



Government of Islamic Republic of Afghanistan

# Citizens' Charter

## National Priority Programme

December 2016

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## Introduction

The Citizens' Charter is a foundation stone for realising the government's self-reliance vision. It is a promise of partnership between the Afghan state and its thousands of communities. The Charter is a government commitment to provide every community/village in Afghanistan with basic services, based on community's own prioritisation. Built around the use of unified community-level budgeting and financial reporting. Under the Charter communities can oversee their own development goals, monitor the quality of service delivery, and report grievances to authorities and civil society. The Charter will promote inclusive development and accountability at all governance levels. It will give a voice to vulnerable groups such as women, returnees, and the poor.

The Citizens' Charter was first introduced in the "Realising Self Reliance" policy paper. Afghanistan has over 15 years of successful community development experience in urban and rural context and most notably from the NSP, but also from other government and non-governmental programmes that have built partnerships with communities. These successful partnerships underpin the Citizens' Charter, which will transform individual projects into a sustainable programme across Afghanistan.

Community Development Councils (CDCs) are the heart of the Citizen's Charter. First established under the National Solidarity Programme (NSP), they are tasked with planning, negotiating, and managing development investments. The Councils are trained in financial management and bookkeeping, and in basic principles of transparency, participation, and accountability. Existing *Shuras*, such as health, education, and agriculture committees, will be integrated as subcommittees to the CDCs. They will carry out technical functions and coordinate with line ministries, while providing CDCs with their full financial and planning information, allowing rural and urban communities to manage and implement a single and transparent budget and development plan.

As the Charter is a partnership, communities and CDCs will uphold a basic set of responsibilities that make up their side of the Citizens' Charter. These include: ensuring safety and access for staff; being inclusive and ensuring that the poor and vulnerable get special attention; providing basic operations and maintenance from community resources; participation in cash or kind in the financing of their development projects; and ensuring village financial transparency and integrity. CDCs are also responsible to ensure that communities, guided by the key sub-committees (health, education, agriculture, sanitation, youth, and women's empowerment) mobilise people to create development initiatives that achieve outcomes without external funds.

Under the Citizens' Charter, all people of Afghanistan will be entitled to a basic package of services, which will include universal access to clean drinking water; quality education in government schools; delivery of Basic Package of Health Services. In rural areas, communities will also receive one or more of the following: basic electricity from renewable sources, basic road access, or small-scale irrigation infrastructure. Urban communities will be provided with access and drainage improvement; solid waste management; creation of park for women and playground for children; improved water supply; and electricity for lighting. Coverage of services in urban areas will be based on the needs identified by CDCs.

Consolidating service delivery under the Citizens' Charter brings many advantages to Afghanistan's development programming. First, using a coordinated approach to community partnerships is vital to ensure the efficient use of scarce resources. Not only is community-built and managed infrastructure

cheaper than nationally-led projects, but communities are much more willing to contribute land, labour and cash to build and maintain projects that they themselves have proposed. Second, community-owned programmes which allow communities to negotiate and deliver on their priorities produce higher satisfaction rates, are more accountable, and less corrupt than top-down decision making. Community-led projects also benefit from extensive local knowledge, which can help improve performance and reduce disputes. Third, community programmes have the best track record for involving women in local decision-making, a priority policy objective of the government. Broadening the scope of their remit and oversight will further advance that goal. Finally, transferring resources and responsibilities for local level management to communities lightens the load on Afghanistan's overstretched agencies, which can then concentrate on mandated technical programmes.

Community level projects support basic infrastructure that lay the foundation for economic growth. At the local level, community development programmes provide high internal rates of return. For example, road construction helps to reduce transport times and small-scale irrigation canals increase crop productivity. Previous community development programmes in Afghanistan have a rate of return estimated at around 35%, which measures well against global averages. Social investments, such as health and education, are basic responsibilities for any government that is committed to reducing poverty. But they are also preconditions for larger transformative investments.

Agriculture services delivered by the Ministry of Agriculture, Irrigation and Livestock, will be coordinated through CDCs, particularly for targeting initiatives for poor and vulnerable populations. Provision of inputs for wheat production; horticulture input packages; rehabilitation of irrigation networks and on-farm water management; conservation of natural resources; and provision of veterinary services will ensure income generation and economic development both in the community and at the national level.

For the first time, Afghanistan's urban and rural community development programmes will be joined under the same umbrella. The Citizens' Charter in Cities (CCC) programme will build on the national urban community development experience, under which 1,800 CDCs have been established. CCC will be a national programme, coordinated by the Independent Directorate for Local Governance (IDLG) and Kabul Municipality, in close collaboration with line ministries and independent directorates. IDLG will be establishing a Municipal Coordination Body at urban centre to coordinate development interventions under the municipal authority.

Services in urban areas will focus on quality education and healthcare, including monitoring mechanisms for private healthcare providers and pharmacies. Infrastructure projects will focus on needs specific to urban populations, including roads, drainage, sidewalks, solid waste management, parks and playgrounds, lighting, and green spaces. The programme will have a strong focus on delivering services to informal settlements and returnees. The programme will start in Herat, Mazar-e-Sharif, Kandahar, and Jalalabad and then would expand to cover one third of urban centre for the first phase and all the provincial urban centre in the second phase and the district urban centres at third phase. All provincial capitals, including Kabul, will be covered in phase one. The roll-out will be coordinated with the land certification programme that provides urban communities with secure tenure and municipalities with resources to make investments in their communities.

The Charter will promote good governance at the local level, where most Afghans interface with government. Under the Charter, line ministries are responsible for delivering outputs in each of their

respective technical areas. With the exception of a small biannual grant to communities for basic maintenance, all funds flow through the responsible line ministry.

Over time, health and education infrastructure at the sub-district level will be managed by CDCs. Communities will also be responsible for overseeing the delivery of services and the reporting of problems such as absenteeism or illegal payments. Scorecards will be used for in health and education facilities to ensure they are staffed and operating as per their mandate, and to prevent ghost teachers and schools. Score Cards will also be applied by communities to monitor and provide feedback to relevant line ministries on the infrastructure built in communities and to ensure that the non-facility Minimum Service Standards (MSS) are met.

The Citizens' Charter assigns critical roles to governors and mayors in holding line ministries accountable, including oversight and coordination. Achieving national coverage under the Citizens' Charter will take around 10 years and three phases. In its first four-year phase, the Programme will cover approximately one third of the districts in 34 provinces and all provincial capitals, reaching over 12,000 rural and 1208 urban communities. Because of its modular design, it can be scaled up or down depending on the availability of funds.

Services covered by the Citizens' Charter are the basic responsibilities of any government and, for this reason, over time they should move to the recurrent budget. Analytical work under the Citizens' Charter will explore opportunities for more private sector involvement in basic service delivery (health, education, agricultural extension), as well as innovative measures to increase local revenue collection and local contributions.

Technical support for the Charter will come from qualified facilitating partners. A sustainability strategy will ensure core functions are transferred to government positions after three years of capacity building. The Citizens' Charter NPP will have a whole-of-government communications strategy to ensure that all stakeholders, particularly villagers and urban communities, are aware of the objectives and the services that will be delivered through the Charter. Facilitating Partners will have to follow stipulated branding guidelines.

After forty years of conflict, corruption, and disillusionment, no task is more important than rebuilding the trust between the people and the government. The Citizens' Charter is a promise of partnership. Equally as important as the services it provides is the process that it follows. A government that is transparent, democratic, responsive, and respectful of local knowledge will restore people's faith in the benefits of peace and the possibility of justice.

## Situation Analysis

Following the fall of the Taliban government in 2001, Afghanistan has been the focus of a large-scale reconstruction effort that has gone through a number of phases. The peace and reconstruction agreements reached in Bonn produced a national constitution, a restructured executive branch headed by a president, and an elected national parliament, nearly a third of which consists of women representatives. This first phase of reconstruction launched quickly, with donors using the World Bank-managed Afghanistan Reconstruction Trust Fund (ARTF) to pool funding in support of a core set of national governance and service delivery programmes.

From 2008 onwards, reforms began slowing, coinciding with a return of insurgency and an increase in cross-border attacks. During this period corruption increasingly spun out of control and reforms tapered off, resulting in popular disillusionment with the government. At the same time, the international coalition announced its plans to withdraw over 100,000 troops by 2014, with a target of full withdrawal and handover to the Afghan government by 2016. To help smooth that transition, an International Conference held in Tokyo in July 2012 committed development assistance for the next ten years at levels that were intended to allow the country to maintain a slow glide down from the unrealistically high levels of international aid to more sustainable levels of aid that would complement rather than replace national revenue and expenditure.

