoring of their children.

1.3.2. The economic and human milieu

1.3.2.1. Economic activities

The main economic activities of Mbengwi people include agriculture, animal husbandry, craft work, Commerce, transport, financial services and the extraction of sand, stones and what is commonly called calabar chalk. Amongst these economic activities, agriculture is the predompnant activity which drives the economy of Mbengwi.

1.3.2.2. Agriculture

As stated by the Sub Divisional Delegate, more than 80% of the population of Mbengwi is involved in agriculture either as a primary or secondary source of income. But more than 90% of the population in rural area is based on agriculture. The economy of the Meta people is highly based on agriculture. Agricultural products highly produced are food crops like maize, beans, plantains, colocasia, cassava (mainly for processing of garri). Palm oil is also highly produced in this municipality mainly from wild palms.

The types of agricultural fields or farms found in this area include home gardening, near farms and far farms.

Home gardening: It consists of an empty space and a cultivated area either in front or behind the house. In Mbengwi, home gardening can be classified as urban, semi urban and rural. The space of home gardening is affected by the rate of urbanization and increases from the urban area toward the rural areas. For example, in Mbengwi village (urban area) home gardens are very small and crop diversity is reduced as compared to Njinibi and Zang Tabi which are semi urban and rural areas respectively. Crops identified in home gardens especially in rural areas are plantains, bitter leaf, pepper, pears, and mango, guava and some raffia and nut palms. The family can reach these gardens even at night.

Near farms: These are fields or farms further away from the home as compared to home gardens found just around the home. These fields are larger as compared to home gardens and multiple cropping system is highly practiced there. Palm wine harvesting is highly carried out in these fields and this is one of the most interesting economic activities of the Meta man.

Far farms: These are fields or farms that are further away as compared to near farms. These fields are larger than those for near farms and with a high diversity of crops.

These fields in the Meta land usually have farm houses of which the peasant farmer can sleep. Bush fallowing, slash and burn methods of farming are highly practiced in these fields.

Though agriculture is the back born of the economy of this area, most farmers still practice subsistence agriculture (hand to mouth) and only excesses are sold. Monoculture is practiced by

very few people and mostly during plantain cultivation.

Urban and Semi-Urban agriculture

Within the Urban and Semi-Urban area agriculture is practiced in a small scale. Limited land is the limiting factors that can't enable farmers extend their farms as most of the land is used for settlement coupled with the rapid increase in the Urban and Semi Urban population. Most farmers within these areas attach a lot of importance to subsistence agriculture as it serves as one of the main supplies of food for their households in times of difficulties.

Despite the practice of agriculture within the Rural, urban and semi urban areas of Mbengwi Municipality most of these farmers have similar problems ranging from:

- Lack of farm inputs
- Poor supervision and technical follow up
- No market for their produce
- Lack of improved varieties of seeds and animals
- Little or no support from the Government

1.3.3. Animal husbandry and fishing

Animal husbandry: according to the Divisional Delegate of Livestock, the different animals reared in Mbengwi Municipality are pigs, cattle, goats, sheep, rabbits (to a small scale) and poultry. As concerns pigs, every household practice back yard rearing. Most of these pigs in the rural area are allowed stray. Goats are also kept by many households of which they are tied every morning were they graze. Cattle and sheep are reared on the hillside especially by the Mbororo community.

Some of the problems facing animal keeping in this municipality are, high prevalence of illnesses, expensive nature of animal feed, animal theft and limited extension workers.

Fish Cultivation: The first fish pond for inland fishing in Mbengwi was opened in 1959. Presently in this municipality are a good number of fish ponds opened by fish farmers. There is a fish station (training centre) that exists in Ku.

Sylviculture: Tree planting is carried out by individuals in their personal lands. The trees mostly planted by the indigenes of this locality are eucalyptus. They usually extract wood from eucalyptus and used for construction.

Problems faced include

-Deforestation

-Illegal hunting

-Difficulties in controlling individuals concerning laws of forest exploitation.

1.3.4. Craft and arts

As concerns hand work, the indigenes of this area are very talented. They are very powerful in weaving traditional bags, baskets and caps. They are good in the production of furniture especially out of Bamboo. The drawback faced in this domain is the absent of a craft centres. Individuals carry out these activities in their own homes and this limits the opportunity for most people to learn or share ideas.

 Problems

-Difficulties in having some of the raw materials

-Sometimes Articles are sold cheap

1.3.5. Commerce

Commerce and trade are some of the most important economic activities after agriculture. The products of agriculture, livestock, craft and arts work are sold in the different markets in this municipality. There are three most renowned markets in this municipality. These markets are the Mbon central market (daily market), the Tad weekly market and the cattle market in Tugi.

The Mbon daily market: This market is well constructed with funds from FEICOM. It has shads which are controlled by the council. Agricultural produce, animal produce, building materials and many other items are sold in this market.

The Tad weekly market: This market is located at some 10 km away from the Mbon daily market. This market can be regarded as the major outlet of produce and products of this area. This market takes place once a week and calls in people all over Momo and Mezam Division. Closely all the villages in this municipality are highly depended on this market for their commercial activities.

The Cattle Market: This market which is found in Tugi is also a weekly market and has only a few sheds build with local materials. This is the highest place in which cattle is sold.

There is a slaughter slab in Mbon which is under the control of the council. Despite all these main markets, there are also sub markets in some of the villages. Many people are also involved in small business places like off and on licenses, provision stores, food stores and selling of palm wine obtained from raffia. There are also two petrol stations within the municipality that help in influencing commercial activities.

1.3.6. Financial/ Transport services

Financial institutions: Micro financial institutions found in Mbengwi play a vital role in the economy of this sub division. These financial institutions are dominated by the Mbengwi Central and Njindom Cooperative Credit Unions and the Express Union. The two credit unions are created by community members themselves with funds mobilized from members through shares and different types of savings.

The informal structures include "Njangi" or informal savings and loan groups. The drawback faced in these groups is that, the loan demand of the group members is not always satisfied by the savings.

Transport: The transport sector is well organised as concerns the drivers and motor bike riders. The drivers' union is made up of mostly drivers who ply the Bamenda-Mbengwi road. They are very orderly and respect the rules kept in the park. For example, drivers are constraint to load (take passengers in their cars) as they come. There are fines for those causing disorder.

Another main player in the transport sector are the bike riders. They have their union which is charged with the maintenance of order in the sector. Members are called upon to register with the union and ply their trade with respect to the union's rules and regulation.

There are both Council and Private Parks. The recognised Council motor park is the Mbon Park at the Mbon Central Market. The only registered private park is the UB-Relax motor park just about 50 m away from the Mbon Council Park.

1.3.7. Craftsmanship

Craft work in Mbengwi is highly based on bag, basket and cap weaving. The indigenes are so talented. There is a high demand for craft products. Some of the raw materials like from raffia palms and palm trees are available

Constraints

The rapid degradation of the environment is rendering the availability of materials for craft scarce. There is no craft centre or showroom within the municipality where these things could be sold.

1.3.8. Other economic activities

Other economic activities include the extraction of sand, stones and Calabar chalk. Most people pay the school fee of their children after selling sand extracted in the different villages. The tapping of raffia palm wine is also one of the main economic activities of the Meta man. The youths are not highly involved in wine tapping.

1.3.9. Population

According to the population statistics of 2005 census results, the population for Mbengwi Municipality was placed at 31,591 which were very different from that of 1987 which had placed the population of the Municipality at 52,000. This discrepancy continues to animate argument when anything about population is discussed. The picture painted by these two figures shows the population of the Municipality is greatly in decline and no growth experienced with no explanation for this. As per the village diagnosis, the population estimates are shown in the table below:

Table 2: Population distribution in Mbengwi Municipality

S/N	Village	Quarters in each village	The whole Populaiton			Specific Groups					
			Men	Women	Total	Babies (0-35 months) (10.7%)	EPI target Population (0-59 months) (16.9%)	Pre-school age Population (4-5 years) (6.3%)	Primary school age Population (6-14 years) (23.4%)	Adolescents (12-19 years) (18.5%)	Youthful Population (15-34 years) (34.7%)
	Urban Space										
1	Bessi Fomukong	Funechu, Toh, Wumnegong, Wumejeh, and Njinmedig	472	493	965	103	124	61	226	179	335
2	Funam	Njimenteng, Kwen, Nyen, Ngakwo, Nyang, Tuabeng and Chukwiri	3,243	4,035	7,278	779	939	459	1703	1346	2525
3	Guneku	Gumben, Fumbet, Toh, Tuogie, Nyang, Tomuntop, Mbengham, Ngizang, Kembet, Benjoh, Njinigum, Njiebah, Mbenebat, Sang, Bessi, Munam, Nyan, Gom, Fun, Mbooh, Dom, Ngamugoh, Friengyen 1, Barekoh and Friengyen 2	3,505	5,030	8,535	913	1101	538	1997	1579	2962

4	Kobenyang	Mbemi, Chenam, Ebe, Ezam, Etiemewei, Wumnjohkam, Wumtebachick and Wu	831	864	1,695	809	286	107	397	305	576
5	Ku-Bome	Barajei, Kweku, Batin, Wumfi, Njinbeng, Wumgang, Wumutop, Gwondum, Tuabi, Gundam and Tobho	3,705	3,856	7,561	228	1278	476	1769	1361	2571
6	Mbemi	Tuu-Mbemi, Tun-bat, Njininong and Njigie	1,046	1,089	2,135	233	361	135	500	384	726
7	Mbengwi	Kwen, Wumneteh, Bambeng, Muswie, Wumngang, Wumntoh, Kwaieh, Njenmechu, Gunefun and Federal Quarter	7,898	8,219	16,117	1725	2079	1015	3771	2982	5593
8	Ngyen Mbo	Dom, Mewie, Mubat, and Mughem	1,918	2,037	3,955	423	510	249	925	732	1372
9	Njindom	Agketa, Tonmokom, Banbat, Bembeng, Benjo, Funam, Mbeng-bu and Mbutembi	1134	1181	2,315	232	175	86	318	252	472

#	Name	Villages									
10	Njinibi	Zem, Taraboh, Bessi Tibatoh, Njinenong, Njineyang, Tonekwo, Njekwo, Nguteh, Ngogih, Kob and Ngwi	967	1,008	1,975	211	255	124	462	365	685
11	Nyen	Toneze, Toh, Funam, Gutah, Nyang, Wumenong, Mam, Munam, Gunenfum, Kimbert and Fun	1893	1971	3,864	413	653	243	889	715	1341
	Sub Total		26,612	2,783	56,395	6,069	7,761	3,494	12,957	10,200	19,158
	Rural space										
12	Barakwe	Tabah, Mbu, Barakwe, Wumsay	339	395	**1,130**	121	146	71	264	209	392
13	Chenam	Bawum, Tumbat and Bewah	61	76	**205**	22	26	13	48	38	71
14	Chup	Touchup, Zih, Guo, Tonechup, Bessi-chup and Ngamuengo	503	523	**1,026**	103	153	65	240	190	356
15	Gundom	Nkei-Gundom, Nkqui, , Kwi, Babeh and Bamith	24	28	**95**	10	12	6	22	18	33
16	Kai	Bonjoh, Bonegob-Nyen, Bangye, Baku, Beng, Gunwei, Zam and Mboo	2279	2372	**4,650**	498	744	293	1088	860	1070
17	Kob	Bakin, Bakob, Nwie, Mbanway and Fiedfon	452	544	**1,810**	194	233	114	424	335	628
18	Ngwokwong	Ndong, Njineze, Gutah, Munong, and Wumtoh	368	441	**1,470**	157	190	93	344	272	510
19	Njah Etu	Njidig, Baat, Ndah-Munoh, Njimetu, Njimudam and Guzang	2974	3096	**6,070**	649	971	382	1420	1123	2106
20	Njekwo	Gwonyang, Toneku, Njinsin, Teko, Njikosi and Zam	141	170	**565**	60	73	36	132	105	196
21	Njimetu	Gwonyang, Toneku, Njinsin, Teko, Njikosi and Zam	424	509	**1,695**	181	219	107	397	314	588
22	Toneku	Chowub, Bandam, Bejah and Tonejah	227	271	**905**	97	117	57	212	167	314

| 23 | Tuanyang | Zih, Nyen, Tuofun, Gwofun, Barakoh, Bessi and Mbemi | 374 | 449 | **1,495** | 160 | 193 | 94 | 350 | 277 | 519 |
| 24 | Tudig | Mbeneweb, Fun, Mbuh and Zih | 351 | 422 | **1,404** | 150 | 181 | 88 | 329 | 260 | 487 |

1.3.10. Ethnic Groups

The history of the movement of the Mbengwi people can be traced as far back as to the TIKAR (Tikari) groupings and migrations of the 18th century. These groupings as well as the distances covered by these groupings are very extensive. This movement from Northern Cameroon was due to the pressure exerted on them by the Fulani people around Lake Chad. The most fragmented groupings which started some of the earliest movements towards some other areas include the Banso, Nsungli, the Aghem, Widikum, and the Kom. The highest number of villages in Mbengwi municipality originated from Tadkon in Widikum Sub Division after the Tikar fragmentation and first settled in Zang Tabi. From Zang Tabi they moved to Mbengwi (Bome area) and under the leadership of Ticha Tibi who gained the title "Mbabit" (meaning father of war) fought so many wars and drove out the Mundum people whom had already occupied villages like Nyen, Guneku, Njindom etc. The population of Mbengwi Municipality is made up of the following ethnic groups: Meta, Njikwa, Ngie, Moghamo and Bafutchu. As reported by Bayie et al on the integrated urban poverty alleviation program for Mbengwi council in 2005, population distribution per ethnic is as follows: Meta 60%; Njikwa 10%; (Oshie Ngwo); + Ngie 5%; Moghamo 5%; Bafut 10%; Mankon 05% and Bafutchu 5%.

