Community Development Councils in Afghanistan – A Social Capital

Introduction:

Community Development Council (CDC) is a democratically elected body in the community level that has been introduced through National Solidarity Program (NSP). The key objective of NSP is to build, strengthen and maintain Community Development Councils (CDCs) as effective institutions for local governance and social development through planning and implementation of development projects.

An NSP project cycle for a community is broken down into 5 steps and usually takes 2 years to complete. First the NSP facilitating partner is assigned to the province by contracting through the MRRD. The facilitating partner then contacts the community to inform them of the NSP and commence the community mobilization process. In the second step, the facilitating partner is responsible for initiating a fair and transparent election process to elect members of the locally governing community development council (CDC). The CDCs are elected through a process of identifying the eligible voters in a community, creating a cluster of approximately 25 families and ensuring at least 80% of the cluster votes for representatives. The elected CDC members then decide on the CDC president, deputy, secretary and treasurer. Thirdly, the newly elected CDCs consult directly with members of the community to reach a consensus list of subproject ideas. This list called the community development plan (CDP) comprises projects which can be carried out with funds from the NSP and independent of outside support. The subprojects which require NSP funding are then submitted by the CDC to the MRRD and the Oversight Consultant in a proposal. The facilitating partner is responsible for training the CDC members in project proposal writing, accounting and procurement. In the fourth step, if the proposal is approved, NSP block grants are disbursed to cover the purchase of materials. Arriving in installments the funds are also used for subproject implementation. The CDC continues to report to MRRD and to the community about the project’s implementation process and budget. Lastly, the facilitating partners and CDCs undertake an evaluation of the technical quality of completed subprojects and documents the lessons learned.

Background:

In 2003, the government of Afghanistan introduced a new community development initiative – the National Solidarity Programme. This aimed to lay the foundations for community-level governance throughout Afghanistan and to support community input into development.

Since there is no formal census data available about Afghanistan it is hard to accurately identify the number of villages. Previously, it was estimated that approximately 20000 rural settlements or villages existed, however this was markedly increased to 42000 villages. Since field coordinators have reported that several of the villages comprise of less than the minimum of 25 families required to initiate a CDC, it is estimated by the MRRD that around 28500 NSP communities would be a reasonable equivalent to rural settlements estimate. This approximation thus average 1 NSP community = 1.474 rural settlements. However the current average used is 1 NSP community = 1.583 rural
settlements. Once fully implemented the MRRD expects to reach all the communities across Afghanistan through the NSP. The NSP community expansion across Afghanistan has been divided into several phases.

In Phase 1 which commenced in May 2003, 3 districts in each province were targeted in the first year reaching 6000 communities. In the second year this target was expanded reaching 4500 more communities which translated into half of Afghanistan being included in the program. In 2005 or the third year of the NSP an additional 6000 communities were targeted. The NSP Phase 1 concluded in March 2007 reaching approximately 17300 communities. In Phase 2 which ran from April 2007 until March 2010 the program covered an additional 4300 new communities bringing the total to 21600. This coverage meant that approximately 80-90% of Afghanistan had CDCs.

On June 27, 2010 the government of Afghanistan announced that it had secured a $40 million USD grant to support Phase 3 of the NSP. The third phase built on the achievements of the first two phases of the NSP and will complete the expansion of CDCs to all the rural communities in Afghanistan. In Phase 3, the Afghan government has introduced several innovations to institute the CDCs as lasting sustainable bodies of local governance. The expansion will also support the disbursement of block grants to the remaining 10320 communities for full NSP coverage across Afghanistan. In addition, to supporting the initial development needs, a second round of grants are being provided to 17,400 CDCs that have successfully used their initial grant. Most importantly, NSP III focuses on improving the institutional quality, sustainability and governance of CDCs and enhances their ability to engage with other institutions and built on the strong social capital it has established.

**CDCs and its role as a Social Capital:**

According to World Bank (2000), Social Capital is "....the rules, norms, obligations, reciprocity and trust embedded in social relations, social structures and society’s institutional arrangements which enable members to achieve their individual and community objectives."

In the light of this definition and what has been explained above, the Community Development Councils established a strong network of social capital which is able to identify community challenges and opportunities, plan for development, engage government and non-governmental organizations to secure fund and implement various development projects in their respective community. CDCs are democratically elected which established a trust bond between them and the community.

CDCs are now the entrance gate to communities by development community that further builds CDCs capacity. At the moment most of the CDCs are involved in development activities in various sectors such Water Supply, Agriculture, Livestock, Construction, Education and in near future there are plans to also involve them in oversight of the health sector.
To broaden the scale of their impact, CDCs established Cluster Level Development Committee (CLDC) and recently Districts Development Assemblies (DDA) that have similar responsibilities as CDCs, but in villages cluster and district level, respectively.

Social Audit is one of the greatest initiatives undertaken by CDCs which is a process of financial audit by community members. Since CDCs disburse money directly while implementing the development projects, there should have been a mechanism of accountability to their clients, community. Through this mechanism CDCs explain the accounts of the amount they received through blog grants, the expenses and the balance to the community and give details of every transaction. During a Social Audit in one of the communities, community members found that their CDC has spent 1000 USD for Kebab during procurement process. Afterward the community made CDC pay the money back. This example indicates how strong social capital has been built through NSP and CDCs.

**Successes and challenges:**

Research from the Afghanistan Research and Evaluation Unit carried out within six provinces in Afghanistan during 2005 and 2006 shows the impact of the National Solidarity Programme as below:

- The Community Development Councils have dramatically increased the resources available for development in many communities.
- Where these resources have been successfully converted to functioning sub-projects, the legitimacy of the programme and of the government has increased.
- Community acceptance of the Community Development Councils varies according to past experiences of NGO activities, the resources available and the delivery and use of those resources.
- All phases of the National Solidarity Programme – from elections to the gender composition of councils to the development of Community Development Council plans – have been implemented in varied ways according to local norms and customs and the practices of the facilitating partners.
- The inclusion of women and other minorities under-represented in governance has improved.
- Women also face barriers to participation. They participate less in governance functions than project selection and their general participation depends upon quality facilitation.

This case study will develop on these issues; will review the successes and failures and will explore on the questions given to you in a separate sheet.
Community Development Councils – A Social Capital for Rural Afghanistan

Once you the read the Case Study, please discuss below questions within your team:

• It is reasonable to assume that the CDC’s have resulted in stronger social capital in those communities where they have been the most successful. Some people believe the formalization of these groups as state institutions could harm social capital in those communities. What do you think? Why?”

• Financially, CDCs are dependant to external funding. Do you think CDC and their role as social capital will continue after the end of the National Solidarity Programme? How? Why?

• How can the CDCs have a greater impact on the representation of women and other marginalized groups (especially after the end of the National Solidarity programme)?

• How do you assess the role of CDCs in conflict resolution and what do you think about their role in peace building in the future. Please support your ideas with reasons and justification.