Many of the initial assumptions that supported this scenario however did not prove to be realistic. Levels of violence rose significantly, forcing the government and donor partners to maintain high levels of security expenditure. The contested election of 2014, which brought the current National Unity Government to power, led to long delays in naming key government appointments, which not only prevented the new government from following through on policies, but also deterred Afghan and outside investors from marshalling private sector resources into the Afghan economy, where they could create jobs. And both donors and the new government were not expecting the size of the fiscal gap inherited from the outgoing administration, which was filled only when donors agreed to move outer year pledges forward.

Despite the political and security upheavals over the past 15 years, some notable economic and social progress on post-conflict reconstruction was achieved. From 2003 to 2012, economic growth averaged 9.4 percent annually, driven primarily by aid and security spending. This positive economic growth helped raise GDP per capita from US\$186 in 2002 to US\$688 in 2012. Key human development indicators including school enrolment, life expectancy, and access to safe drinking water also improved markedly. School enrolment increased from 1 million in 2001 to 9.2 million in 2016. Today, girls account for 39 percent of school children compared to nearly none in 2001. In the health sector, primary health care coverage expanded significantly and infant and maternal mortality rates declined. Major infrastructure investments have led to gains in access to safe drinking water, sanitation, electricity, and road connectivity. <sup>1</sup>Afghanistan has held five national elections since 2001, established a more open environment for the media and civil society, and drastically increased women's participation in government, business, and public life.

Major security threats however pose formidable challenges to continuing socio-economic progress. The foremost constraint facing Afghanistan's development prospects is the on-going conflict and its

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<sup>1</sup> Central Statistics Organization of Afghanistan (CSO). 2016. *Afghanistan Living Conditions Survey 2013-2014*.

broader implications for the economy and society. Afghanistan is a deeply fragile and conflict-affected country. Nearly four decades of protracted conflict have resulted in weakened government institutions and severe social and ethnic cleavages. The three most relevant sociological fracture lines concern ethnic and tribal identity; rural versus urban divides; and varying beliefs in the changing role of women in political and economic life. Fragility and conflict continue to be critical threats to personal safety, public service delivery, and private investments. According to the United Nations (UN), civilian casualties are on the increase, with 2015 recording the highest level on record of conflict-related civilian deaths and injuries. The latest July 2016 report by the United Nations Assistance Mission in Afghanistan covering the period April-June 2016 estimated that civil servants had access to only 60 percent of districts, the lowest figure recorded since 2007, when access stood at over 80 percent.<sup>2</sup>The lack of security affects Afghan citizens on a daily basis and makes the government's delivery of services across the country's 34 provinces extremely difficult.

Despite earlier accomplishments, Afghanistan remains one of the least developed countries in the world. Poverty rates stand at 39.1 percent as of 2013-14, with signs of growing inequality. Gaps in access to services between the poor and non-poor are sizeable. Economic growth fell sharply to 1.5-2 percent in 2014 and 2015 respectively. Donor plans to reduce foreign aid is another major challenge. Afghanistan is highly dependent upon foreign aid, which amounted to 45 percent of GDP in 2013. Security expenditures are remarkably high (with on-budget and off-budget security spending amounting to approximately 25 percent of GDP in 2014), thus limiting fiscal space for much needed civilian operating and development spending. Furthermore, the country's demographic trends make poverty reduction challenging. Afghanistan faces high population growth and a youth bulge, with 400,000 entrants into the labour force each year. The proportion of the population aged 15 or below is 51.3 percent, making Afghanistan one of the youngest countries in Asia with extremely high dependency ratios. These demographic pressures are in the future likely to be exacerbated by significant numbers of returning refugees and internally displaced persons (IDPs). Lastly, vulnerability to weather-related shocks and natural disasters is high in Afghanistan, especially among poorer households.

In 2003, and in response to the severe deficit of basic services and trust in central government's abilities, the newly installed government of President Karzai established the National Solidarity Programme (NSP). NSP is one of the earliest World Bank-funded initiatives which has used a community-driven development approach. NSP has reached approximately 35,000 communities over the past 14 years. NSP is an on-budget programme implemented by the Ministry of Rural Rehabilitation and Development (MRRD) that provides block grants to communities so that they can invest on the basis of community development plans formulated with the help of Facilitating Partners (usually NGOs) hired and managed by the government. NSP has helped establish CDCs across all provinces of Afghanistan. Half of all council seats are allocated to women, giving them the opportunity to participate in decision-making at the village level and a forum to voice their opinions. NSP has worked through CDCs to identify and implement some 82,000 small-scale reconstruction and development activities, providing over 20 million Afghans with access to one or two of the following services: improved water supply and sanitation, rural roads, irrigation, power supply, health, and education. The programme has generated 47.8 million days of work for skilled and unskilled workers, injecting much needed short-term wage transfers into poor rural communities throughout Afghanistan. NSP's recent Maintenance Cash Grant (MCG) programme, which has so far reached more than 9,000 communities, helps to ensure that the employment

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<sup>2</sup>UNAMA. 2016. *Civil Servants Districts Accessibility*, April to June 2016.

generated would also provide an estimated two to three months of food security to participating households.

From the perspective of the national government, while NSP has been a major success story, it also operates under a number of constraints. First, the NSP model was never adopted by Afghan cities, even though several of the same NGOs that execute NSP have been running small but successful projects of their own in urban areas. Second, other line ministries have been reluctant to work through CDCs, viewing them as project committees of MRRD and NSP only. This approach has resulted in fragmentation and parallel channels of service delivery. And third, NSP block grant sizes are too large for the government to sustain over the long term given the fiscal scenario for the country. At US\$200 per family and an average block grant size of approximately US\$38,000 per community, national coverage – which would require at least 50 percent of the Government’s development budget<sup>3</sup> – would be unsustainable. Gaps in service delivery for the poor would in the future need to be filled in a more harmonised and coordinated manner working across multiple ministries.

In response to these and other clear development challenges, in December 2014, the new National Unity Government declared its commitment to reform and recovery through its paper “Realising Self-Reliance: Commitments to Reforms and Renewed Partnership.” That paper, presented at the London Conference, outlined a reform agenda aimed at helping the country move towards peace, recovery, and growth.<sup>4</sup>The Government prioritised seven programmatic areas of critical importance for reform: (i) improving security and political stability; (ii) tackling the underlying drivers of corruption; (iii) building better governance; (iv) restoring fiscal sustainability; (v) reforming development planning and management; (vi) bolstering private sector confidence and creating jobs; and (vii) ensuring citizens’ development and securing human rights.

Within the last pillar, the Government promised to develop a Citizens’ Charter that will set a threshold of core services to be provided to all communities and help make CDCs inclusive and representative bodies. Consequently, in September 2015, the Government announced its intention to launch the Citizens’ Charter National Priority Programme (“Citizens’ Charter”) as one of twelve national priority programmes meant to implement the reform agenda.

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<sup>3</sup>Calculations based upon analysis from report of Bradley, Sean, Robert Wrobel, Makiko Watanabe, Naila Ahmed, and Richard Spencer Hogg. 2015. *Technical Assistance Paper on the National Solidarity Program of the Islamic Republic of Afghanistan*. Washington, DC: World Bank.

<sup>4</sup>Government of Afghanistan. 2014. *Realizing Self-Reliance: Commitments to Reform and Renewed Partnerships*, presented at the London Conference on Afghanistan in December 2014.

## NPP Design Process

The Citizens' Charter is a whole-of-government effort that will link rural and urban communities, districts, provinces, municipalities and the central level. It is the first inter-ministerial, multi-sectoral NPP, where Ministries are collaborating on a single programme, with presidential oversight. The programme was designed collaboratively with the Ministry of Agriculture, Irrigation and Livestock (MAIL), Ministry of Education (MoE), Ministry of Public Health (MoPH), Ministry of Rural Rehabilitation and Development (MRRD), the Independent Directorate of Local Governance (IDLG) and coordinated by the Ministry of Finance (MoF). A deputy-minister-level working group reported on progress directly to the President, and a technical-level working group worked on the technical design. The close coordination of the multi-ministerial working group helped to facilitate a process which has led to full ownership of the Citizens' Charter across all of government.

Consultation was also held with civil society organisations and NGOs, particularly those who have implemented community driven development projects in the past, to learn from best practices and make relevant recommendations for the Charter. Importantly, the opinions and views of CDC representatives were also taken into account for the design of the programme, as per the CDC Declaration from the Autumn 2014 CDC Jirga.