Table 3: Ethnic groups within Mbengwi Municipality

Ethnic Group	% of population attributed to Tribe
Meta	60%
Njikwa (Oshie, Ngwo)	5%
Moghamo	5%
Ngie	5%
Bafut	10%
Bafutchu	5%
Mbororo	10%

1.3.11. Religion

All the 29 villages in Mbengwi municipality have palaces and still worship their ancestral gods. They carry on sacrifices in sacred places which includes secret forests and stones. The coming of Christianity in Mbengwi was characterized by the transfer of the Basel Mission School in 1932 from Bali to Mbengwi. As a result, Mbengwi began serving as the headquarters of the Presbyterian mission in this region. In this case, the dominant denomination in Mbengwi as of moment is the Presbyterian Church. Today, Membership involves more than 60% of the population in Mbengwi council area. Closely followed are the Catholics (about 30%) while the Baptist, Full gospel, Apostolic and Moslems make up about 10% of the population.

One of the challenges is that the people feel that Christianity is whipping off their culture. For instance the called "Country-Sundays" are not still being respected by everybody in the municipality.

1.3.12. Characterisation of the vulnerable population

A significant number of the population found within the Mbengwi Municipality is made up of vulnerable groups of persons. These groups of persons include: crippled, blind, deaf and mute, aged persons, orphans, mentally deranged and epileptics, as well as Bororo minority groups. Institutions like Christiadelphian Institute for the Blind is expensive for some of these groups of persons to benefit from their services. Some of the villages have associations for the elderly which offer opportunities for them to come together and cater for their welfare.

1.3.12.1. The Marginalised population (Mbororos)

The Mbororos form the minority or marginalised population of this council area but have a say as far as development is concerned. They are mostly located in the high land areas. In this municipality, they can be found in Tugi, Zang Tabi, Zang Tembeng, Gundom,and Bessi Formukong. The case of Mbororo represents that of rather rich population but excluded from the modern education and economic system. As observed by some members of MBOSCUDA (Mbororo Social Cultural and Development Association), a typical Mbororo man of 50 years have an average of 40 children with 2 herds of cattle of each 100 cattle. In most of the villages in which they are found they are represented in the village traditional council. This shows the degree of social interaction with the inhabitants of Mbengwi Municipality. This has also gone a long way to resolve the farmers-grazers conflicts.

Their main economic activity is the rearing of cattle on the hill sides. Some of them keep these animals just for prestige. Presently, some of them have white collar jobs in instructions within the Municipality

like the council where they have some staff, (there is a Mbororo councilor) while some of their children are bike riders and transporters. Education is gradually being embraced by this section of the population with some of their children now moving out of the Municipality in the quest of education. A great part of the population though is still either illiterate or semi-literate, with early marriages amongst teenage girls very rife.

1.3.12.2.   Other vulnerable populations

1.3.12.2.1. Women, widows and girls

Women are a vulnerable group in the Municipality. There are a lot of things they are deprived of especially the ownership of land that could assist them carry out agriculture in a large scale. Widowhood in the traditional cultures is traumatising for the victim. However, with the advent of modernity and continuous sensitisation on the need to let go traditional aspects that interfere with the wellbeing of the widow, most families have abandoned those obnoxious practices that used to suppress, intimidate and relegate women/widows. Early marriages are still common in most villages with the child as the victim. In the situations where it occurs, the girl is often not pursuing an education or her family is too poor to continue keeping her and so they prefer to marry her off and her bride price could be used to alleviate the misery of the family. Despite all of these, girls are enrolled in schools in great numbers. Statistics from the Inspectorate of basic education and Divisional Delegation of secondary education show that the enrolment of girls at both levels is higher than that of boys.

Today, apart from the influence of the Ministry of Women's Affairs, there are a few organisations and institution that promote the wellbeing of the woman. There are the Local Government Centres which monitor and report Human Rights abuses against women and children, especially cases such as sexual harassment, rape, other sexual harassments like on the job harassment

1.3.12.2.2. Orphans and other vulnerable Children

There is a great number of orphans in the Municipality. Their presence exerts enormous pressure on the extended families they live with. Most of them need psycho-social support as well as financial assistance. Their opportunities in live get diminished if the caregiver is financially limited to assist them attain their goals in life.

The Mbengwi Social Centre careters for OVC registered with them. Since the National Aids Control/ MINAS program to support OVC in 2006, there has never been any substantial support to OVC in the Municipality. PLAN Cameroon is also assisting OVCs in the Municipality. There are other organisations that assist some OVC.

1.3.12.2.3. Aged

A portion of the population of the Municipality is made up of the aged. With the absence of social security programs to assist them, most of them face survival problems. This is largely due to the fact that they were subsistence farmers and thus have no way to assist themselves in their old age. Only those who have children who are well-to-do can have some assistance. There is little assistance for the poor especially when it comes to ill health. There are a few old people's clubs that give room for the aged to meet and discuss things that pertain to them.

1.3.12.2.4. Persons with special needs

The Mbengwi municipality has several categories of persons with disabilities. These include: people with all forms of impairments (visual, hearing and mobility), the mentally challenged, epileptics, lepers etc. Some of these categories of persons are involved in economic activities like weaving and embroidery. Some do not have the opportunity to be involved in any income generating activity either because of the nature of their disabilities or they have simply not been given the opportunity. All these categories of persons suffer from marginalisation, stigmatisation and discrimination both at family and societal levels. There are limited rehabilitation services for them. All of them have little or no access to their special needs and other facilities that are enjoyed by other community members like education.

The Mbengwi Council assists MUDAP by carrying out activities aimed at alleviating the problems of persons with disabilities. This is done in collaboration with the Mbengwi Social Centre, and the Divisional Delegation of Social Affairs.

CHAPTER II

METHODOLOGICAL FRAMEWORK OF THE SCORE CARD STUDY

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 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 will propose immediate actions that will be put in place to sustain local economic development in their respective communities. This will be the best way of achieving effective decentralization in Cameroon as a whole.

2.2. Objective and Methodology of the CRCM

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

- Appreciate the population's perception on public services in the targeted sectors (Water, health, and education as well as council services).
- Build the capacities of councils, enabling them to capitalize on the lessons learnt and effect changes, following the results of the operation.

- Empower councils and local development actors with the capacity to replicate this operation after successive periods.

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

1- Putting in place supervision and the technical committee for the operation.

2- Launching workshop (Regional and Council levels) and negotiation of the involvement of stakeholders.

3- Recruitment and Training of the enumerators

4- Collection and typing of data

5- Treatment and analysis of data.

6- Elaboration of reports.

7- Diffusion of information, lessons learnt and negotiation for changes.

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

2.3. Sampling Methodology And Collection Of Data

2.3.1. Drawing of samples

The SCORECARD sample is designed to obtain estimates of household satisfaction indicators with respect to the following sectors at the level of the councils: Water, Health, Education and Council Services. In the North West Region (NWR), 15 councils were involved namely: Ndop, Tubah, Ndu, Nkambe, Kumbo, Jakiri, Mbengwi, Wum, Bafut, Batibo, Fundong, Belo, Santa, Balikumbat and Oku.

The sampling frame used consists of the Enumeration Areas (EAs) of 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 households such as boarding students, military barracks, long-term patients interned in hospitals, religious in convents/seminaries/monasteries/nunneries, prisoners, street children or children living in orphanages, etc.) residing in the national territory.

2.3.2. Data collection

The 4,802 households sampled in the NWR were distributed among 276 sampled Enumeration Areas (EAs). Out of the total sampled households and EAs[1] in the Region, the Mbengwi Council had 320 sampled households distributed among 20 EAs. At the end of the conduct of the SCORECARD study, all EAs were covered and out of the 320 sampled households sampled households drawn from this council area, 290 households identified and interviewed households were successfully identified and interviewed, giving a coverage rate of 90.63%.

2.3.2.1. Sample size and distribution of the sample

The choice of the sample size of a household study such as the Scorecardstudy 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.

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

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.

The following table provides a breakdown of the number of EAs, sample households and households successfully interviewed by council in zone 13 of the North West Region.

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

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

Source: Scorecard, PNDP North West Region November 2017

2.3.3. 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:

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

2.3.4. Recruitment and Training of data collectors and Fieldworks

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

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

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

The training included presentations on interview techniques and the contents of the questionnaires; and simulations of interviews between the pre-selected interviewers to gain 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 Mbengwi council started on 16/10/ 2017 and ended on 23/10/ 2017.

For various reasons, several households sampled could not be interviewed during the normal collection period and consequently, a catchup organized for the location and interviewing of those temporarily absent households. This activity was done from the 12/11/ 2017 to the 15/11/ 2017. The purpose of this activity was to improve on the success rate of responses from households.

2.3.5. Community sensitisation 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 CSPro. The agents selected for the data entry attended a 3-day training course to familiarize themselves with the operating tools (questionnaires, data entry application) of the Scorecardstudy. The actual entry started on November 27th, 2017 and ended on December 16th, 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 STUDYAND RECOMMENDATIONS FOR IMPROVEMENT

During the study the tool used for data collection was a household questionnaire and this questionnaire was broken down into five sections. The first section of the questionnaire focused on the background information of the respondent which included the age and sex, the second on water supply, the third on health, the fourth on education and the last on services provided by the council.

3.1. Presentation of the Target Population for the Study

Today in Cameroon like elsewhere the world over, gender is a very important aspect of most studies. This aspect was also represented during the scorecard study, given that the study targeted household heads that could either be male or female. According to Sustainable Development Goal N° 06, gender is given both male and female equal opportunities and this was respected during the Scorecardstudy.

A household as defined within the context of this study refers to a person or a set of persons with or without family links, who live together under the same roof (house, compound etc.) and who generally share their meal together, put part or all of their incomes together in order to meet their needs. This set of people recognizes the authority of one person amongst them who is referred to as household head, who during the studyhave the mandate to evaluate the delivery of these services by the council. A respondent is the person who actually provides responses to the questionnaires.

3.1.1. Characteristics of respondents

During the Scorecard study consideration was taken as to the characteristics of respondents in terms of sex and age**.**This was to get an insight into the age and sex composition of respondents that took part in this study.

The figure below illustrates the different age groups within the Mbengwi Council area who responded to theinterview during the study. 24.1% of the respondents fall between the age range 20-35years, 43.1 % fall between the ages 35-60 years old and 20.8 % have ages more than 60 years old. This implies that a majority of respondents were in the active age group.

Figure 1: Distribution (%) of respondents by age in Mbengwi council

age group of respondents
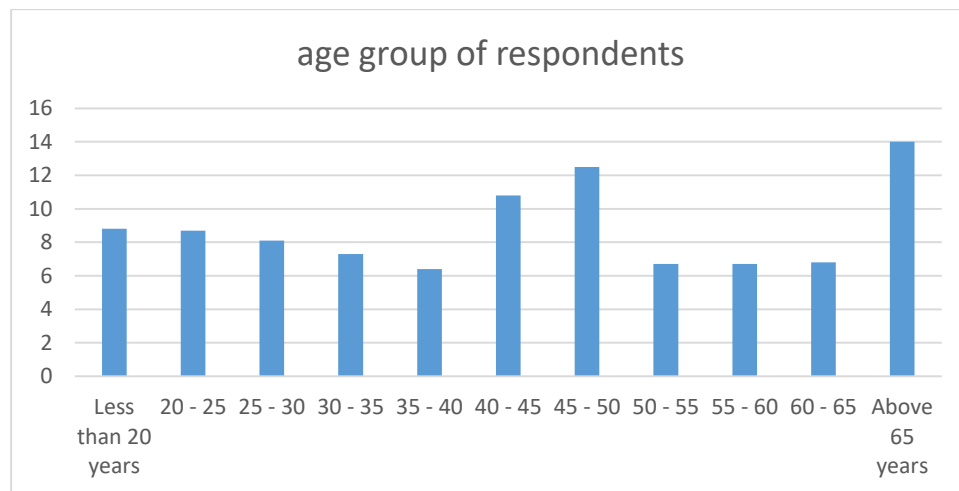
Source: Scorecard study, Mbengwi council November 2017

As far as the sex of the respondents, figure bellow indicates that, a greater proportion of those who responded were women with a proportion of 52.3% of the households whileonly 47.7% of men represented to the study questions, this is explained by the fact that women are more available in this council area than the men.

Figure 2: Distribution of Respondents per Sex
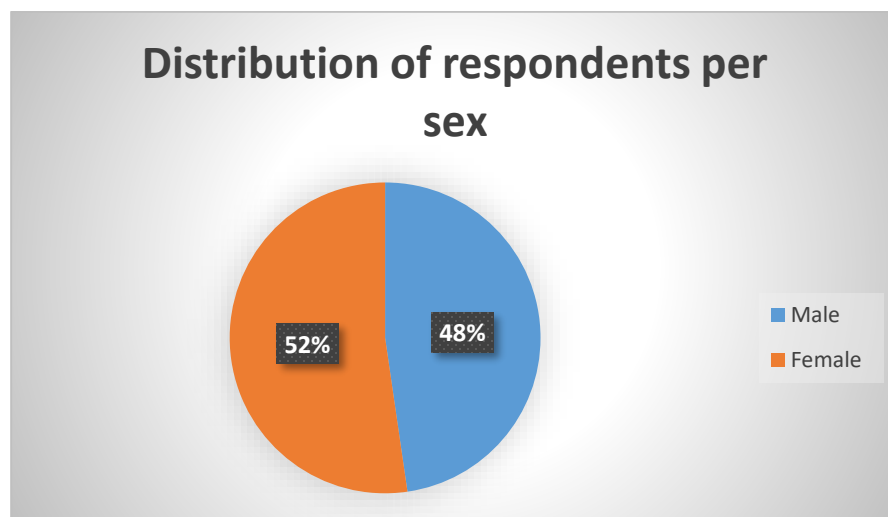
Source: Scorecard study, Mbengwi council November 2017

3.1.2. Characteristics of the household heads

Another issue of importance related to this study was to find out the ages and sex of household heads. Considering the study data presented on the table below, 10.2 % of the household head fall within the age range of 20 -35 years old, 50,4% of household head fall between the age range 35-60 years and those above 60 years old stands at 32.8%. This can be seen below.

Table 5: Distribution (%) of the Household Heads per Age Group in the Mbengwi Council

Age group										
Less than 20 years	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	50 - 55	55 - 60	60 - 65	Above 65 years
0.4	1.8	3.2	5.2	7.2	12.3	12.4	10.0	8.5	9.2	23.6

Source: Scorecard study, Mbengwi council November 2017

With regards to the sex distribution of household heads, it was revealed by the study data that men constitute over 67% of household heads while women represent just about 33% of the household heads. A clearer picture of this is painted on the figure below.

Figure 3: Distribution (%) of the Household Heads per sex in the Mbengwi Council.
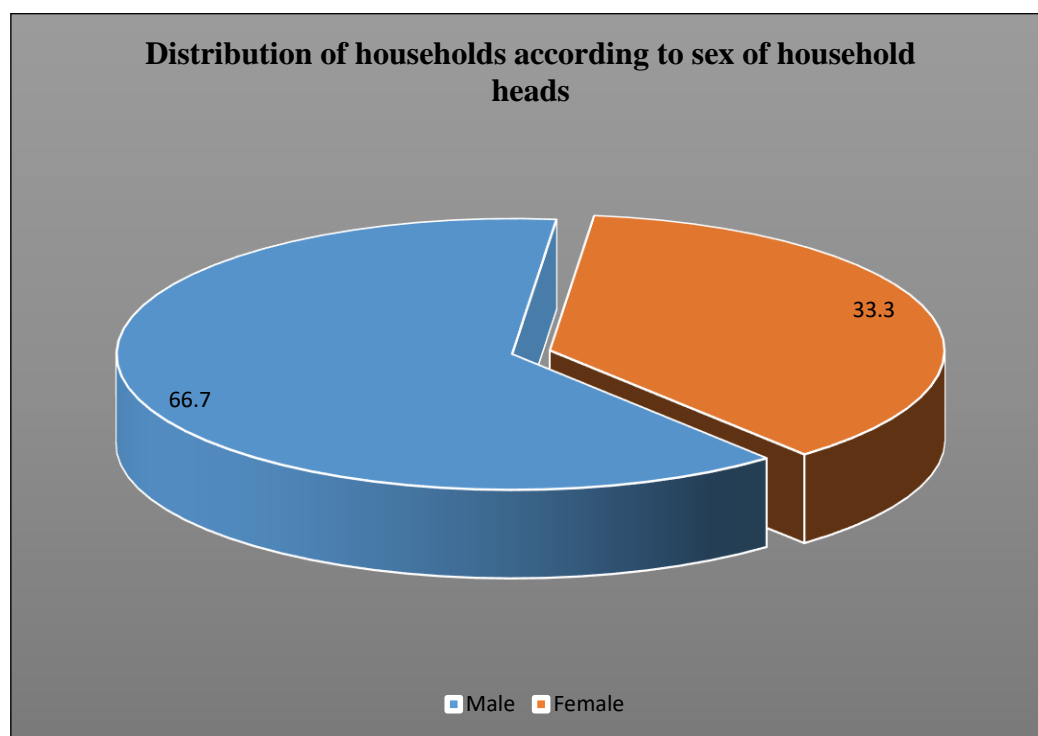
Source: Scorecard study, Mbengwi council November 2017

3.2. Water Sector

Water is one of the most important substance on earth used by both plants and animals and there is a popular saying that "Water is Life". This goes a long way to show the importance of water to all forms of life. Many people in the developed and developing countries are struggling to cope with water shortages due to climate change and population growth. We use water in the communities for cooking, washing, drinking and for many other things. Good water is perceived to be that with no colour, no odour, and no taste, but needs to be free from contamination of any type to be considered good and safe for drinking. Just to add, WHO (World Health Organisation) believes that consumable water for human beings must be free from taste, color, smell, chemical substances bacterial etc. for better health. The type of water supply scheme, location which involves distance and time taken to fetch water, the cost, in this section are very important to this study.

Given the importance of water to inhabitants of the Mbengwe council area, this section will focus on analysing the responses of households in Mbengwi council with regards to the following areas: the availability, usage, cost, and quality of water, the population perception about the water sector and their suggestion for improvement.

3.2.1. Availability and usage of water services

There are different public water sources existing in the Mbengwi Council area. This different water sources can be broken down in two main sources – the public and the private sources, depending on the openness to the public. A public source is that from which water is supplied or obtained by the general public whether paid for or not while a private source is that owned by an individual of which its usage might not be open to the general public. In the Mbengwi council area, various water sources are available which include; well equipped with a pump, open pit well, protected well, boreholes equipped with a manual pump, Spring/River, pipe borne water. We can define these various source as follows:

- Well equipped with a pump: It refers to a well equipped with a manual pump, the operation of which is likely to ease water sourcing during the supply process.
- Open pit well: An unprotected well is the one for which one or both of the following assertions are true: (1) the well is not protected from run-off waters; (2) the well is not protected from birds' droppings and animal dung.
- Protected well: A well protected from run-off waters by a shaft lining or a well casing constructed above the ground level and a platform that channels overflowing water. Furthermore, a protected well is covered a bid to remain out of birds' droppings and animal dung.

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

- Spring/ river: A spring corresponds to a spot where water comes out of the ground in a natural way. As to a river, it corresponds to surface water. Water flows into a river, dam, lake, pond and irrigation canals from which it is directly drawn.

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

The figure below indicates the different water supply sources that exist within the council area. There exist the following;well-equipped witha pump, open well, protected well boreholes, rivers, spring and pipe born water. It should be noted that in this subsection we want to take stock of all water supply systems that exists within the council area. In the Mbengwi council area, it was observed that both public and private sources were used. The figure bellow presents the households of Mbengwi Council per the different water supply systems that are available. According to this statistics, 87.5% of the households said that there exists tap water while the rest said there exist other sources which include rivers, boreholes, well etc.

Figure 4: Distribution of households in the MBENGWI council per existing water systems.
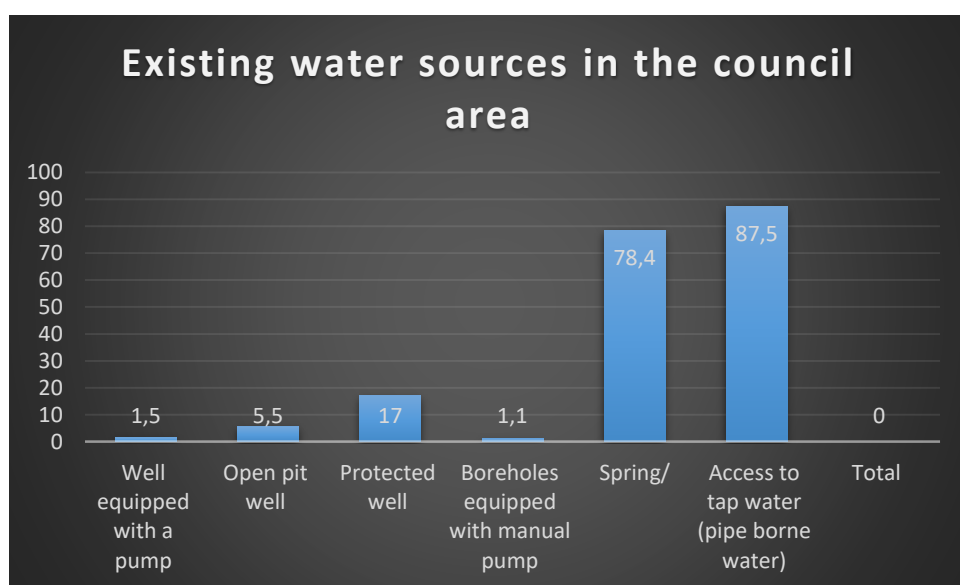
Source: Scorecard study, Mbengwi council November 2017

This table below describes the different main sources of water supply systems that the households use. This is based on the different water supply systems that were highlighted above. From the table, we see

that 93% of the households in Mbengwi Council area use water from the public source. Just about 7% of this households use other sources of water. Amongst those who declared using public water source, the percentage of those whose main source is potable water is 73.5% while 23.8 get water from river/spring. The rest of the households has as main source, well equipped with pump and protected well. This shows that within the Mbengwi council area most households use portable water supply as their main source of water for consumption. Potable water within the context of this study is mater from a tap supply system.

Table 6: Distribution(%) of households in the MBENGWI council area per main source of water

Proportion (%) of households using a public water source	Main public water source						
	Well with pump	*Open pit well*	*Protected wells*	*Boreholes with manual pump*	*Source/ River*	*Potable water*	*Total*
93.0	2.2	0.0	0.5	0.0	23.8	73.5	100,0

Source: Scorecard study, Mbengwi council November 2017

3.2.2. Cost and quality of water services

The study also obtained data in relation to the opinions of households in line with their appraisal of the quality of water they use. According to standard, good water does not have odour, colour or taste. Respondents were asked questions to get their opinion with respect to the above. As a follow up to this, we would be throwing more light on the study data.

3.2.2.1. Cost of water services

In line with payment for water services, 40% of the population who get water prom public sources declared that they do pay for their water services. This also means that 60% of users of public water systems don't pay for the water they get from this source. On average, each user of public water sources, who pays for the water spends 2,416FCFA per month.

Out of this proportion that pay for water, 53.7% say that the cost is too high for them, 42.5% think that this cost is reasonable and 3.8% say it is insignificant. A clearer picture of the cost and appreciation of the cost of water services can be seen on the table below.

Table 7: Distribution of households in the MBENGWI council following their appreciation of the amount they pay for using the main source of public water.

Proportion (%) of households paying for water at the main public water source they are using	Average monthly expenditure (CFA Francs) for households which pay for water	Distribution (%) of households, paying for water, per appreciation of the amount paid			Total
		High	Reasonable	Insignificant	
40.0	2,416	53.7	42.5	3.8	100

Source: Scorecard study, Mbengwi council November 2017

3.2.3. Quality of water

Though the concept of water quality is complex, basic knowledge about water quality suggests that good water should have no colour, no odour and no taste. In this subsection, we are going to report on the perceptions ok the population of the Mbengwi council area on the quality of the water they consume.

The table below indicates the quality of water that is found in the Mbengwi Council area. We first of all look at the appreciation of the water whether it is of a good quality or not then we also look at the different characteristics of water, which are taste, colour and smell. With regards to weather the water is of good quality or not, over 75% of our respondents hold that the water they get from their sources is of good quality. Out of this proportion that believe their water is of good quality, 80%, 82% and70% think the water has no smell, taste and colour, respectively. Going by these results, we can confidently state that water supplied in this community is of good quality. It is however necessary to look further, considering the over 25% of the population who think that their water is of bad quality. It is also good to go beyond the basic definition of good water, as water free from colour, taste and smell can still be of bad quality.