## Programme Overview

The Citizens' Charter aims to contribute to the Government's long-term goals of reducing poverty and deepening the relationship between citizens and the state. It will achieve this in two ways. First, by providing development services and grants through CDCs, the government will be increasing trust that a distant government can nevertheless provide valued local benefits. The Charter will play an important role in 'nation-building' as it will connect government, especially local government and municipalities, with its citizens. Second, using community oversight for service provision through a high profile government programme is the best way to monitor local level service delivery in such a difficult environment. While neither goal will be achieved solely through the Citizens' Charter, the Charter builds upon NSP's proven fiduciary mechanisms and popularity across broad swathes of the Afghan public, making it a potentially valuable platform for supporting inclusive development in a country like Afghanistan.

### Programme Objective:

The Citizens' Charter aims to improve the delivery of core infrastructure and social services to all communities in Afghanistan over the next ten years through CDCs.

### Programme Beneficiaries:

Under its first four-year phase, the Citizens' Charter will reach an estimated 8.5 million direct and indirect beneficiaries in select rural and urban areas. Beneficiaries reside in all 34 provinces and approximately one-third of districts in each province, although coverage is dependent on security considerations.<sup>5</sup> All rural villages will be covered over the next 10 years. In addition, four urban cities will be covered starting in 2017 (Herat, Mazar-e-Sharif, Kandahar, and Jalalabad), with coverage in Kabul and other major urban centres planned to start in the first phase and full coverage of all provincial and district provincial capital planned over the next ten years.

### Key Results Indicators for Phase 1:

- Minimum of 8.5 million direct and indirect beneficiaries reached;
- Minimum of 50 percent of direct and indirect beneficiaries will be women;
- Minimum of 9,000 communities in rural and urban areas receiving the stated minimum service standards. The minimum target is estimated at 9,000 communities (8,600 rural and 400 urban) due to high risks of insecurity and fluctuating conditions. However, the overall coverage target is planned for 12,600 total communities (12,000 rural and 600<sup>6</sup> urban communities); and
- Minimum of 10,500 CDCs/clusters/*Gozaars*<sup>7</sup> able to plan, implement, monitor and coordinate development activities as measured by an institutional maturity index.<sup>8</sup>

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<sup>5</sup> MRRD and its FPs under NSP have recently conducted security assessments in 31 provinces and 152 districts to gauge the feasibility of operations at the community level. They have found that in two-thirds of the country (21,800 communities), operations can continue; however the other one-third of the country (approximately 14,000 communities) is deemed highly or extremely insecure.

<sup>6</sup> Citizens' Charter will roll out in over 600 cities in its first phase. As the programme is new under government implementation in urban areas, roll-out will begin with 600 CDCs in 2017 and expand as feasible.

<sup>7</sup> *Gozaar* is a neighborhood area based organization structure at the sub-district level.

## Minimum Service Standards:

Rural Areas	Urban Areas
<p><b>Access to Clean Drinking Water</b></p> <p><b>Access to Rural Infrastructure.</b> Choice of:</p> <ul style="list-style-type: none"> <li>▪ Road access</li> <li>▪ Electricity (in areas not reached by grid)</li> <li>▪ Small-scale irrigation</li> </ul>	<p><b>Access to Urban Infrastructure.</b> Choice of:</p> <ul style="list-style-type: none"> <li>▪ Potable water</li> <li>▪ Street upgrading and drainage</li> <li>▪ Lighting, electricity</li> <li>▪ Park, recreation area</li> <li>▪ Solid waste management</li> <li>▪ Household numbering</li> <li>▪ Livelihood projects for women</li> </ul>
<p><b>MoPH Health Standards</b></p> <ul style="list-style-type: none"> <li>▪ Health facilities complying with required open hours, staffing, and mandated health services</li> <li>▪ In urban areas, pharmacies will be registered and meet basic MoPH requirements</li> </ul>	
<p><b>MoE Education Standards</b></p> <ul style="list-style-type: none"> <li>▪ Teachers with a least grade 12 education</li> <li>▪ Students will have 24 – 36 hours per week of education</li> </ul>	

## From the National Solidarity Programme to the Citizens' Charter:

**Citizens' Charter will seek to address key limitations of line agency efforts and NSP to date, and respond to financial constraints to national development investments.** First, it will bring together under one umbrella programme the rural and urban community level work. Afghan cities are growing at a rapid rate, caused by rural urban migration accompanied by an influx of returning refugees and internally displaced persons. The population of Afghan cities is expected to double within the next 15 years and by 2060, one in every two Afghans will be living in cities.<sup>9</sup> The 2013-2014 Afghanistan Living Conditions Survey estimates that 74 percent of the urban population lives in slums. Informal settlements in major cities are growing while the number of poor – an estimated 29 percent of the urban population – do not have access to basic services. As urban areas have spread over the years, NSP and other projects have formed 366 urban CDCs and around 1,500 peri-urban CDCs to increase community participation, give voice to urban residents, and provide some vital services. The Citizens' Charter will build upon the ground work already being done in urban communities using the methodology of Community Driven Development.

**Second, consolidating service delivery under the Citizens' Charter brings many advantages to Afghanistan's development planning.** First and foremost, it will streamline the various parallel service delivery mechanisms amongst ministries and focus on key basic services needed by communities. Afghanistan's poor need to have access to a basic level of services in order to participate productively in the country's economic development. The Charter aims to fill these needs and focus investments exclusively on critical services, such as clean drinking water, road access and

<sup>8</sup>Under NSP, a CDC Maturity Index was developed to assess the organizational and management capabilities of CDCs. This Maturity Index will be enhanced for use under the Citizens' Charter.

<sup>9</sup>Government of Afghanistan. 2015. *The State of Afghan Cities 2015*. Kabul: Government of Afghanistan.

electricity. Second, by strengthening citizen engagement and monitoring in the delivery of services such as education and health, it increases the chances of those services actually being delivered. Third, by transferring resources and responsibilities for local level infrastructure to communities, it frees up technical line agencies to focus upon larger, more technically sophisticated infrastructure. As evidenced during the past 14 years of NSP, communities feel more ownership of their infrastructure. Despite their high rates of poverty, Afghan communities contribute approximately 13 percent on average to NSP's construction costs ( 25 percent on average in urban areas), and they can build infrastructure more cost effectively using local labour. The emphasis on labour-intensive works and use of local labour injects valuable liquidity and short-term employment into poor communities. And lastly, community programmes have had the best track record in Afghanistan for involving women in local decision-making. Further, the programme would build the capacity of government institution in good governance and citizens engagement in planning and project implementation to sustain infrastructure projects.

**This transition means that there will be increased emphasis on linking CDCs with local government institutions and ministries following a systems-based rather than project-based approach.** CDCs will focus much more in the future on monitoring and leveraging services from the various line ministry programmes and other national priority programmes. This role is consistent with the 2006 CDC By-Law (See Box 1). In the past under NSP, there has been some incremental progress in using CDCs to coordinate service delivery across various sectors, especially given the difficulties for all line ministries to reach communities. For example, the Ministry of Agriculture has worked closely with CDCs in several areas to deliver agricultural extension services to communities; in other areas, the Provincial Education Departments have worked hand-in-hand with CDCs in remote areas to construct schools and add facilities. Past studies highlight the advantages of working through CDCs for geographical and social outreach especially to remote and insecure areas, as well as to the most vulnerable groups.<sup>10</sup> However, those efforts have been ad-hoc and non-systematic. Moving forward, the Citizens' Charter will build upon the community platform created through NSP over the past 14 years and strengthen the partnership between government and communities. CDCs will be the means by which citizens can demand services, hold line agencies accountable, and ensure that the poorest and most vulnerable can access services.

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### **Box 1: Community Development Council in Afghanistan**

CDCs are community-based decision-making bodies, composed of both men and women who are democratically elected by their communities. While the Afghanistan Constitution calls for the election of village councils, these have not yet been constituted nor is it feasible to hold formal village level elections throughout the country currently given security and fiscal constraints. Thus, CDCs act as the subnational governance and development body to help the government deliver services at the local level. A 2006 CDC By-Law passed by the President of Afghanistan forms the legal basis for CDCs. The By-Law defines CDCs as "the social and development foundation at the community level, responsible for the implementation and supervision of development projects, serving also as a liaison between communities, the Government and non-government organisations." They also may have responsibilities for local dispute resolution amongst community members as well as assisting with identity, birth, and marriage certification, although those responsibilities are highly variable across areas.

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<sup>10</sup>Bradley et al., 2015.