Table 8: Distribution (%) of household in terms of the Characteristics declared of the main water source used

Have a good quality	Water has smell			Water has taste			Water has colour		
	Yes	No	I don't know	Yes	No	I don't know	Yes	No	I don't know
75.2	20.1	79.9	0.0	17.7	82.3	0.0	30.1	69.9	0.0

Source: Scorecard study, Mbengwi council November 2017

3.2.4. Appreciation of water services

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

The table below shows the availability of these different water supply systems that are used, the time taken by members of the households to fetch water and their access to the water supply throughout the day. According to the table, 62.7% of the households testified that, the water from the main public source is available throughout the year. Only 36.3% suffer from water shortages in some periods within the year.

Also in line with time spent to fetch water, 52.4% of the households get water on the spot, 31.2% use less than 15minutes to fetch water and 15.5 use 30minutes and above to fetch water for their households. As far as this time spent is concerned it can be seen that very few people take more than 30 minutes to fetch water which is insignificant. We know that women and children in most societies are considered the water carriers of the society. Having 53.4 percent carrying water on the spot and with 31.2% using less than 15 minutes to fetch water, we can say that the full cost in terms of labour in fetching water within this council area is highly minimal. This gives this category of persons more time to cover up in other activities. These households also declared that on a daily basis, 99.1 percent of the households have access to these main public water sources. It is worth noting that in terms of meeting their needs, an insignificant proportion of the population think that their present water supply services meet their needs. It's also good to take note that significance of a vital resource like water should not be based so much on numbers as they sometimes don't take the plight of the small vulnerable population into consideration.

Table 9: Availability throughout the day and year and time taken to fetch water.

Proportion (%) of households with water from public main source available throughout the year	Time taken to go fetch water and back				Total	Proportion (%) of households having access to main public water source used throughout the day	Proportion (%) of households whose frequency to access to public main water source used corresponds to their need for water
	On the spot	Less than 15 minutes	between 15 and 30 minutes	More than 30 minutes			
62.7	52.4	31.2	11.9	3.5	100	99.1	*

Source: Scorecard study, Mbengwi council November 2017

*imply the data is insignificant

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

As we all know, there is no water that does not experience breakdown in the course of it use. For this reason, it was necessary to capture the opinions of households as to a possible breakdown of their water points within six months, the time taken to repair the breakdown, and who took the responsibility to do the repairs.

The table below shows the proportion (%) of households in the Mbengwi council area declaring a breakdown and time taken to repair the water source used in the course of the last six months. The time taken was split into 4 sections (less than one week, between one week to one month, between one to three months, more than three months). Like any other water source, we realize that the main water source in Mbengwi Council area have had a broken down in the course of the past six months asdeclared by 40.3% of respondents. This means that 59.1% never experienced a breakdown. From those who declared a breakdown in the main water supply source, over 40% indicated that it took less than one week to repair it, 32.8% said it took between one week and a month while for 4.2% it took more than a month to repair their main water supply source. Looking at what happens in the Mbengwi council area in relation to repairs, the majority of the breakdown took more than a week to more than three months to repair. In fact, constant maintenance will reduce the frequency of repairs if a management committee is empowered to monitor the use and maintenance of water points. This can be seen on the table and figure below.

Table 10: Proportion (%) of households in the MbengwiCouncil declaring a breakdown and time taken to repair the main public water source used in the course of the last six months.

Proportion (%) of households who have declared a breakdown of the main public water source used in the course of the past six months	Time taken for repairs					Total
	Less than a week	Between a week and a month	Between a month excluded and three months	More than three months	Not yet	
40.3	39.9	32.8	11.0	4.2	12.1	100,0

Source: Scorecard study, Mbengwi council November 2017

3.2.5.1. Who is responsible for repairs?

The table below shows the different institutions and persons who took care of repairs during the breakdown. This is about the different categories of the people involved. These are the mayor, the

government, the elite, the water management committee, the quarter heads and the administrative authority. The results show that, 41.6% of the repairs is done by the water management committee, followed by administrative authorities which stands at 22.9%. The mayor, state and elites put together assist just in about 7.7% while the rest of the 16.6 percent is repaired by other sources. From the statistics we can say that the council and the government are so less involved as far as repairs of the water system in the village is concern, while the water management committee is the arm that is mostly consulted by the households in case of breakdown. This can be illustrated in the table below.

Table 11: Proportion (%) of household declaring who did repairs.

Proportion (%) declaring that the breakdown declared was resolved by the:							Total
Mayor	State (government services)	Elite	Water Management Committee	village/quarter head	Administrative Authorities	others	
1.7	0.0	6.0	41.6	7.9	22.9	16.6	100

Source: Scorecard study, Mbengwi council November 2017

3.2.5.2. Needs expressed in terms of water supply

During the CRCM study it was necessary to find out from the householdsif they expressed a need in terms of water supply during the last six months period and to whom they submitted their request, whether their request had been met or not and how long it took for their request to be met.

The table below illustrates the different households of the council area who expressed need for potable water provision which was met in the last six months and the different persons that they expressed their needs to. During the last six months, 30.2% of the households of the Mbengwi Council area expressed the need for portable water supply. 45.1% of this households expressed this need to the water management committee, 30.5% to the village or quarter head, and 22.8 percent to CamWater/SNEC while the rest expressed to the mayor, an elite or to other sources. Out of those who expressed this need, only 32.3% had their needs met while 67.7 percent still have their needs unmet. Because the mayor, the state and administrative authorities respond very slowly to the need of the households as seen in figure below, we may suggest that this is the reason why very few people went to them to express their need for water supply system.

Table 12: Proportion(%) of households who have expressed a need for potable water provision which was met in the last six months.

Proportion (%) of households which have expressed a need in potable water in the last six months	Amongst the households who have expressed a need, proportion (%) whose need was expressed:								Proportion (%) of households whose need expressed for water was met (H16)
	To the Mayor	To the State (government services)	To an Elite	To the Water Management Committee	To the village/ Quarter head	To the Administrative Authority	To Camwater/SNEC	To others	
30.2	16.2	0.0	11.8	45.1	30.5	0.0	22.8	15.5	32.3

Source: Scorecard study, Mbengwi council November 2017

For households whose need for water within the last six month was met, we are going to look at the time taken to have this. As far as time taken to meet the needs, 60.7% declared that their needs were met in less than one month, 33.9% of the household's needs was met between one and three months and the rest in more than three months. Having 60% of the people need met in less than one month shows a quick and prompt responds to the supply of water within the council area. However, this time spent can be improved upon. This time taken to meet the needs expressed determines the level of satisfaction that the households had.

Table 13: Distribution of households in the MBENGWI council whose need for potable water was met per time taken for their needs to be satisfied.

Time taken to satisfy their need expressed for tap water			Total
1=less than a month	2=between one and three months	3=more than three months	
			100,0
60,7	**33.9**	**5.4**	**100,0**

Source: Scorecard study, Mbengwi council November 2017

3.2.6. Reasons for the non-satisfaction of the households

After gathering the different views from the households in relation to water supply schemes in the council area, it was realized that there were some levels of non-satisfaction. This different reasons are seen in the table below.

The table shows the proportion (%) of households not satisfied and their reasons in line with water provision in the MBENGWI council. These reasons for non-satisfaction ranged from distance to water points, water quality, insufficient water points, management of water points, high cost etc. 42.6% of the households declared that they are not satisfied with the provision of the water supply in the council area. They also expressed the reasons for their non-satisfaction. Out of those who said they were not satisfied, 44.4 percent stated that this was due to insufficient water points provision, 41% indicated that the water is of poor quality. 51% were of the opinion that the management of the water points was poor and lack or slowness of maintenance in case of breakdown contributes to their non-satisfaction. Finally, 35% declared that the distances from their homes to the water point source is what makes them unsatisfied. These different reasons for non-satisfactions brought about the expectations from the people. It is important to note that some respondents indicated more than one reason for nonsatisfaction.

Table 14: Proportion(%) of households not satisfied and their reasons by the water provision according to the milieu of residence in the MBENGWI 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
42.6	35.0	41.0	44.4	27.1	23.9	18.9	35.4

Source: Scorecard study, Mbengwi council November 2017

3.2.7. Main expectations in the services rendered in the domain of water

Once the different reasons for non-satisfaction were gathered from the households in the Mbengwi Council area in relation to their perception of water supply system, it was necessary to find out what they propose as expectations to improve the provision of water. It was perceived that, all the households in the council have different expectations with regards the provision of water. Among the different expectations, additional water points, improvement in management and quality of water,

repairs and reduction in cost of access to water were highlighted**.**

Because of the reasons of non-satisfaction expressed already, the expectation in terms of water supply in the council area was also sorted out. According to the households, 49.2% desired that more or additional water point should be made available, 30% that they should be improvement of the existing water points, 29.5 percent observed that, repair works should be done on the damaged water points. 45.1% wished that there be an improvement of the quality of water in the existing water points and reduction of prices to access water; while 38.7% had other reasons.

Table 15: Proportion (%) of households in the MBENGWICouncil according to expectations in water provision:

Proportion (%) of households whose expectation of water provision is :					
More/additional water points	An improvement in terms of management of the existing water points	Repairs works should be carried out on the damaged water points	An improvement of the quality of water in the existing water points	Reduction of prices to access water;	Others
49.2	30.0	29.5	28.3	16.8	38,7

Source: Scorecard study, Mbengwi council November 2017

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

Mbengwi council area has a series of different water supply sources as seen earlier.The most used of these sources is the tap water. Among these households, the percentage of those whose main source is potable(Tap) water is 73.5%. This water that is consumed by the households is being paid for and 5 out of 10 household think that this cost is very high as they pay a monthly average of 2.416 fcfa. This is reflected in their reasons for non-satisfaction as declared by 42.6%and their different expectation to this. A greater proportion of the households say that water is available throughout the year and even the distance they use to fetch water is not much and most of them get water on the spot. In terms of the quality of water, most households observed that, this water is good and very few have complaint about it having taste, colour and smell. With regards to daily accessibility to their main water source, 99.1% of the householdsdeclared that they have access to their main public water sources every day.

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 within the

Mbengwi council area.

3.3. Health Sector

According the WHO, health is the state of complete physical, mental and social wellbeing of a person. In communities good health is a product of many factors that have the potential to contribute better health such as, individual behaviour, exposure to the health care facilities, distance to the health care unit etc. The health of a community includes ease or access to medical care in terms of distance, cost, equipment, medication, medical staff etc. During the Scorecardstudy, household perceptions were also captured in terms of availability, cost, usage, distance, staffing, medical equipment drugs etc. We also looked at the perception of the households in line with their satisfaction with the services rendered by the health sector in the council area and for non-satisfaction.

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

3.3.1. Availability and usage of healthcare services

During the Scorecardstudy, the perception of the households was also captured in relation to the health sector in the Mbengwi council in terms of the provision of adequate medical staff and technical set up and which provides health services. The study also captured facts regarding the average time taken to reach the nearest health unit, their preference in line with medical care, whether or not they have been to the nearest health unit within a specific period and their opinion about the head of the institution, the presence of minor medical equipment, provision of hospitalization rooms and number of beds available.

The table below reveals the nearness of the different health units to the households in the communities and the time taken to reach there. As far as nearness to the health care unit is concerned, 55.2% of the households have as nearest health unit the public integrated health centres, 25.3% are near the private health centres while 19.4 % have the hospital as the nearest.

As far as distance taken to reach the health care unit is concerned, about 46.7% of the households spend more than 30 minutes to get to the nearest health unit while the rest use maximum thirty minutes to get to the nearest health unit. At least half of the householdshave as nearest health unit the integrated health centres and which takes them maximum 30 minutes to get there. This is a good indicator for the households of the Mbengwi council in terms of access to health unit.

Table 16: Distribution (%) of households per nearest health care unit and time taken to reach

there in the Mbengwicouncil.

Nearest health center				Total	Time taken to reach there			Total
Public integrated health center	Hospital / CMA	Private health center	None		Less than 15 minutes	Between 15 and 30 minutes	More than 30 minutes	
55.2	19.4	25.3		100	21.5	31.8	46.7	100

Source: Scorecard study, Mbengwi council November 2017

The table below shows the distribution (%) of households members per preference to seek for health solution in the Mbengwi council. Amongst the different health care units found within the council area, we have the integrated health centre, the hospital and the district medical hospital, the health centre, the traditional healer and others. In terms of preference in seeking health solution, 49.3% of the households prefer visiting the public integrated health centre, 32.2% to the hospital, and 15.2% to private health centres while the rest either prefer going to a traditional healer, treating themselves at home and buying medication from the medical store. We see here a lot of awareness of the household of the Mbengwi council area in terms of using the hospital as compared to traditional healers and auto treatment. More than 90% of the households fall under this category. Visiting a medical centre means doing some test and diagnosing exactly the problem before taking medication.

Table 17: Distribution(%) of Households members per preference to seek for health solution, according to milieu of residence in the MBENGWI council.

Preferences of the household members in terms of health care facilities								Total
Public integrated health center	Hospital/ CMA	Private health center	Traditional healers	At the medical store/kiosk	Go to a medical staff member	Treat at home/self-medication.	others	
49.3	**32.2**	**15.2**	**1.1**	**1.0**	**0.6**	**0.7**	**0.0**	**100,0**

Source: Scorecard study, Mbengwi council November 2017

The table below shows the proportion (%) of households whose members have been to the nearest health care unit in the last 12 months in the Mbengwi council and who heads the unit. As per the heads of the units we have the medical doctor, nurse, nurse aider etc. Finding out from the households if within the last 12 months any household member visited the nearest health unit, we had the following responses. In the course of the last 12 months, 70.2% of the households visited the nearest health care unit and out of these, 57.6% met a medical doctor, 35.3% met a nurse and the rest met a nurse aider or any other kind of person. Can we say from this statistic that the health units in the Mbengwi Council is

well equips with staff?

Table 18: Proportion(%) of households whose members have been to the nearest health care unit in the last 12 months in the MBENGWI council and who heads the unit.

Proportion (%) of households using the nearest health care unit	Head of health care unit, for households using the nearest health centre				Total
	Medical Doctor	Nurse	Nurse aider	others	
70.2	57.6	35.3	2.5	2.7	100.0

Source: Scorecard study, Mbengwi council November 2017

3.3.2. Cost and quality of health services

3.3.2.1. Cost of health services

The table below captured the distribution (%) of households in the Mbengwi council area paying for consultation fees per the appreciation of amount paid. The different amounts paid as consultation fees range between less than 500 frs cfa to 1000frs cfa. It also showed the perception of the households in terms of appreciation of this cost.

As far consultation fee is concerned 98.9% indicated that they pay consultation fees at the nearest health unit that they visited which range between 500 frs cfa to 1000 frs cfa. 42.8% said they pay consultation fee of between 500 - 1000 FRS cfa, and 35.6% pay less than five hundred francs cfa while the rest paid more than 1000 frs cfa.

Amongst those who paid consultation fees, 59.4% declared that this amount was reasonable, 38.9 % thought that this amount paid is high and 1.7% said that this amount is insignificant.

Table 19: Distribution (%) of households in the Mbengwi council paying for consultation fees per the appreciation of amount paid

Proportion (%) of households that paid consultation fees at the nearest health care unit	Average amount paid for consultation fees (FCFA)				Partitioning (%) of households paying consultation fees, per appreciation of amount paid			Total
	Less than 500 FCFA	Between 500 and 1000 FCFA	More than 1000 F CFA	Total	High	Reasonable	Insignificant	
98.9	35.6	42.8	21.6	100.0	38.9	59.4	1.7	100.0

Source: Scorecard study, Mbengwi council November 2017

The table below contain data that has to do with two elements (1) the different households who attest that they paid extra fees to the medical staff as a tip which is not consultation fees and (2) the attitudes of the medical personnel in welcoming the patients.

It was said that none of those who visited the health care units within the said period paid an extra fee from the normal consultation fee and medical bills. This is an indication that tips are not common in the council area. As far as the welcome attitudes of the medical personnel is concerned, 83.5% said that the attitude of the personnel was good while the rest said it was average and bad. This calls for encouragement to maintain this positive attitude. 8 out of 10 households affirmed a good reception attitude from the medical staff. See table below

Table 20:Distribution (%) of households member, according to the welcome attitude of the medical staff:

Good	*Average*	*Bad*	**Total**
83.5	15.0	1.5	100

Source: Scorecard study, Mbengwi council November 2017

3.3.2.2. Quality of health services

Here we consider the quality of service at the health care units in the mbengwi municipality. To achieve this, we are going to comment of responses from respondents in relation to some key elements that make up the health units and their services. Here we are talking about the availability of the personnel, material, equipment, rooms and beds, pharmacy and availability of drugs.

The table below gives us the characteristics of the of the nearest health centres visited by the households. Out of the households interviewed, 96% declared that during their visits to the nearest health units, there was the presence of medical personnel, 98.2% indicated that basic material/equipment were availability and 96.2% said that during their last visit within the last 12 months, there were hospitalization rooms with beds. In this same period of visitation, 96.6 % of the households said that the health care unit they visited had a pharmacy or a pro-pharmacy and 90.7% said that there was availability of drugs. This indicates the interest of the Mbengwi council in the health situation of the households by making sure that the health units available are not only equipped but have personnel who are welcoming.

Table 21: Characteristics of the of the nearest health centers visited by the households

Characteristics declared about the nearest health centre during their last the visit					
Presence of personnel	*Availability of basic material/equipment*	*Existence of hosipalisation hall/rooms*	*Number of beds in the hospitalisation halls/rooms*	*Existence of a pharmacy/pro-pharmacy*	*Availability of drugs*
96.0	98.2	96.2	18.4	96.6	90.7

Source: Scorecard study, Mbengwi council November 2017

As for the number of beds per hospitalization room, 28.2% said that there are more than 10 beds per hall, 29.5% said between 5-10 beds per hall, 18.4% said less than five beds per hall and 23.8% did not know exactly how many beds could be found in a hall. See table below.

Table 22: Number of beds in the hospitalization rooms

Number of beds found in hospitalization rooms			
Less than 5 beds	between 5 and 10 beds	More than 10 beds	Don't know
18,4	29,5	28,2	23,8

Source: Scorecard study, Mbengwi council November 2017

The table below highlights the proportion of the households declaring that the nearest health care unit solved their health problems. It also indicates the percentage of those who were not satisfied with the health services rendered. Thesehouseholds also gave their reasons for non-satisfaction which some of them were the far distance, poor services, insufficient health care units, poor management cost etc. A proportion of the households about 72.5% confirmed that their health problems were solved by the health units while 24.5% of the households was not satisfied.

Out of this unsatisfied lot, 67% had as reasons, far distance to the health unit and poor quality of services and insufficiency of the health unit, 79.3% held that there was insufficiency of existing health care units, defaults related to the health care unit staff and the management of the health unit is poor. Also 75.7% declared that there was insufficiency of drugs; the quality of the equipment is poor and high cost with regards to health care access. And finally 36% of the households had other reasons different from the reasons mentioned above. There is a call for concern from the council and other stakeholders to do something, and on time, about these reasons for non-satisfaction of the households. See chart below

In terms of the availability of the medical staff, this household declared the presence of medical doctors, nurses, and even nurse aiders. We also have the cost of medical fee which very few complained about the high cost. More than 60% think that this cost is reasonable or insignificant. These hospitals according to the response from households have hospitalization rooms, pharmacies and beds.

3.3.3. Appreciation of health services.

The figure below presents some declarations in relation to the appreciation of health services by some households who have visited a health facility within the past 12 month. The scorecard study equally captured the perception of the households in line with the reasons for their non-satisfaction. They expressed various reasons as seen below. As indicated on the table below, 72.5% of households declared that the nearest health care unit solves most of their health problems in the village. Equally, the table below reports that they are satisfied with the health services rendered in the health facility they visited in the municipality within the past 12 months.

Figure 5:Percentage distribution of respondents according to the level of satisfaction with healthcare services and whether or not their health problem was solved
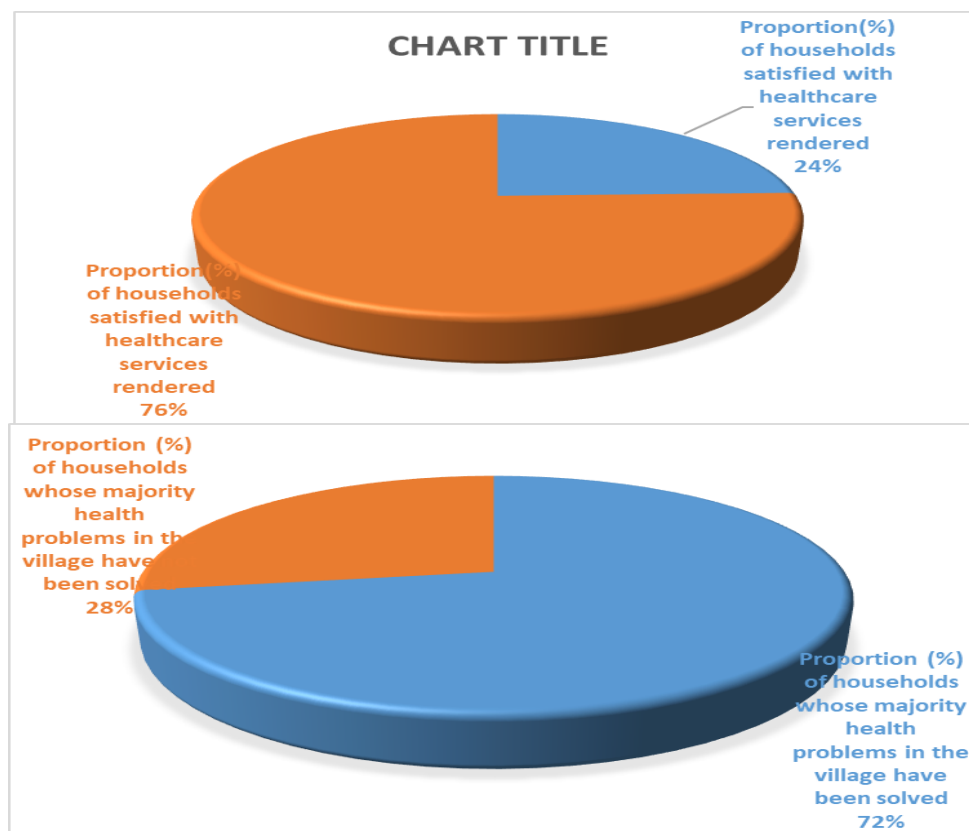
Source: Scorecard study, Mbengwi council November 2017

3.3.4. Reasons for the non-satisfaction of the population

The scorecard study equally captured the perception of the households in line with the reasons for their non-satisfaction.Out of the households who reported that they are not satisfied with health services rendered in the health facility they visited at least once within the past 12 months, 37.4% claimed their dissatisfaction is tied to the far distance they have to cover each time they want to visit the facility, while 18.4% link their dissatisfaction to the high cost with regards to healthcare access.

This section, however, has again confirmed the issue of the long distance that has to be covered to access health facilities. This shows the pertinence of the difficulties they face in terms of longer distances they have to cover to make use of health facilities. Other reasons that account for the non-satisfaction of households who have visited the nearest health care facility within the past 12 months include: Poor quality of services provided 29.6%, Insufficiency of existing health care units 34.4%, Defaults related to the health care unit staff 22.5, Poor management of the health care units 22.4%, insufficiency of drugs 24.5%, Poor quality/insufficiency of equipment 32.8%, and others reasons as is displayed on the table below.

Table 23: Proportion (%) of households in the MBENGWI council who have declared that the nearest health care unit solves most of their health problems and those not satisfied with health care services.

Proportion (%) of households whose majority health problems in the village have being solved	Proportion (%) of households not satisfied with health services rendered	Amongst the households not satisfied, proportion (%) whose reason for their non-satisfaction is :								
		Far distance to access the health care units	Poor quality of services provided	Insufficiency of existing health care units	Defaults related to the health care unit staff	Poor management of the health care units	insufficiency of drugs	Poor quality/insufficiency of equipment	High cost with regards to health care access	others
72.5	24.5	37.4	29.6	34.4	22.5	22.4	24.5	32.8	18.4	36.5

Source: Scorecard study, Mbengwi council November 2017

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

In line with the dissatisfactions expressed by households, they declared a series of expectations that could help handle these dissatisfactions if addressed by the council and other stakeholders.

The table below shows the different expectation of the households that could better improve on the health services. We had different expectations from additional health units, provision of drugs, transfer of staff and even equipment. As for their expectations in relation to health services in the council area, 37.1% talked of additional health care unit 29.4% expects the provision of drugs, 12.9% talked of additional staff while 39.2% need that the health unit beequipped and the rest 57.1% had other reasons different from those mentioned.

Table 24: Proportion (%) of households according to expectations in health services in the MBENGWI council

Proportion (%) of households whose expectations in health services are :				
Additional health care units	Provision/supply of drugs	Transfer of a staff member	Equipped health care units	Others
37.1	29.4	12.9	39.2	57.1

Source: Scorecard study, Mbengwi council November 2017

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

In this section, the council has a good number of health units and from the responses of the households; these health units are well equipped with hospitalization beds, pharmacies with medication in them and even staff. Despite the availability of health units, staff, medication etc, there were still some expectations.