Each CDC includes an elected chairperson, vice-chair, treasurer and secretary who jointly prepare with their communities Community Development Plans and investment proposals in a participatory and inclusive manner. Under NSP and other projects, CDCs were trained in financial management and book-keeping, project implementation, and in basic principles of transparency, participation, and accountability. As with *gram panchayats* in India, and grass-roots governance councils in developing countries, CDCs are composed of volunteers who are committed to helping their communities develop. Nationally, approximately 35 percent of the Council members are women. NSP's impact evaluation found that the creation of gender-balanced CDCs increased female representation in local institutions by 38 percentage points and increased the provision of governance services particularly to women (Beath et al, 2013). Furthermore, another evaluation on aid distribution by the same authors found that in villages where elected CDCs exist and manage distributions, aid targeting of the poor improves.

Approximately 35,000 CDCs have been formed in all rural areas of 34 provinces. In urban and peri-urban areas, around 1,800 CDCs have been formed. Cluster CDCs are groupings or federations of smaller CDCs covering several communities to reach scale, especially for service delivery in health and education. In the urban domain, the CDCs – composed of up to 250 households - are organised into *Gozars*, which are clusters of around five CDCs or up to 800 – 1,250 households.

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**To provide improved services, the Citizens' Charter will set a threshold of core infrastructure and services that the government will provide to all accessible communities over the next ten years.**

The critical services include: clean drinking water, other rural infrastructure as well as basic education and health services as explained below. The Charter is not only about the delivery of services but also about the standards of service delivery citizens can expect.

**The Citizens' Charter will be the first inter-ministerial programme where Ministries collaborate on a single programme in both rural and urban areas.** MoF chairs the government's working group on Citizens' Charter with MRRD and IDLG as lead implementing agencies for the rural and urban components respectively. The working group also consists of MoE, MoPH and MAIL.

**Besides the basic services provision, the Citizens' Charter will work to foster and practice forms of civic engagement and public cooperation, so that communities achieve development outcomes without external funding.** The various thematic sub-committees (health, education, agriculture, youth, women's economic empowerment, sanitation, etc.) will include marginalised and vulnerable populations, and experts from within communities (teachers, health workers, lead farmers, artisans, etc.) who will collectively plan to achieve the transformation of their communities in their respective areas of work. Community Development Plans will include development milestones and activities that communities, through the sub-committees, will achieve on their own. This work will further institutionalise the community driven development approach, build leadership skills amongst poor, vulnerable, skilled and unskilled young women and men, encourage learning, and lead to greater solidarity and unity. Finally, this will ensure that communities do not become dependent on financial transfers from the centre to initiate development activities, but continue to strive for improvements beyond the various phases of the Citizens' Charter. The government institutions and specially municipalities would be built to support the established institution and provide the required support for their sustainability and building in their routine operational plans.

## Programme Components

### a) Institutional Strengthening and Capacity Building

The Citizens' Charter is an agreement that formalises the Partnership between Government and the Afghan People, guided and supported by their elected representatives, to reduce poverty together. This means the Government and the people both have responsibilities. The most important ones are: the Government will provide the resources, support and advice; the CDCs and Cluster CDCs/GA have the responsibility to function as participatory institutions, through which elected men and women work together to ensure fair and equitable resources allocation and make sure that poor women, men and children equally benefit from government schemes, programmes, and services. The inclusion of elected women members in CDCs, Gozar and Cluster CDC planning and implementation will be crucial to ensure that women's development needs are incorporated and addressed in the development process. This way, the services that the Government will provide can fulfil all Afghan peoples' rights to have a minimum level of services so that they can live healthier lives, have the means to fulfil their potential, and raise educated children who will build a better future.

Through this component, the Citizens' Charter will build strong Afghan institutions from national (including Ministry staff) to District (including District Governors, municipalities and district line departments) to the village level (CDCs and their sub-committees), capable of planning and managing their own development. This component will support: capacity building; technical assistance; and community facilitation services. Government ministries that will be supported by this component will include MRRD, IDLG, MAIL, MoE, MoPH, MoF, and others – with a specific focus on capacity building at the subnational level.

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#### Box 2: CCDC/GA, and CDC Community Development Plans

The objective of creating a Cluster/Community Development Plan (CDP) is to ensure that communities agree on a common long-term vision, as well as strategies and activities (in given time frames), to reach that vision. The C/CDPs will be developed by communities with support from social organisers and engineers. The Plan will be developed after communities undertake a number of exercises, including Well-Being Analysis, Resources Map and Women's Mobility Mapping. These exercises will help to ensure that the needs and problems of women, marginalised and vulnerable groups are taken into consideration in the C/CDP. Development plans will be linked at each level to better coordination between actors at the subnational level. In rural areas, CDPs link to CCDPs, to District Plans, and then to Provincial Plans. In urban areas, the Gozar development plan will be linked with the Nahia investment plan and municipal strategic plan so that the investment at the local level is connected to the investment at the Nahia and municipal level.

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### b) Rural Development

**Rural Areas Service Standards Grants.** MRRD will have overall responsibility for the implementation of these service standard grants in rural areas. This rural sub-component will support the minimum

service standards related to rural infrastructure. Allocations will be based upon an initial gap and needs assessment, undertaken by communities and MRRD engineers to determine the current status of the minimum service standards in each community/cluster. Investments follow a *needs-based approach* rather than a uniform block grant allocation as previously practiced under NSP. The investments include water supply and a choice between basic road access, electricity, or small-scale irrigation. The average cost for all types of subprojects is expected to be \$28,000. CDCs will implement most of these projects with technical assistance from MRRD's provincial and district offices.

Approximately 12,000 rural communities across 34 provinces will receive the following services over the course of phase 1, with full coverage across the country over the next ten years (three phases):

- **Universal access to clean drinking water:** one water point per 25 households, providing 25 litres of water per person per day; as well as facilitation of Community-Led Total Sanitation approach to achieve sustained behaviour change and open-defecation free communities.
- **Rural infrastructure:** communities will have at least one of the following services (depending on gap analysis, community prioritisation and accessibility):
  - **Basic electricity:** 100W per household through solar, micro hydro, biogas or wind (only in areas that cannot be reached by the grid);
  - **Basic road access:** within two kilometres walking distance from nearest accessible rural road (accessible areas only); and
  - **Small-scale irrigation infrastructure:** this includes intakes (for secondary/tertiary canals), water divider, water control gates, siphon, water reservoir up to 10,000 M3 capacity, rehabilitation or construction of small irrigation canal, protection wall, gabion wall, aqueducts, and super passage;

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### Box 3: Sub-committees in the CDCs and Cluster CDCs

CDCs and Cluster CDCs will have thematic sub-committees formed in a single community (education, health, agriculture, sanitation, youth, natural resource management) and in multiple communities at the cluster-level (School Management Shura, Irrigation Associations, sanitation, Natural Resources Management, and Health Facility Management).

The sub-committees include a broad range of actors, CDC members, expert members from the community (teachers, lead farmers, etc.), and people representing key interest groups (illiterate parents, land-poor and landless men and women, disabled persons, etc.). The sub-committees provide the institutional spaces for elected members and selected community people to work together on key areas (education, agriculture, water management, health) to create awareness strategies, generate demand for services, monitor public services provision and provide feedback to services providers. CDCs and CCDCs, and their sub-committees, will also mobilise people to contribute to development initiatives without external resources. The inclusive nature of the sub-committees with representation from experts within the community, as well as poor and marginalised families, will a) broaden the responsibility for social mobilisation in the community, b) ensure that CDCs are not overburdened, c) increase civic engagement in local development governance and, d) facilitate the formation of new associations (e.g. interest groups), thereby strengthening horizontal solidarity.

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## c) Urban Development

**Urban Areas Block Grants.** IDLG will have overall responsibility for the implementation of the urban areas block grants. The menu of options includes street upgrading, drainage improvement, parks and playgrounds, lighting, provision of potable water, solid waste management arrangements, and women's economic activities. Urban CDCs will receive on average US\$70,000 and Gozars will receive an average US\$200,000 based on community need over the course of four years. This urban sub-component will support service delivery, linkages between the CDC, Gozar, urban district/Nahia, and municipal levels. All urban CDC and Gozar development plans will be validated and be consistent with overall municipality plans. Municipality authorities will participate in meetings regarding the CDC and GA plans to ensure proper linkages for more comprehensive urban development.

In the first phase, this sub-component will support grants to 600 urban CDCs and 120 Gozars in four major cities (Herat, Mazar-e-Sharif, Kandahar, and Jalalabad) to fund small infrastructure works in urban settings. These four major cities are home to some 945,000 urban dwellers. The one third of all urban centres, including Kabul, would be covered in the first phase of the programme and all the provincial urban area would be covered during second phase and over the next ten years, all urban centres across the country will be covered by the programme.