About 37,4% of these households are not satisfied with the services rendered given the far distance of their nearest health unit. 34% declared that health care units are insufficient, poor quality of services account for 29,6%,poor quality equipment 32,8%. They therefore expect these expectations to be taken into consideration for better health services in the council area.

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 Mbengwi Council area.

3.4. Education Sector

According to Nelson Mandela "Education is the most powerful weapon which you can use to change the world". And, without any doubt, we cannot continue in the same way as we have in the past few decades. Education has so many benefits and has a positive impact in life. In today's world human capital is considered the best for someone who wants to explore better opportunities. Education means a lot to everyone as it helps individuals gain knowledge and skills. Obtaining a quality education is the foundation to improving people's lives and sustainable development.

One of the ways to reduce poverty and improving standard of living in the world is through quality education.In the developing countries, even children privileged enough to have access to a classroom often do not receive a good education either because the learning condition is not favourable or there are no teaching staff,leaving tens of millions of children behind because of poverty and discrimination. Major progress has been made towards increasing access to education at all levels and increasing enrolment rates in schools. In the Mbengwi council are, we looked at the perception of the households as far as education is concerned. The different indicators were the availability and cost, the number of children in the different cycles, the preferred school, it nearness to the household, their levels of satisfaction and reasons for non-satisfaction for those who were not satisfied with the educational system and finally their expectations.

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

Here we looked at the different cycles available in the council area (nursery, primary, secondary, and the vocational). We also looked at the number of children in a household attending the nearest educational cycle,distance covered by children to get to school on foot, and time taken to get there on foot.

From the results of the study, 91.3% of the households of the Mbengwi Council area have children in the nursery school, 98% have children in the primary school and 88.1% have children in the secondary school. We do not find students in the vocational section. Amongst parents who have children in the nursery school, the average number of children attending the nearest nursery school stood at 1. While in the primary and secondary school levels, each parent with children in any of these cycles had 2 children per educational level.

Table 25: Distribution (%) of households in the Mbengwi council according to educational cycle.

Available Cycle	Proportion of households belonging to a village with an educational cycle	Average number of children from the household attending the nearest school	Average time spent by the children to reach the school on foot
Nursery	91.3	1.3	26.6
Primary	98.0	2.0	24.6
Secondary	88.1	1.6	57.9

Source: Scorecard study, Mbengwi council November 2017

Haven established that the various levels of school are present in this community, knowing the average number of children per parent attending such levels/cycles, we are going to move further to look at the accessibility of these schools. The table below indicates the distances covered by the children in the Mbengwi council area to get to school per cycle. According to information obtained from the scorecard study, the nursery, primary and secondary educational cycles are available in the council area.

For the distances covered, 71.8% of the nursery school pupils walked less than 1km to get to school, 26.6% walk between 1-5km and just 1.6% go for more than five km. From these figures one can suggest that the nearest nursery, primary and secondary schools are either not offering the best education or are very expensive.

For the children who are in the nearest primary school, in terms of distance covered 74.9% cover less than one km to get to school and 24.6% cover a distance of between 1 -5 km.

Finally, for those children who attend the secondary school, 33.2 percent take less than 1 km to get to the nearest school, 57.9% trek between 1-5Km to reach the school and 8.9% cover a distance of more than 5km to reach the school.

It is worth taking note that over 58% of students attending the secondary school trek over distances of between one to five kilometres to reach school. This is too long a distance to cover just to benefit from educational services and this can affect student performance.

Table 26: Distances covered to get to the nearest school.

Distance covered to attend the nearest school				
Cycle	Less than 1km	Between 1 km and 5 Km	Greater than 5 km	Don't know
Nursery	71.8	26.6	1.6	0.0
Primary	74.9	24.6	0.0	0.5
Secondary	33.2	57.9	8.9	0.0

*=insignificant *Source: Scorecard study, Mbengwi council November 2017*

During the scorecard study it was necessary to know the characteristics of the school attended by children from the household. From the results, 95.7% of the householdsdeclared that there exists a complete cycle in the primary school, 100% declared there exist a complete 1st cycle in the secondary school and 50.3 % of the householdsdeclared a complete second cycle of the secondary school.

In terms of each class having a classroom of its own, it was declared that in the nursery section, 87.3 % had a classroom per class, 90.4% had classroom per class in the primary section and 86% in the secondary section had classrooms per class.

For all these three sections more than 90 % of these classrooms had benches. From this statistic we can say that the learning environment in the council area is conducive as far as classrooms are concern.

Very few households (7.8% for nursery and 8.2% for primary) declared that textbooks were distributed in schools.

Table 27: Proportion (%) of households in the MBENGWI council according to the characteristics declared about the school attended per educational cycle

Educational 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			87.3	97.3	7.8
Primary		95.7	90.4	94.7	8.2
Secondary	1st cycle	100.	86.0	96.0	
	2nd cycle	50.3			

Source: Scorecard study, Mbengwi council November 2017

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

Cost here refers to what is given up in terms of tuition, in order access school. The table below describes the distribution of households in the council area according to the appreciation of the amount paid for the school (registration, tuition fees, Parents Teachers Association (PTA). We had the proportion of those who agreed that they paid school fees for their children and the average spent per cycle per annum. They also expressed their appreciation of this said amount whether they were high, reasonable or insignificant. The table also indicates the proportion (%) of households who paid extra charges in addition to the required fees for education.

From the results of the study, 100% of households declared that they paid fees for education in the nursery, 99.4% declared same for the primary school, while 100% of the households revealed same for

the secondary school. On the average, as far as the fees paid is concerned, 20,703 fcfa was declared by households who have children in the nursery school, 7,211f cfa for the primary section and 21,532 fcfa in the secondary per child per annum. This brings up the question as to whether there exists free access to school especially the primary cycle in Cameroon. The cost of school fees paid by parent is also a problem to be looked into.

In terms of appreciation of this amount in the nursery school, 67.9% admitted that this amount is high, while 29.1% declared that this amount is reasonable. For the primary section, 54.5% said that this amount is high and 44.4% say that this amount is reasonable. Finally, for the secondary schools, 62% declared that this amount is high and 38% declared that this amount is reasonable.

Table 28: Distribution of households according to the appreciation of the amount paid for the school

Educational cycle	Proportion (%) of households having paid the required fees for education	Average school fees expenditure spent throughout a school year per child (CFA Francs)	Distribution (%) of households paying fees required per appreciation of the amount paid			Proportion (%) of households which paid extra charges in addition to the required fees for education		
			High	Reasonable	Insignificant	compulsory payment from the school officials	Wilful payment from the parents	Total
Nursery	100.0	20.703	67.9	29.1	3.0			100
Primary	99.4	7.211	54.3	44.5	1.2			100
Secondary	100.0	21.532	62.0	38.0	0.0			100

Source: Scorecard study, Mbengwi council November 2017

One other element taken into consideration was the number of children per class per cycle/school level. The table below shows the average number of children in the classrooms attended by children of households and their appreciation of the teacher's presence. During the data collection for the scorecard exercise, questions pertaining to these two aspects of quality of education in the community were asked to the households. An appraisal of the quality of teaching received by the students/pupils can be attributed to the number of children per classroom and to the availability of the teachers.

In the nursery section, 68.2% of households declared that there are less than 30 pupils in a class in the nursery section, 16.1% declared that there are between 30 to 60 per class.

In the primary section, 52.4% declared there are less than 30, 32.8% were of the opinion that they are between 30 to 60 pupils per class.

Regarding the secondary section, 20.6% declared that there are less than 30 per class while 37.5

declared that there are between 30 to60 students in class.

As for the appreciation of the teacher's presence in class, majority of households in all cycle declared that the teachers are regular as follows. 97.9%in the nursery, 84.1% in the primary, and 81.5% in the secondary. The aspect of number of pupil/student per class in the Mbengwi council area still needs some attention because in Cameroon, it is recommended that an average of 40 pupils per class in the primary school and 60 students per class in the secondary school cycles. From the perspective of households,the teachers are seen to be regular in class and this is an indicator that teaching too is effective.

Table 29: Average number of pupils and the appreciation of the teacher's presence in classroom.

Educational cycle	Proportion (%) of households whereby children going to school are in classrooms with an average number of pupils.			Proportion (%)of households according to the appreciation of the teacher's presence in class:		
	Less than 30	Between 30 and 60	above 60	*Regular*	*Averagely regular*	*Irregular*
Nursery	68.2	16.1	1.5	97.9	2.1	0.0
Primary	52.4	32.8	5.9	84.1	11.5	0.5
Secondary	20.6	37.5	18.4	81.5	12.4	0.0

*insignificant.   Source: Scorecard study, Mbengwi council November 2017

We progress by looking at the respondents' perceptions in terms of breakages in schools as well as responses to the breakages in terms of repairs and/or maintenance. The table below gives us the proportion (%) of households in the MBENGWI council declaring that the damaged classrooms were repaired per stakeholder type. There are a number of stakeholders that were involved in the repairs and these were the PTA, mayor, elite, village organization, the ministries concerned with education etc.

In relation to who repaired the classrooms when they get bad in the nursery section, classrooms are repaired by that PTA as declared by 97% of respondents while the rest is covered by the mayor, elites and the village organization. Also, the classrooms are repaired by the PTA as declared by 93% and 96.8% of respondents with children in the primary and secondary schools respectively. This statistic shows how less involved the council, elites and the state are in terms of repair works that is done in all the cycles.

Table 30: Stakeholder type per repairing of damaged classrooms

Educational cycle	Proportion (%) of households declaring that the damaged classrooms were repaired by						Total
	The PTA	Mayor	A village organization	MINEDUB/MINESEC /MINEFOP	The Elites	Others	
Nursery	91.8	1.6	22.1	0.0	13.9	0.0	100
Primary	93.1	1.7	17.3	0.0	18.6	0.0	100
Secondary	96.8	0.5	17.1	2.7	7.6	2.7	100

Source: Scorecard study, Mbengwi council November 2017

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

In terms of appreciation,the households think the fees paid per child per cycle was generally high. Despite this amount 100% of parents paid a fee for their children in the different schools and cycles. Households declare dissatisfaction to the different educational cycle in terms of solving most of their educational needs. For the proportion not satisfied, they gave different reason to this and this ranged from far distance, insufficient classrooms, staff, benches and others.

In terms of those who declared that the nearest educational cycle solved most of their educational needs, we had for the nursery section 7.3%, for the primary section 17.4 % and for the secondary section 11.4 %. The above proportion shows a very low rate of satisfaction that the population derives from the educational services in the area.

The table below describes the Proportion (%) of households in the MBENGWI council who declared that the nearest educational cycle solves/do not solve most of their educational needs in the village. For the proportion not satisfied, they gave different reasons to this and this ranged from far distance, insufficient classrooms, staff and benches and others. We are going to discuss the reasons for non-satisfaction in the next sub section.

Table 31: Satisfaction in terms of education services in the Mbengwi Council area (%)

Educational cycle	Proportion (%) of households satisfied with educational services	Proportion (%) of households not satisfied with educational services	Amongst the households not satisfied, proportion (%) whose reason for their non-satisfaction is :								
			Far distance to access educational services	Insufficiency of classrooms	Insufficiency of equipment	Insufficiency of schools /vocational	Insufficiency of teaching staff	The non-distribution of school	Poor results	High tuition fees	Others
Nursery	7.3	92.7	*	*	*	*	*	*	*	*	*
Primary	17.4	82.6	19.3	21.2	24.4	16.5	53.7	33.5	21.0	46.0	29.1
Secondary	11.4	**88.6**	**50.1**	**42.3**	**33.7**	**19.0**	**41.4**	**3.0**	**9.8**	**56.9**	**29.8**
Vocational training	0.8	**99.2**	*	*	*	*	*	*	*	*	*

*=insignificant. *Source: Scorecard study, Mbengwi council November 2017*

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

Amongst the households not satisfied, we had as proportion in percentages for their non-satisfaction for the primary section: 64.9% had as reasons, far distance to access educational services, insufficiency of classrooms and insufficiency of equipment, 70.2% said that their reasons for non-satisfaction were insufficiency of schools /vocational training centres and insufficiency of teaching staff, 54.5% gave as reasons the non-distribution of school textbooks and poor results while 75.1% had as reasons high tuition and other reasons from the above mentioned.

For the secondary cycles there were also some reasons expressed by the non-satisfaction. 92.4% said far distance to access educational services, insufficiency of classrooms were their reasons, 94.1% had as reasons insufficiency of equipment, insufficiency of schools /vocational training centers and insufficiency of teaching staff, 69.7% had as reasons the non-distribution of school textbooks and poor results and high tuition and finally we had 29.8% with other reasons. Because of reason for non-satisfaction, the households expressed a number of expectations that they though can accompany this sector. This data is displayed on the table above.

3.4.5. Main expectations in the services rendered in the domain of educationper cycle

Based on the above dissatisfactions, a lot of expectations have been expressed by the households in the Mbengwi council area some of which include having the schools closer to the community, adding more classrooms and equipment, recruit more teachers and even the distribution of textbooks to the children. These are expressed in the table below.

With regards to the satisfaction following the educational services in the different school cycles, data collection helped in capturing information on the expectations of the populations in relation to educational services.For the nursery level, parents' expectations were as follows: 11% proposed costs related to fees should be reduced, 11% proposed more teachers be recruited, 9% advocated for text books to be distributed to pupils, 9% requested more schools be built, 7% for additional equipment

For the primary section, analysis showed that 28.4 % of the households expected more teachers to be recruited, 20% for the distribution of textbooks, 17% for cost reduction, 14% asked for more classrooms, 12% requesting for other improvements.

Meanwhile parents with children in secondary schools expect the following to be improved upon in order to add value to their children's education. 14% sagest costs that has to do with school fees should be reduced, 13% think equipment should be added and while existing ones be improved upon and more teachers be recruited, 10% requested that schools should be located closer to the students and additional classrooms be constructed.

Table 32: Proportion (%) of households in the MBENGWI council according to expectations in the domain of education

Educational cycle	Proportion (%) of households whose expectations in the domain of education are :								
	To have a school located nearby	Built more classrooms	Add additional equipment	Create more schools /vocational training center	Recruit more teaching staff	Distribute school textbooks	Improve the quality of the results	Reduce the costs	Others
Nursery	6.1	8.7	6.6	5.1	10.7	9.6	3.5	11.0	7.4
Primary	7.6	14.2	10.1	8.5	28.0	19.6	9.0	17.0	11.9
Secondary	9.7	10.1	13.1	7.2	12.9	2.5	6.2	13.7	9.8

Source: Scorecard study, Mbengwi council November 2017

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

We can say here that the population of Mbengwi Council is highly educated with parents making sure that their children attend at least a level. We saw very high percentage of children in primary and the secondary especially in the first cycle, we can also say that these pupils and students have a conducive learning environment as all the sections had classrooms for each class and even from the reasonable number of children per class as declared by households.

Though some parents requested for schools to be brought closer to the community, the results show that very high percentage of the children trekked for more than one km to get to their different campuses. More than 80% in all the sections also declared that the teachers are in class on a regular basis. In terms of tuition we can say that per annum the fees paid on an average by the households is high as declared by 67.9%.

In relation to who repaired the classrooms when they get bad in all the cycles, a greater proportion of household declared that the classrooms are repaired by the PTA while the rest is done by the mayor, elites and the village organization. This statistic shows how less involved the mayor and the state are in terms of repair works that is done in all the cycles

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

Councils in this era of decentralization are the closest autonomous administrative and financial units that cater for the needs of their local populations. The government of Cameroon is engaged in the process of transferring greater responsibilities and local resources to the different councils. With this, the council becomes the focal point for the orientation and management of local development. There are many services that the councils render for the development of the community and country at large. These services at times are not understood or used by the people concern. This is why the perceptions of the households in Mbengwi was sorted out to see if they are aware of these services, whether they use these services, the time taken to render these services, cost and quality of these services, their general appreciation of the services, dissatisfactions and expectations. The different services that were selected for this exercise were Issuance of a birth certificate, certification of official documents, death certificate, certificate of residence etc.

3.5.1.   Availability and usage of council services

The Mbengwi council renders different services to its people which include amongst others issuance of birth certificates, marriage certificates, building permits.The table below gives a clear picture of the proportion of households in the MBENGWI council who have requested for a council service, the time spent to obtain the service within the last 12 months and their opinion regarding the reception for the said service.

During the last 12 months in the Mbengwi Council area, only about 19.2% of the households requested for issuance of birth certificate and amongst those who requested for this service, 88.1% declared that they had a good reception. With regards to the waiting time, 53.2% said it took them between one day and a week for their needs to be met, 21.9% had their needs met in less than one day and 15.2% took between a week and one month. The rest took between 3 months while some were still waiting to be served. About 19.2% of the households also requested for certification of official document and 77.9 % of these number said that they were well received. Very few people have visited for building permit that is about 1.3%, death certificate 1.0%, marriage certificate 5.1%, 5.9% of the households went to request for information and 3.5% for other services not mentioned. The proportion of the households that has requested for other services in the council is too small and this raised a fundamental problem. Are the households aware that the council offers these services? A lot of awareness creation is thus needed for the households to the use of these council services.

Table 33: Requested for a council service and time spent to obtain the last 12 months and appreciation of the services.

Services	Proportion of households which have requested for a service in the last 12 months	Proportion of households which are of the opinion that the reception for the said service was good	Time spent to obtain the services					
			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	19.2	88.1	21.9	53.2	15.2	1.6	1.5	6.6
Certification of official documents	9.2	77.9	*	*	*	*	*	*
Building permit	1.3	*	*	*	*	*	*	*
Death certificate	1.0	*	*	*	*	*	*	*
Marriage certificate	5.1	*	*	*	*	*	*	*
Certificate of Residence	0.0	*	*	*	*	*	*	*
Approval/Validation of localization plans	0.0	*	*	*	*	*	*	*
Request for Information	5.9	*	*	*	*	*	*	*
Others	3.5	*	*	*	*	*	*	*

Source: Scorecard study, Mbengwi council November 2017
*imply the data is insignificant

It is seen here that the households are not so much aware of the different services that the council offers. Even for those who know a bit, they hardly use them.

3.5.2. Cost and quality of services within the council institution

The table below highlights the proportion (%) of households in the MBENGWI council according to the reason for delay/bottle necks in rendering the services required. A number of households were interviewed to capture their opinions in terms of the time spent to get the services that they requested for from the Mbengwi Council during the last six months and the possible reasons for this delay. From the results, 6.1% of those who requested for birth certificate saw the waiting time to be long. As for certification of documents, 1.9% declared that the time taken to get this done was too long, 0.5 % for building permits, 1.8% for marriage certificates, 1.1% for request of information and 1.2% for other issues. There was no clear cut reason as to reasons for the delay.

Table 34: Proportion (%) of households in the Mbengwi council according to the cause of slowness/bottle necks in rendering the services required

Services	Proportion (%) of households who consider that the time taken to be served is long or too long	Cause of time to be lengthy or very lengthy for a service to be rendered				Proportion (%) of households who have paid a tip to obtain the services
		Unavailability of council staff / absent	*The absence of working material*	*Corruption*	*Other factors*	
Issuance of a birth certificate	6.1	*	*	*	*	*
Certification of official documents	1.9	*	*	*	*	*
Building permit	0.5	*	*	*	*	*
Death certificate	0.0	*	*	*	*	*
Marriage certificate	1.8	*	*	*	*	*
Certificate of Residence	0.0	*	*	*	*	*
Approval/Validation of localization plans	0.0	*	*	*	*	*
Request for Information	1.1	*	*	*	*	*
Others	1.2	*	*	*	*	*

Source: Scorecard study, Mbengwi council November 2017
*insignificant information

3.5.3. Appreciation of council services

The table below captured the proportion (%) of household in the MBENGWI council who declared that they have been involved or were informed on the council activities which included participation in the village assemble, council annual budget, income and expenditure of the council, support the village development actions and village planning. As far as the involvement of the village or quarter is concerned, 38.8% indicated that the council has supported the village/quarter planning, 34.5% have been involved in the village or quarter planning, 31.8% indicated they have been involved in the village/quarter programming and budgeting. 28.6% have participated in village assemblies and the 16.7% were communicated on the annual budget and expenditures of the council. The low percentage in responds to the household's involvement in the council activities is a call for concern and indicates non-satisfaction in this sector.

Table 35: Proportion (%) of household in the MBENGWI council who declared that they have been involved or were informed on the council activities

Proportion of household who declared that they have been involved or were informed on the council activities					
Participation in village assemblies	*Communication on the council annual budget*	*Communication income and expenditures of the council*	*Support the village/quarter in development actions*	*Involving the village/quarter in planning*	*Involving the village /quarter in programming and budgeting sessions*
28.6	7.6	9.1	38.8	34.5	31.8

Source: Scorecard study, Mbengwi council November 2017

3.5.4. Reasons for the non-satisfaction of the households with regards to the council services

Following the data on the table below relating to the proportion of the households who expressed their dissatisfactions in the manner in which council services are offered. A number of reasons were put forth as to why they were not satisfied. The reasons advanced for dissatisfaction are; cumbersome procedures, non-involvement of the populations in the management of development activities by the council, defaults inherent to the Council staff (absenteeism, corruption, poor reception, with regard to the processing of users' requests, poor visibility of the council action on the populations etc.

About 48.6% of households were generally not satisfied with the council services. Out of these number, 59.8% thinks that the council does not involve the population in the management of development activities, 19.9 % says there are cumbersome procedures with regard to the processing of users' requests, 75.4% are of the opinion that, there is poor visibility of the council action on the populations, another 20.8% of these households reported that it is due to defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc and unavailability of the council executive (the Mayors and his/her deputies) while 43.6 % attests of other reasons. Because of these different reasons for their non-satisfaction, a number of expectations were raised.

Table 36: Proportion (%) of households in the MBENGWI council not satisfied for the council services according to reasons for their non-satisfaction

Proportion (%) of households satisfied with council's services	Proportion (%) of households not satisfied with council's services	Amongst the households not satisfied, proportion (%) whose reason for their non-satisfaction is :					
		Cumbersome procedures with regard to the processing of users' requests	Non-involvement of the populations in the management of development activities by the council	Defaults inherent to the Council staff (absenteeism, corruption, poor reception, etc…)	Poor visibility of the council action on the populations	Unavailability of the council executive (the Mayors and his/her deputies)	Other
51.4	48.6	19.9	59.8	13.5	75.4	7.2	43.6

Source: Scorecard study, Mbengwi council November 2017

3.5.5. Main expectations in the services rendered by the council

A number of proposals as to the expectation of the households to the council services are found in the table below. These includes, closeness of the council to the populations, more transparency as far as management is concerned, increased communication by the council as far as its development actions are concerned, increased involvement of the populations in the decision-making process , As far as the expectation of these households are concerned, 47.2% of them expect an increased involvement of the populations in the decision-making process, 39.8 % of the households expect an increased communication by the council as far as its development actions are concern, 40% of the households expect more transparency as far as management is concerned, about 44.4 % of the households expect closeness of the Council to the populations while 62.1% talked of other reasons not mentioned.

Table 37: Proportion (%) of households in the MBENGWI council according to the expectations in council services

Proportion (%) of households whose expectations in 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
47.2	39.8	40.0	44.4	62.1

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

The most popular service requested by households is the issuance of birth certificates and certification of official documents. Most of those who go to the council go there for these services. For quite a long time the councils have been associated or identified with these services. The households of this council are of the opinion that the reception for these services is good**.** This study also revealed that, the council does not involve the population in issues related to finance/budgets especially when it comes to Communication on the council annual budget, programming and budgeting sessions. The households therefore feel left out when it comes to activities that have to do with finance. The council should improve on its communication as well as its involvement of the households in finance/budget related activities.

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3.6.   Conclusion and main Recommendations

The main concern of this study was to identify and analyse some of the major problems faced by the inhabitants of the Mbengwi 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 Mbengwi 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

3.6.1. RECOMMENDATION

The Mbengwi council stands the chance to achieve more if its approach to development is participatory. This approach will help to bring the major decision making units closer to the population so that decision making becomes everybody's business. This survey identified issues that if properly addressed, the quality of life as well as development goals at local and national levels will be achieved.

- The council should fit the scorecard mechanism (perception survey) into her annual plan/activities and even extend it to other sectors. With this put in place, this will enable the council to know the feelings, needs and expectations of its people before designing development projects.

- Selected village/quarter heads or members of the community should be co-opted to sit in alongside councilors during the budgetary and planning sessions of the council. This act will give the population a sense of belonging and increase their interest and participation in council activities thereby bringing about the much needed development in the community.

- The Council should also support the water management committee, private health care units and the PTAs in terms of finance and capacity building to better assist the government in service delivery in the sector of water, health and education respectively. These stakeholders have proven their worth in providing services in their respective areas as shown by data collected and analyzed during this study.