Each urban CDC will receive a grant of \$70,000. Based upon the needs and priorities of the community and the Community Development Plan, the community can choose one or more services from the list below:

- **Street upgrading and drainage:** includes concreting streets, sidewalks, drainage and tree planting along streets;
- **Provision of potable water:** can include extension of existing municipal water network, small water supply scheme or hand pump installation;
- **Solid waste management:** solid waste management from the household level, which includes awareness raising, linked to existing municipal waste collection mechanisms;
- **Household numbering;** and
- **Lighting/electricity:** can include extension of electrical grid, including installation of electrical transformers. Additionally households will be encouraged to install lights outside their homes.

Each *Gozar* (composed of five CDCs or up to 800-1,250 households) will receive a total grant of US\$200,000, based on the needs and priorities of the community and the Community Development Plans, the community can choose one or more services from the menu below:

- **Secondary road upgrading and readjustment:** includes concreting streets, sidewalks, drainage, and tree planting along streets;
- **Provision of potable water:** extension of existing municipal water network;
- **Park/recreation area/playground** for children and women;
- **Solid waste management:** linkage for transfer of waste from designated waste site to dump site, facilitated by municipality;
- **Lighting/electricity:** can include extension of electrical grid, including installation of electrical transformers. Additionally lights will be installed on secondary streets; and

- **Livelihood projects for women:** a percentage of the *Gozar* grant will be designated for women's projects, particularly women's economic activities with linkages to relevant urban market demands in the area. The Citizens' Charter will coordinate these livelihood activities closely with the upcoming Government's National Priority Programme for Women's Economic Empowerment, to support women-only business skills training centres, partner with existing, community-based women's lending and business groups to provide business and financial skills training, and access to credit.

All infrastructure investments at the community and *Gozar* levels will be validated by municipal authorities to ensure that they are consistent with Nahia investment and municipal strategic plans. Under the current urban community projects, it is standard practice to have municipalities join the community planning meetings and validate these plans, so that there is no duplication, and to improve linkages with trunk infrastructure.

#### d) Agriculture

Agriculture services delivered by the Ministry of Agriculture, Irrigation and Livestock (MAIL), will be coordinated through CDCs, particularly for targeting initiatives for poor and vulnerable populations. Provision of inputs for wheat production, horticulture input packages, rehabilitation of irrigation networks and on-farm water management, conservation of natural resources, and provision of veterinary services will ensure income generation and economic development at the local and national level.

**Extension Services:** Prior to the decades of conflict, the Government served as the key provider of services and subsidised inputs to the farming community, however, with MAIL's new vision, the private sector is gradually being given this role, leaving the Government with a regulatory role to provide public-sector-oriented services and to ensure that quality of services and inputs provided to the farmers are maintained.

To date, MAIL has worked with CDC's in its on-going projects, at the community level. The National Horticulture and Livestock Programme (NHLP), Community Livestock and Agriculture Project (CLAP) are using the CDC's to facilitate needs and beneficiary identification. NHLP is using CDCs as platforms to implement irrigation, storage and processing infrastructure. NHLP, after identifying the beneficiaries in its own standard procedure, assign the CDC as nodal agency to implement small scale civil works where they use 80% local materials.

Through social organisers and facilitation, CDCs will encourage the establishment of self-help groups for food deficit farmers, with support from better off farmers in the community or from neighbouring communities. Large and medium farmers will be encouraged to work together and come up with strategies to improve their crops production, share best practices, do value chain analysis, and identify opportunities, and share with food deficit farmers. Through the formation of agriculture sub-committees at the CDC and cluster-level, farmers and community members will be better linked to extension services from MAIL.

**Natural Resource Management:** MAIL and other government institutions recognise the importance of sustainable management of natural resources to maintain and expand agricultural production without compromising its environmental, social, and long-term economic function. The forests, rangelands and protected areas provide local communities with social and economic incentives and,

through effective management and usage, ensure their sustainability. The groups and associations in the NRM sector provide a strong example of people-oriented and community-centred mechanisms where the focus is on efficient management of the forest, rangeland or the protected areas.

Countries that have local institutions, similar to Community Development Councils and/or similar groups, have stronger associations for forestry, rangeland, water and other resources management. Connecting these associations and similar institutions under the umbrella of CDCs will further empower people, develop skills, create cohesion and connect/link people together to boost development efforts.

**Irrigation:** Irrigation in Afghanistan is maintained at the local level by farmers, under the leadership of mirabs, mirab-bashi, chak-bashi, etc. The modern participatory irrigation management system demands that the indigenous system is modernised and strengthened as Irrigation Associations (IAs) and Water User Associations (WUAs), where IAs will be established at irrigation network level and WUAs will be established at the river level.

In order to establish IAs and WUAs throughout the country, the Cluster CDCs will play a vital role of facilitation, working closely with Departments of Agriculture (DAIL) at the sub-national level. Cluster CDCs, with support from DAILs, will act as facilitators to reach out to mirabs, and progressive farmers in order to establish IAs and WUAs. Cluster CDCs will also support in the development of irrigation scheme construction and rehabilitation of irrigation infrastructure. Maintenance and oversight will remain with IAs and WUAs, with Cluster CDC oversight. A key role of the Cluster CDC members in the IAs will be to ensure equitable allocation of water so that communities/ neighbourhoods at the tail-end of canals receive sufficient water.

## e) Education

The Ministry of Education will work through the Education Sub-Committee at the community level. The education sub-committee will be responsible for awareness raising, mobilisation of all families to send their children to school, and monitoring children's and teachers' attendance. The CDC will oversee the work of the sub-committee and take recommendations from them on all education related matters.

The Citizens' Charter will ensure delivery of **quality education in public schools** as part of MoE's existing education standards<sup>11</sup>. Citizens will monitor that: Teachers have at least grade 12 education; and students have 24 hours per week of education in grade 1-3, 30 hours of education in grade 4-6 and 36 hours of education in grade 7-12.

Education activities under the Citizens' Charter will focus on a number of key areas:

**School Mapping and Out of School Children Survey:** The education sub-committee and School Management *Shuras* will help in mapping education service delivery centres in the community and identify village with no or difficult access to service delivery centres. They will also identify out of school children in the community (not enrolled or dropped out), the reasons and solutions. Based on the gap analysis recommendations will be made to DED/MoE for establishment of new primary schools or CBE classes to facilitate access to services. The education sub-committee and School Management Shura will also support the school principles to prepare school development plan to

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<sup>11</sup>It is recognized that not all communities have schools, given fiscal and security constraints. Citizens' Charter monitoring of service standards will take place only where these exist.

cater for enrolment of out of school children. The education service delivery gap and strategies to address them will be consolidated into a district education rolling plan by DED.

**Monitor Minimum Services Standards:** The education sub-committee and CDC will help to supervise, oversee and monitor education activities at the school level. They will ensure that Minimum Services Standards (see above) are monitored. The CDC will also support and coordinate the Education Sub-Committee at CDC level to reduce dropout rates and increase enrolment. The communities will also be coordinated with District Education Departments and report any issues on service delivery to the DED.

**Ensure a Safe and Positive School Environment:** Cluster CDCs and the School Management *Shuras* (SMS) will be responsible for ensuring a safe and positive school environment. They will establish and facilitate the Peace Sub-Committee and Women Advisory Sub-Committee to ensure peaceful and violence-free schools, and an inclusive environment in which girls and boys are safe and confident to attend. The Cluster CDC and SMS will also support conflict resolution and mediation between students/teachers/parents. Further, they will also coordinate with the Health Shura at Cluster Community Level to ensure school health (hygiene and safe water for school, students health screening by nearby health facility). The education sub-committees at the community level, under the CDCs, will raise awareness around education, monitor children's attendance, and where needed create support groups to assist children from poor families to achieve and maintain good performance in school.

**School Construction:** MoE is working in close collaboration with MRRD on channelling school construction through CDCs where feasible (small and particularly rural schools). This construction or upgrading would be as per the following standard: construction of classrooms (1 classroom for 80 students, for use in two shifts) as well as water and sanitation facilities and boundary wall, with priority for girls or mixed schools operational for the minimum past two years.

**Additional Activities:** Over time additional activities will be aligned with the Citizens' Charter and coordination with communities will be increased. Support will be provided for Community-Based Education (CBE) through CDCs – currently models are being tested in the field to identify how best communities can support CBE sustainability. Further, pilots will be undertaken to see the feasibility of utilising CDCs to incentivise increased enrolment of girls, hiring of female teachers, and ensuring availability of textbooks.