CHAPTER IV

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

4.1. Synthesis of the problems identified per sector

Table 38: Synthesis of problems in the Domain of Water in Mbengwi

Sector	Problem identified	Envisaged solution	Level of implementation	
			Local	Central
Water	Insufficiency of water points	Construction of new water points and boreholes in all quarters		■
		Identification of sites for the construction of catchments/boreholes.	■	
		Lobby for resources to construct bore holes	■	
	Poor management of water points	Improve on the management of water points	■	
		Train water management committee		■
		Put in place or Revamp water management committees for each water point	■	
		Reduce the time required to repair a broken water point	■	
		Supervision of the management committee by the Council and DD MINEE MOMO		■

Problem	Action		
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 Mbengwi for the extension of water to all quarters	▓	
	Provision of public stand taps/bore holes at central locations.		▓
High cost of water provision	Reduction in cost of water provision		▓
	Draft a complain to the service in charge	▓	
	Harmonization of rates		▓
Locked water points due to accrued bills	Privatise public water		▓
	Engage entrepreneurs to commercialise water and pay some percentage to the council		▓

Table 39: Synthesis of problems in the Domain of Health in Mbengwi

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 Mbengwi		▓
	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 Mbengwi to make available a weekly visiting Doctor		▓
	Poor quality/ insufficient equipment	Provision of more equipment		▓
		Lobby with the MP Mbengwi /NGOs for the provision of more equipment	▓	
		DMO/ Mbengwi Council to facilitate the provision of improved equipment		▓
	Insufficiency of drugs/pharmacies	Provision of more drugs Construction of pharmacies		▓
		Partner with transporters who can collect drugs from the administrative head quarter to the health unit	▓	
	High cost of access to health			

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

Table 40: Synthesis of problems in the Domain of Education in Mbengwi

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

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

Table 41: Synthesis of problems in the Domain of Council service in Mbengwi

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

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

4.2. Plan of Action for the various sectors

Table 42: Plan Of Action In The Water Sector

STRATEGY OF THE SECTOR: Improve access to quality portable water in communities of Mbengwi municipality

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Water	Improve access to quality portable water in communities of Mbengwi municipality	Rehabilitation of existing water schemes and creation of new ones	-verify the number of unused and broken water points and where new ones will be planted -Provision of technicians for the rehabilitation and creation of water points	Increased number of villages having quality water increased Number of new water catchments	Reports from the Divisional Delegation of water and Energy -Field reports -Reports from MECUDA	Increase in number of water sources -Availability of funds	Water is available and affordable in the community	Ongoing	The population, technical service of the council, VDC	Government water sector. NGOs Member of parliament. Council. Elites	To be determined through a careful feasibility study
			Protection of existing catchments	Number of catchments protected	Reports Photos	No intruders to destroy catchment	Quality of water improved and sustained	5years	VDC	Council	From studies

			To treat all existing water schemes	Recruitment of technicians for the treatments of water schemes -Periodic cleaning and treatment of water points	-Number of technicians identified -Number of water point treated -Number of water management committee members trained per village, mobilization is done in all quarter	Report from Council	Adequate financial and material support from the community	All existing water schemes are treated - Quality of water is improved, cleaning of water sources and treatment is frequent	Ongoing	The technical service of the council,	DD MINEE NGOs Member of parliament	To be determined through a careful feasibility study
			To improve on management of water points	Build the capacity of the water management committee and close follow up	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	DD MINEE NGOs Member of parliament	
			To improve on unused public water points	Privatise public water in Mbengwi urban	Number of reopened public water points	Reports Photos	Entrepreneurs are willing to take up the business	Constant availability of water in Mbenwi urban	1year	Mbengwi council	CAMwater Administration Quarter heads	Feasibility studies

Table 43: Health Sector

STRATEGY OF THE SECTOR: Provide quality health services to everybody in the Mbengwi by the year 2020.

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Health	Provide quality health services to everybody in the Mbengwi by the year 2020	To construct new health units in Mbengwi	Lobby for the construction of more health units in the Council area	Number of health units constructed	From the different reports from the different stakeholders	Increase in number of health units available,	Health units are created in Mbengwi Council area and public toilets constructed	Ongoing	The Ministry of Public health, technical service of the council, ,	Ministry of public health, NGOs Member of parliament Elites and council	To be determined through a careful feasibility study
		To Rehabilitate existing health units and extension of health units	Lobby for funds and more government action in the rehabilitation of health care units	Number of health care units rehabilitated	Reports from District Health Service -Field reports	-available rehabilitated health units Available funds for this activity	-Health units are rehabilitated and extended -Many health care units are available and there is an improvement in the quality of health	Ongoing	The Ministry of Public health, technical service of the council, ,	Ministry of public health, NGOs Member of parliament Elites and council	To be determined through a careful feasibility study

			Carryout needs assessment for health centre equipments in Mbengwi	Number of assessment reports available	List of equipments	Available funds Collaboration between district and council					
		To equip all the hospital, health units and health services of Mbengwi village	Lobby for equipment in the different health units	- All health units are well equipped (equip the hospital and health units to norm)	Report from all the stakeholders	Adequate funds -the health care unit put in place	Bed, rooms and other medical equipment are provided in the health care unit	Ongoing	The Ministry of Public health, technical service of the council, ,	Ministry of public health, NGOs Member of parliament Elites and council	To be determined through a careful feasibility study
		To recruit more health staff and ensure quality health in Mbengwi	-More health staff are recruited in Mbengwi	Number and quality of staff recruited	Reports from District Health Service	More staff are made available	There is an improvement in the quality of health	Ongoing	The Ministry of Public health, technical service of the council, ,	Ministry of public health, NGOs Member of parliament Elites and council	
			Encourage performance based financing in health district in Mbengwi	Number of personnel motivated	Registers Reports Payment sheets	Availability of funds	Quality of health care improves				

Table 44: Education Sector

STRATEGY OF THE SECTOR: To improve access to quality basic education such that in future, children of school age should have good schools to attend by 2023

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Education	**To** Improve access to quality basic education such that in future, children of school age should have good schools to attend **by 2023**	To create, construct and equip nursery, primary and secondary schools and renovate or rehabilitate existing schools in Mbengwi Municipality by 2035	Lobby the government for the creation/construction of more schools and classrooms	-Number of schools and classrooms constructed and well equipped -Increase in the investment budget in the ministry of Basic Education	From different reports presented	-Sufficient public funds available -Increase in number of schools at all the cycles available	More staff are available and committed to teach in the various schools _Reduction in time taken to reach the nearest school	Ongoing	The population, Ministries concern, technical service of the council, PTA,	Ministry of Basic /Secondary education, council, elites, NGOs, Member of parliament	To be determined through a careful feasibility study
		To staff all the schools with qualified teachers by 2035	Lobby for more trained teachers to be employed in the different schools created	-Number of teachers recruited -Decision posting Teachers to schools, -Assumption of duties	Reports	-More staff in nursery, primary and secondary schools are available	Teachers available in school cycles	Ongoing	VDC, council, State, elites, parliamentarians, PTA	Ministry of Basic/ Secondary education, -council	To be determined through a careful feasibility study

		To equip the school with basic infrastructure and to renovate existing schools	Equipment of more classrooms (board, benches etc)	All the schools in Mbengwi council have enough basic infrastructure for quality education	Reports from the different actors	More available classrooms well equipped -Available funds for this activities	More available and equiped classrooms with permanent material and children learn in conducive condition	Ongoing	The population, technical service of the council, Mayor VDC, management committee, PTA	Related Ministry	To be determined through a careful feasibility study
		Improve access to quality primary and secondary education within Mbengwi	-Recruit well trained teachers –Having a conducive learning environment -Students and pupils having access to distribution of textbooks	-Increased number of nursery and primary schools equipped and staffed by government -Improved performance in public exams	Report from the different sectors, results from public exams	More and varied textbook are made available for teaching -well trained teachers	Children have access to quality education _results is improved	Ongoing	The technical service of the council, - Mayor -MP -PTA -Elites	Ministry of different cycles	To be determined through a careful feasibility study

Table 45: Main Council Services

STRATEGY OF THE SECTOR: To empower council on their development processes and in the importance of population's involvement in the council planning and actions

Sector	Objective	Specific objective	Actions	Verifiable indicators	Means of verification	Assumptions for realisation	Expected results	Period	Responsibility	Partners	Estimated cost
Council services	To empower council on their development processes and in the importance of populations involvement in the council planning and actions	Ensure participatory governance, security, accountability and good governance	Invite the population during council sessions	Number of stakeholders in the meeting -The number of meetings held with the different administrators in the Mbengwi	Reports from the council, SDO and DO	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 -The population	Mayor PNDP MPs	To be determined through a careful feasibility study
		To involve the population in decision making	Invite the population during council sessions	Number of stakeholders and socio professional group who attended the council session	From council reports and attendance sheets, invitation letters distributed, council notice board, Dispatch letters	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 through a careful feasibility study

Ensure participatory governance, security, accountability and good governance	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 cahier The SG	Divisional treasury, Other financial services	
Develop leading practice tools and templates for councils to adopt in -Decision making; Financial planning; Community engagement and participation; Delegations; Compliance; Effective council meetings.	Identify the different area, tools for the development of these templates	Different tools available	Reports	Available funds for this activity	Increase knowledge in the different activities of the council -Access of the population to decentralised services,	Ongoing	technical service of the council, Mayor	PNDP MINADT NGOs Mayors Elites	To be determined through a careful feasibility study
Develop a 'Good Governance Guide' to establish a sector-wide understanding of what good governance is.	-trainings on good governance	-training modules -Number of training sessions organized -	_Training reports -		Capacity of all staff and Mayors are built on good governance				

PROGRAM FOR THE PUBLISHING OF RESULTS AND THE PRESENTATION OF AN ACTION PLAN

DATE	VENUE	ACTIVITY	EXPECTED RESULTS	PERSONS RESPONSIBLE
	PVC and Mbengwi 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)	SRCM supervisor for Mbengwi, CDO Stakeholders
	Mbengwi council	2. Organisation of the workshop to restitute, 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	SRCM supervisor for Mbengwi CDO Stakeholders
	PVC	3. Writing of report	01 report is written taking in to consideration the various observations made by participants of the workshop	SRCM supervisor for Mbengwi
	PNDP	4. Submission of final Report	A final report is submitted to PNDP for technical validation	PVC

PICTURE GALLERY

Picture 1: End of training test

Picture 2: Field Work

ANNEXES

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

Mbengwi COUNCIL

1. Team Leader: SHEI WILLIAM KANJO

2. Coordinator Support : CHEYEH Julius NGWAN

S/N	NAME	FUNCTION
1	**Confidence MUNKU JATO**	**Council Supervisor**
2	AWASUM NGWENETAH	Enumerator
3	TEBUCK DESMOND T	Enumerator
4	ACHUASAH MESECK T	Enumerator
5	MUNA GODLOVE B	Enumerator
6	CHUM IDADI	Enumerator
7	FOCHO COLINS	Enumerator
8	MENU ELVIS	Enumerator
9	EMELDINE MBU	Enumerator
10	CHUM MARTHA	Enumerator
11	FONJONG TAT M	Enumerator

Annex 2: Questionnaires of the Scorecard study

MINISTERE DE L'ECONOMIE, DE LA ECONOMY, PLANNING AND REGIONAL
ET DE L'AMENAGEMENT DU TERRITOIRE
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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 ………………..

	Section I. BACKGROUND INFORMATION	
A01	Region _____	|__|__|
A02	Division _____	|__|__|
A03	Council _____	|__|__|__|
A04	Batch number_____	|__|__|
A05	Enumeration Area Sequential number	|__|__|
A06	Residence stratum : 1=Urban 2=Semi-urban 3=Rural	|__|

A07	Name of the locality _____	
A08	Structure number_____	|__|__|__|
A08a	Household number in the sample	|__|__|
A09	Name of the household head _____	
A10	Age of the household head (in years)	|__|__|
A11	Sex of the household head : 1=Male 2=Female	|__|
A12	Name of the respondent _____	
A13	Relationships between the respondent and the household's head (see codes)	|__|
A14	Sex of the respondent: 1=Male 2=Female	|__|
A15	Age of the respondent (on a bygone-year basis)	|__|__|
A16	Phone number of the respondent	|__|__|__|__|__|__|__|__|__|
A17	**Date of beginning of the survey**	|__|__|/|__|__|/|__|__|__|__|
A18	**Date of end of the survey**	|__|__|/|__|__|/|__|__|__|__|
A19	**Name of the enumerator** _____	|__|__|
A20	**Name of the council's supervisor** _____	|__|__|
A21	**Data collection result**	|__|

A21
1=Complete Survey   4=Absence of a qualified respondent
2= Incomplete Survey   5=Empty house or no house responding to the given address
3=Refusal
    (If the answer is different from 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 la st 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 A. Far distance to access the health care units |_| B. Poor quality of services provided |_| C. Insufficiency of existing health care units |_| D. Defaults related to the health care unit staff |_| E. Poor management of the health care unit |_| F. Insufficiency of drugs |_| G. Poor quality of/Insufficiency of equipments |_| H. High cost with regard to health care access |_| X. To be specified) : _____ |_|
S20	What are your expectations with respect to health care services? Any other espectations?	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 A. Parents-Teachers' Associations (PTA) B. The Mayor (Council) C. A village organisation D. MINEDUB/MINESEC/MINEFOP E. Elites X. Other partners/stakeholders (to be specified) _____ Any other?	|—| |—| |—| |—| |—| |—|	|—| |—| |—| |—| |—| |—| |—|	|—| |—| |—| |—| |—| |—|	|—| |—| |—| |—| |—| |—|
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 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=Unavailabestaff /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