## f) Health

The Ministry of Health will work through the Health Facility Sub-Committees at the Cluster Community Development Councils and the health committees at the community level. Sub-committees, with the support of CDCs and CCDCs, will be responsible for awareness raising, mobilisation of all families to seek health services for adults and children, and monitoring services usage.

**Monitor Minimum Service Standards:** A key role of communities, CDCs, and sub-committees, will be to monitor the service standards stipulated under the Charter for the health sector. Specifically, the below indicators will be monitored and reported on by communities through scorecards and increased communication with the Ministry of Public Health at the sub-national level.

- **Delivery of basic package of health services**, as part of the MoPH's existing health package<sup>12</sup>. Citizens will monitor the following services:
  - **Health facilities will comply with required opening hours** (8am to 4pm), required staffing requirements, and provide mandated services;
  - **Health post**: awareness on malaria, diarrhoea, and acute respiratory infections, and referral to health facilities and health education;
  - **Health sub-centre**: treatment of pneumonia, diarrhoea, and malaria, antenatal care, family planning, tuberculosis case detection and referral, and immunisation services;
  - **Basic health centre**: outpatient care, immunisations, maternal and newborn care, and nutrition interventions; and
  - **Comprehensive health centre**: antenatal, delivery, postpartum and newborn care, routine immunisation and nutrition interventions.
- In urban Areas, the following standards will also be monitored:
  - **Private health facilities will provide health services according to agreed standards with MoPH**. All facilities must: be appropriately staffed; meet hygiene requirements, including disposal of medical waste; provide adequate space and privacy, particularly for female patients; and keep patient records; and
  - **Pharmacies will be registered and meet basic requirements stipulated by MoPH**. All pharmacies must: have a license that is visibly displayed, with licensed pharmacists on duty; and clearly state and stamp the price of medication.

**Additional Activities:** Over time additional activities will be aligned with the Citizens' Charter and coordination with communities will be increased. Construction of basic health infrastructure will be channelled through CDCs where feasible; support will be provided for Community-Based health services, including Family Health Houses and Community Health Workers through CDCs; and pilots will be undertaken to see the feasibility of utilising CDCs to incentivise volunteer health workers.

#### f) Support for Other CDCs

**Recurrent Grant:** The government is working to mobilise funds for a recurrent grant which would aim to support maintenance of basic infrastructure and CDCs' small operations cost. The Recurrent Grant would be provided biannually to CDCs that are not in the active phase of the Citizens' Charter. The grant will be between \$3,000 to \$5,000 per year on average. The implementation arrangement will be similar to the Maintenance Cash Grant programme. Depending on availability of funding, the recurrent grant will be scaled up or down in size and reach.

**Maintenance Cash Grant:** This programme, which is already reaching more than 9,000 vulnerable communities, will provide block grants to CDCs that they could use to repair / maintain critical infrastructure such as roads and agricultural infrastructure, in particular irrigation for reforestation. At least 70% of costs will go to wages. This programme will particularly target areas with high levels of unemployment and underemployment, as well as rural areas with high levels of seasonal food insecurity.

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<sup>12</sup>It is recognized that not all communities have health-care facilities, given fiscal and security constraints. Citizens' Charter monitoring of service standards will take place only where these exist.

## Core Programme Features

**CDCs and Cluster CDCs/GA are the linchpin of the Citizens' Charter strategy.** They will become the central body for community development, overseeing sectoral associations or *shuras*<sup>13</sup> as sub-committees. Education, health and agricultural *shuras* will be integrated with CDCs/clusters to deliver the minimum package of services. Under Citizens' Charter, CDCs will be clustered into groups of 4 to 8 to form Cluster CDCs (CCDCs) in rural areas and 4-5 CDC to form a *Gozars* in urban areas.

**Social inclusion will be much more heavily emphasised under the Charter.** As witnessed in recent years, Afghanistan can experience rapid economic growth, however that growth may not be shared. The programme will put a much greater emphasis upon social inclusion of vulnerable groups including women, returnees, IDPs, and others. This will be done through enhanced community mapping and well-being exercises, needs identification and gap analysis, more intensive training of all staff and CDCs, clusters, and *Gozar* Assemblies, and monitoring and evaluation of poverty targeting and inclusion. The programme will develop a more robust monitoring and reporting system building upon the existing NSP management information system to track whether women, the poor and vulnerable groups such as returnees/IDPs are participating. The Government is already working on modifying the operations manual and systems to emphasise more social inclusion aspects.

**Citizens' Charter is a partnership between government and communities, which means community members and CDCs will have specific responsibilities** that they must agree to in order to benefit from the programme. The Government's work is only one part of the Citizens' Charter; CDCs and the people who live in communities, have a large role to play. Most of the work – building the infrastructure needed, assisting the Government so that services reach each and every family, and engaging people in self-initiatives to improve their lives in villages and cities – depends on CDCs. Their role will be to assess, analyse, make development plans with the people, implement projects, oversee and account for the funds received, organise the services delivery in villages (cities/neighbourhoods), monitor the Government and give feedback to improve services delivery. Furthermore, CDCs and communities must commit to protect the safety of government and NGO staff working for the Citizens' Charter; contribute in cash or kind to projects; ensure inclusive development planning; commit to annual audits; and undertake basic maintenance and upkeep of community infrastructure.

**In addition to overseeing implementation of infrastructure projects, CDCs will monitor and report upon service delivery from other line ministries at the community level** (e.g. monitoring teacher attendance, health clinic hours and services, etc.). Citizens will monitor and report upon services that communities *should be receiving* under existing programmes. CDCs, assisted by FPs, will complete simple scorecards on the achievement of the standards, and these scorecards will be discussed with local service providers (schools, health clinics, and district line ministries) and reported back to the district and provincial levels where results will be reviewed at a forum chaired by the governor and at urban centres by the mayor. Semi-annual reports will also be sent to the Office of the President, MoF, and Citizens' Charter national working group to monitor progress, remove obstacles, and re-allocate resources if needed. The Office of the President has signalled its strong commitment to this flagship programme and will be monitoring it closely in the future.

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<sup>13</sup>*Shura* is a consultative council or assembly.

**The programme will strengthen the service delivery capabilities and accountability of sub-national government, including provincial, district and municipality levels.** These entities will help select project locations, provide technical assistance and oversight to communities, and help resolve problems and grievances.

**Citizens' Charter will support the integration of Internally Displaced Persons and returnees.** Afghanistan is the second largest refugee source country in the world, with millions of refugees overseas and an increasing number of refugees returning from Pakistan and Iran. The top three drivers of displacement are generally insecurity, lack of income opportunities and poor service provision. Over the years, NSP has served as a community response mechanism for returnees, to provide short-term employment and services. During the early NSP years when there were large numbers of returnees, the programme coordinated closely with the United Nations High Commissioner for Refugees (UNHCR) and other UN agencies to prioritise assistance to the districts and provinces with the most number of IDPs and returnees. NSP I and II also had specific operational policies to assist these groups. For example, IDPs and returnees settling into communities could elect representatives to CDCs so that their voices were heard and they could benefit from community subprojects. A 2012 independent evaluation by the University of York found that NSP was widely recognised by returnees and IDPs as the largest provider of community development projects from which they benefited.<sup>14</sup> Additionally, an overwhelming majority of returning refugees and IDPs considered the development projects implemented by CDCs to be important in their reintegration, and the resulting short-term employment from these projects had a positive impact on their reintegration into the communities.

While much is to be learned and improved from past experience, Citizens' Charter will use the lessons from NSP and other community projects in urban areas to inform response mechanisms as needed. Citizens' Charter will provide the community platform in rural and urban areas to coordinate interventions. For example, CDCs together with education *shuras* can proactively assist children of IDP/returnee families to enrol in school within a certain time period, or monitor grievances of IDPs/returnees in accessing basic services so that their specific needs are addressed. Further, *Nahia* selection in urban areas will prioritise areas with higher numbers of returnees and informal settlements. Using a total-area-development approach, these areas and surrounding communities will be the first to be targeted by the Citizens' Charter.

**Improved disaster risk prevention, mitigation and management measures will be included.** Afghanistan is highly prone to intense and recurring natural hazards, including earthquakes, floods, flash floods, landslides, avalanches and droughts. Since 1980, disasters caused by natural hazards have affected 9million people and caused over 20,000 fatalities in Afghanistan. While earthquakes cause the highest loss of life, drought affects the most people and flooding causes the most economic damage. Most disaster risk management programmes in Afghanistan support disaster preparedness and humanitarian responses. National community development programmes provide a unique opportunity to significantly improve both local level disaster-preparedness as well as cost-effective, rapidly mobilised post-disaster reconstruction.

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<sup>14</sup>Post-War Reconstruction & Development Unit (PRDU), University of York. 2012. *The Study of NSP's Impact on IDP/Refugee Returnee Reintegration in Afghanistan*. York: University of York.

Citizens' Charter will include a stronger focus on disaster risk reduction (DRR) to ensure resilient community infrastructure, greater sustainability in investments as well as more resilient communities. Several activities will be carried out:

- a) A national multi-hazard risk assessment was recently finalised and will provide critical data and mappings to inform resilient infrastructure designs, differentiated by provincial and district-level risk profiles.
- b) A training programme for the MRRD and IDLG staff and engineers will be rolled out to raise awareness of resilient infrastructure aspects. Easy to use checklists will be developed for provincial officials and FPs to use in their engagements with CDCs.
- c) The Operations Manual will incorporate resilience aspects.
- d) A new CDC training module will be designed for rolling out a stronger and more coherent DRR approach across rural and urban communities.

**The programme will also work with CDCs and communities to identify key local issues that can be solved without external resources** to ensure that development efforts do not create dependencies on outside funding and facilitation.

**The Sectoral Response and Supply Side of Service Deliver will be strengthened.** Attaining the minimum service standards will require strong commitment and enhanced coordination between communities and line ministries at the various levels. To make the "supply-meets-demand" cycle work, and concurrently with the implementation of the grants, the programme will build a strong monitoring and reporting mechanism into the operation, building upon existing government systems. In addition to the scorecard mechanism described above, the Citizens' Charter will be tied to MoF's current performance-based budgeting reforms whereby National Priority Programmes and projects will be evaluated each year and resources allocated based upon good performance. Third, the programme will strengthen the presence of engineers and management units at the provincial, municipality and some district levels to provide technical assistance to CDCs, address grievances, and resolve issues. Strengthening district outreach to communities will increase the chances of services actually being delivered. Lastly, new training modules, adapted from NSP's training curricula and those of other community development projects, are being developed to build the capacity of CDCs and provincial and local governments to provide services.

**Transparency and oversight will be central to the programme through downward and upward accountability mechanisms.** Downward accountability measures include the successful Community Participatory Monitoring method used under the NSP; community scorecards; social audits; and grievance handling mechanisms. Upward accountability includes oversight by district and provincial governors and municipalities at the sub-national level; Ministry of Finance and Presidential oversight; MRRD and Facilitating Partner oversight of the work of CDCs at the local level; and third party monitoring.

## Institutional Arrangements

The Citizens' Charter is an inter-ministerial effort of the Government to make service delivery more effective and citizen-centric in Afghanistan. The Government has formed a working group comprised of six main ministries to lead the Citizens' Charter: MoF (chair), MRRD, IDLG, MAIL, MoE and MoPH. At the national level, the Citizens' Charter will be reviewed and overseen by the Development Councils. Development Councils serve as the oversight body for all National Priority Programmes (NPP) and provide broad strategic direction for the NPPs. At the technical level, there will be a deputy-minister level working group of relevant ministries who will ensure the overall strategic direction and policy directions, and oversee the progress of the Citizens' Charter. This group is supported by a secretariat based out of the Ministry of Finance to coordinate activities and ensure smooth implementation of the work.

MRRD will be responsible for the implementation and management in rural areas, and IDLG will be in charge of urban areas. The management teams will carry out the following functions: policy and operational planning; Operations Manual development; capacity building; management information and reporting systems; grievance redress mechanisms; human resource management; communications; donor and field coordination, quality assurance on financial management and procurement; and safeguards oversight. The Ministries of Agriculture, Education, and Health, will oversee and be responsible for implementation and funds expenditure in their own respective areas, in line with existing programmes in those sectors.

The Citizens' Charter assigns critical roles to district and provincial governors and in holding line ministries accountable. Each year, line agencies participating in the Citizens' Charters agree with the governors on the number of villages that their service will reach, for example the number of schools that will be built. This agreement becomes the basis of their financial allocation from the Ministry of Finance. At the end of the year, the governor's office sends a report to the oversight unit, based in the Ministry of Finance, on the status towards the agreed annual target. Ministries that fall short will not receive further allocations for that province until outstanding services have been delivered. Provincial and District Governors will host regular accountability discussions in which they invite feedback from communities and civil society. CDCs will report progress and issues to the Provincial Development Council. Annual progress reports to the central government will be compared with reports from line ministries.

## Programme Roll-Out

For equity reasons, Citizens' Charter will start in all 34 provinces of the country and the four major city hubs (except for Kabul). Approximately one-third of districts have been chosen in each province based upon two criteria: (i) security and accessibility of communities; and (ii) those communities that have not recently received a second round of grants from NSP or other donor funding for similar activities. Using this criteria, the President's Office, line ministries, and provincial governors and mayors have selected the districts for phase 1. Phase 2 districts have also tentatively been selected, although this will again be reviewed at the end of phase one. Over the next ten years, all communities across the country will be covered by the programme. As for the urban municipalities, Citizens' Charter will start in urban areas by covering 600 urban communities and 120 *Gozars* which represent approximately 50 percent of the total communities and *Gozars* in those four main cities. Communities in these cities will be chosen based upon access to basic infrastructure and services.

Work will begin in all major urban centres during phase 1, and over the next ten years, all provincial centres and district centres will be covered with the urban package.

## Monitoring, Evaluation, and Learning

**Citizens' monitoring and scorecard.** A core part of Citizens' Charter will be to strengthen citizens' monitoring and their ability to report problems. The programme will develop simple citizens' scorecards to be completed by CDCs and Social Organisers to report upon the minimum service standards. Citizens' Charter will also track more closely, through the scorecards, regular reporting and evaluations, the participation of women, poor and vulnerable groups, such as returnees and IDPs, during the project cycle. Furthermore, taking advantage of technology and high mobile access coverage in the country, Citizens' Charter will explore mobile applications for reporting and grievance redress. Second, the programme will innovate and use the satellite imagery of the existing ARTF third party monitoring activity to validate infrastructure gaps and service delivery outputs. For example, the presence of schools and irrigation canals in a sample number of areas will be validated through satellite imagery against community monitoring reports. Lastly, this component will support ways to strengthen a coordinated approach across line ministries' monitoring and evaluation mechanisms, including at the community, district and provincial levels, within government and with third party monitors. As part of the Government's strong commitment to making the Citizens' Charter operate effectively, the Office of the President and MoF will receive semi-annual progress reports on the achievement of the service standards so they can closely monitor progress, assist with removing bottlenecks in service delivery, and allocate budgetary resources as needed.

**Studies and evaluations.** Several studies are planned related to service delivery, CDC institution strengthening, social inclusion, social accountability, and technical quality audits. The programme will also explore the possibility of an evaluation to examine the nexus between quality of service delivery and social cohesion, an under-researched area in the global conflict literature.

## Sustainability

The Citizens' Charter's strategy for addressing issues of sustainability is to work on three fronts: institutional, financial and technical. First, the programme will build institutional capacity at the various levels, from the national level to provincial, district and community levels. The Capacity Building for Results (CBR) programme plays an important part in ensuring that implementing ministries have a highly qualified group of professional civil servants undertaking core ministerial functions at the national, provincial, and municipal levels. Provincial and district levels will play a much more prominent role than in the past to make service delivery more responsive to citizens. The role of the district will be essential to bring the "face of the state" closer to communities. CDCs and sub-committees will be intensively trained on their roles and functions and project implementation, including financial management and procurement.

In terms of financial sustainability, the programme aims to streamline service delivery to reduce duplication and inefficiencies. Standard unit costs for infrastructure (especially water points, roads, irrigation and electricity) have been reviewed across different projects during the preparation phase to ensure they are realistic and cost-effective. The full costs of the Citizens' Charter first phase are already incorporated into the government's budget plan, including its four year forward estimates. The overall ten-year projected plan for the Citizens' Charter has been reviewed by MoF and the

World Bank and has been found to be fiscally feasible in line with the government's medium-term revenue generation and growth projections, as well as continued donor assistance at levels consistent with the past two years.

As for technical quality and sustainability of infrastructure works, Citizens' Charter will place greater emphasis on operations and maintenance of small-scale infrastructure and develop new training modules on this topic. Past technical audits of the NSP infrastructure have found that routine maintenance costs of water points, roads, irrigation and electricity schemes are usually borne by the communities through collective user fees or pooled voluntary labour. The Maintenance Cash Grants also provided sufficient support to maintain public infrastructure works over the past year. As mentioned earlier, the Citizens' Charter will also be strengthening its disaster resilience infrastructure designs and training, which will help increase the sustainability of infrastructure work against potential disasters.

## Mitigating Risks

The deteriorating security situation poses the largest risk to the programme. Fragility and conflict continue to pose critical threats to personal safety, public service delivery, and private investments. Growing insecurity in parts of the country will mean changes to the way development is delivered. Increasingly local communities will be the arbiters of their own development. They will need to broker development space with insurgent groups to allow services to be delivered. This will be easier in some, but not all, areas depending on the level of on-going violent contestation between groups. Understanding these local conflict dynamics and how local political settlements impact development will become increasingly important for effective service delivery, and even for allowing development to take place at all. Within this new space, as access by civil servants reduces, the role of the intermediary agents, whether NGOs or private contractors, will become increasingly critical in mobilising communities, monitoring projects and articulating the needs of communities upwards to service providers.

The programme will need to adjust to the fluctuating security situation in several ways. First, the Government has selected to work in areas of the country that are secure and currently accessible. However given the changing security landscape, some areas may become inaccessible so the situation will need to be closely monitored at the provincial and district levels, and coordinated with the line ministries and FPs. The shifting security conditions may also delay the speed of implementation, as precautionary measures are taken to ensure the safety of staff and negotiate access to certain areas. To some extent, risk levels will be mitigated through the selection of more peaceful districts, but the risks cannot be ruled out entirely. Lessons from other CDD projects around the world point to ways of building community capacities to support local level dispute resolution, provide deliberative forums for issues to be discussed, and opportunities to interface with government officials and influential local actors. The programme provides grievance redress and other citizen engagement mechanisms to potentially diffuse disagreements and complaints.

Corruption and rent-seeking behaviour pose another high risk to programme implementation. Afghanistan ranks as the third most corrupt country in the world in Transparency International's 2015 corruption perceptions index. Sub-national institutions are not capacitated in many areas so independent monitoring by third parties, national level oversight, strong M&E systems, transparent programme information, and grievance redress mechanisms will be critical. Citizen engagement aspects of service delivery monitoring are built into the programme design.

There is also a risk that CDCs and CDC Clusters are captured by the elite and decisions do not benefit the poor and vulnerable. In NSP, there were some reported cases of elite capture especially when the socialisation and election process of CDCs was rushed or not managed well. This risk is not unique to Afghanistan or developing countries, and in fact, a 2013 field experiment in 500 Afghan villages showed that in villages where elected CDCs exist and manage aid distribution, aid was targeted for the poor.<sup>15</sup> Nevertheless, there is no doubt that more can be done to make community processes more socially inclusive. To the extent possible, The Citizens' Charter will mitigate risks of elite capture or social exclusionary practices through greater involvement of ordinary people in CDC sub-committees, improved community socialisation and planning processes, budgeting sufficient time to train CDCs and communities, improved training modules, more communication materials and information campaigns, and regular monitoring of social inclusion indicators. While elite capture cannot be eliminated, the programme will encourage more inclusive community practices.

## Costing

A consolidated four year budget has been developed for the Citizens' Charter to forecast cost. The programme has been designed to enable expansion or reduction depending on availability of funds. The first phase of the programme will have an estimated cost of around \$2 billion, including health, education, and agriculture activities, as well as a recurrent grants and maintenance grants for non-Citizens' Charter CDCs. At this time, ARTF has approved \$400 million for this first phase, the World Bank/IDA will provide \$100 million, and the Government will contribute \$128 from its internal budget to fund the rural and urban development portions. Some activities, including health, education and agriculture will be funded in line with existing channels of funding.

## Next Steps and Conclusion

Implementation arrangements for the Citizens' Charter are further outlined in the Operations Manual as well as the Social and Technical Manuals. Further, the Project Appraisal Document of the World Bank provides further information on the portion of the programme being funded through ARTF and IDA.

The Citizens' Charter NPP document is a working document. It will be updated and amended as lessons are learned from the field and additional components, including health, education, agriculture, disaster response, electricity management, literacy and other activities are streamlined in line with the programme.

The document will also be amended after the finalisation of the sub-national governance strategy to better integrate the structures and linkages stipulated in the final policy. The Citizens' Charter is already engaged closely with the team developing the SNG policy to ensure full alignment between the policy and implementation of the Citizens' Charter.

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<sup>15</sup>Beath, Andrew, Fotini Christia, and Ruben Enikolopov. 2013. Randomized impact evaluation of Afghanistan's national solidarity program. Washington DC: World Bank.

## Annexes

### A) Lessons Learned and Reflected in the Programme Design

Below are some of the lessons learned over the past 14 years implementing the community development model in Afghanistan which were used in developing the Citizens' Charter.

**Partnering with communities and community representative bodies has proven to be an effective way for the Government to deliver services in Afghanistan.** CDCs have shown over the past 14 years of NSP that if given control over resources, they are capable of planning and managing development activities. The community driven development (CDD) approach is also more cost-effective and more sustainable because of: (i) lower transaction costs due to community participation in development planning and executing subprojects; and (ii) communities own the work and maintain the infrastructure.

**More attention needs to be paid to issues of equity and inclusion.** The design of NSP placed great emphasis on collective planning, implementing and building NSP subprojects, and providing labour days for short-term employment. The next step for this CDD model is to deepen the equity and inclusion dimensions so that women and the most vulnerable segments, such as returnees and IDPs, are included. This can be achieved through more frequent Social Organiser visits, better mapping and poverty data collection, enhanced training and facilitation, and more focus overall on the vulnerable.

**Clustering of CDCs can improve service delivery but should not take place at the expense of the vulnerable.** The key issues when it comes to clustering are: (i) building a common identity and vision for CDCs that share different traits, such as varying levels of access to services, geographic location, or land ownership; (ii) ensuring the mobilisation and participation of women; and (iii) diminishing risks of elite capture in the decision-making process of CDC leadership. Citizens' Charter will need to take pro-active measures as mentioned above to ensure that the poor and vulnerable are not left out of the decision-making process.

**There is a need to coordinate more closely with line agencies and district and provincial levels for effective service delivery.** Communities can help mobilise labour and report upon service delivery, but line agencies must be responsible for ensuring actual service delivery and responding to needs beyond a community's control and mandate. Looking at global case studies where large-scale poverty reduction has been effective, supply must meet community demand. In other words, the government must be able to respond to deliver services effectively. NSP was never designed to link to sub-national governance structures, but instead it was vertically organised with lines of reporting from the field to Kabul. As a result, line ministry presence at the district level is uneven, the interface of citizens with the state is absent at the district level, and channels of communication between local level government units and CDCs are not regular. Under the Citizens' Charter, MRRD and IDLG will decentralise more staff to the provincial, district and municipality levels where security permits, establish greater linkages with CDCs/clusters, and set up a citizens' scorecard system to monitor service delivery.

**Global lessons working in fragile and conflict environments.** The World Bank and the Government have learned important lessons from past experience in Afghanistan, as well as from global

experience working in fragile and conflict situations. The World Development Report (WDR) 2011 emphasises that perfection should not be the enemy of progress and it is important to move forward and find pragmatic and "best-fit" approaches to the country's political realities, institutional capacity, and levels of insecurity.<sup>16</sup> Blueprint approaches are not realistic given fluctuating security situations. The WDR 2011 also underlines that multi-sectoral community empowerment programmes are important to build state-society relations from the bottom up and to deliver development improvements in fragile and conflict-prone environment. It illustrates how CDD approaches can increase citizen trust in institutions and contribute to longer-term institution building. Attributes, such as participatory planning and decision-making, cooperation between local authorities and the committees selected by community members for the purpose of a CDD programme, and community control of funds, mean the programmes can signal a change in the attitude of the state to communities, even before physical projects are completed. They can thereby enhance state-society relations, increase citizens' trust in institutions, and contribute to longer-term institution building. The Citizens' Charter and its predecessor, NSP, build upon these principles and methodologies.

**Finally, there is broad recognition of the limitations in the model of providing single large grants to communities over a period of 10-12 years under NSP.** The periodicity does not permit for institutional strengthening that can come with repeated grants. Smaller, but regular grants support better institutional strengthening. However, the fiscal constraints the government faces limit the likelihood of such repeater grants across the country. Therefore, the broader elements of Citizens' Charter such as a needs-based approach to investments and deepening the participatory planning and monitoring roles for CDCs will help mitigate the institution-building challenge.

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<sup>16</sup>World Bank. 2011. *World Development Report 2011: Conflict, Security, and Development*. Washington, DC: World Bank.