Government of Afghanistan

Citizens’ Charter

18 September, 2016
Realizing Self-Reliance

Ensuring Citizens’ Development Rights:

“To help poor communities get a minimum-level of services, we will develop a Citizens’ Charter that will set a threshold of core services to be provided to all communities. Community Development Councils will become the mechanism for line agencies to plan and manage local-level service delivery.”
Objectives of the Charter

1. Break the cycle of fragility and violence, by deepening the legitimacy of the Afghan state

2. Reduce poverty by providing universal access to a core set of basic services
What to Expect from the Charter

• Whole of Government Approach
• Broad based, popular participation in planning, management, and accountability
• Increased role and profile of provincial and district Governors and mayors
• One third of country to be reached in Phase 1 (2016 to 2020).
How We Developed the Charter

• Multi-ministerial effort with MRRD, IDLG, MoE, MoPH, MAIL, and MoF.
• Working groups for more than one year
• Presidential guidance
• Consultations with CSO partners
• Regional dialogue
• Reviews of experience
CDCs are the Linchpin of the Charter

- Nationwide coverage
- Elected through village ballots
- 37% women members
- Trained in financial management and participatory planning
- Clustered (under CC)
Current Reach of CDCs (blue)
Core Features of Citizens’ Charter

• CDCs become the central body for all development interventions at the local level

• Social Inclusion, with a strong focus on vulnerable groups, informal urban settlements, and the reintegration of returnees and IDPs

• Standardization of minimum service provision, with adaptations to regional differences

• Governors write annual performance contracts with line ministries that feed into national budgeting decisions

• Community monitoring of line ministry performance and spending, reporting to PCs and Governors

• Re-allocations based on performance (full alignment with PFM roadmap).
## Minimum Service Standards

### Rural Areas

<table>
<thead>
<tr>
<th>Access to Clean Drinking Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum of one water point per 25 households</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to Rural Infrastructure - choice of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road Access - within 2km walking distance from nearest accessible rural road</td>
</tr>
<tr>
<td>Electricity - 100W per household</td>
</tr>
<tr>
<td>Small-scale irrigation - includes any of: Intakes (for secondary/tertiary canals); water divider; water control gates; syphon; water reservoir up to 10,000 M3 capacity; rehabilitation or construction of small Irrigation canal; protection wall; Gabion wall; aqueducts; Super passage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality education in government schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers will have at least grade 12 education</td>
</tr>
<tr>
<td>Students will have 24 hours of education in grade 1-3, 30 hours of education in grade 4-6 and 36 hours of education in grade 7-12 (per week)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivery of Basic Package of Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health facilities will comply with required opening hours (8am to 4pm); required staffing requirements; and provide mandated services</td>
</tr>
</tbody>
</table>
### Minimum Service Standards

#### Urban Areas

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street upgrading and drainage</strong>:</td>
<td>includes concreting streets; sidewalks; drainage; and tree plantation along streets.</td>
</tr>
<tr>
<td><strong>Solid waste management</strong>:</td>
<td>includes awareness raising, linked to existing municipal waste collection mechanisms.</td>
</tr>
<tr>
<td><strong>Provision of potable water</strong>:</td>
<td>includes extension of existing municipal water network; small water supply scheme; or hand pump installation.</td>
</tr>
<tr>
<td><strong>Household numbering</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lightning/Electricity</strong>:</td>
<td>Can include extension of electrical grip, including installation of electrical transformers. Additionally households will be encouraged to install lights outside their homes.</td>
</tr>
<tr>
<td><strong>Park, Recreation Area</strong></td>
<td>(mainly for women and children)</td>
</tr>
<tr>
<td><strong>Livelihood projects for women</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Quality education in government schools</strong></td>
<td><em>Same as rural areas</em></td>
</tr>
<tr>
<td><strong>Delivery of Basic Package of Health Services</strong></td>
<td><em>Same as rural areas, and additionally</em>:</td>
</tr>
<tr>
<td></td>
<td>• Private health facilities will provide services according to agreed standards with MoPH.</td>
</tr>
<tr>
<td></td>
<td>• Pharmacies will be registered and meet basic requirements stipulated by MoPH.</td>
</tr>
</tbody>
</table>
What Will CDCs Receive?

• All CDCs to benefit from **Capacity Development** in planning, financial management, participation, monitoring, and dispute resolution

• Rural CDCs to receive **Investment Funds** from line ministries for small infrastructure projects.

• Urban CDCs to receive **Block Grants** to deliver small infrastructure and service projects.

• **Recurrent Grant** to CDCs for small, innovative activities (if funds are available)
What Citizens Will Provide

• Safety of government and CSO staff
• Contributions in cash and kind
• Cash books and financial reports
• Inclusive CDC development plans
• Annual audits and accountability statements to CDC members and governors
• Maintenance
Expected Results

- **8.5 million people** will be reached through the Citizens’ Charter first phase.
- **3.4 million people** will gain access to clean drinking water.
- Improvements to **quality of service delivery**
- Increases in **citizen satisfaction and trust in government**
- **35% return** on investment for infrastructure projects
Additional Development Activities Being Aligned with CDCs

- **Agriculture**: Basic market linkages; Natural resource management (Agricultural NPP);
- **Education**: Adult literacy classes; Community-Based Education; construction of schools,
- **Health**: Family health posts; support and incentives for community health workers.
- **Disaster risk management**: Community managed reconstruction, disaster risk awareness
- **Gender**: Financial inclusion and women’s business support (WEE-NPP), women’s literacy.
- **Land Administration**: ARAZI on community land mapping and dispute resolution (Land NPP)
Gender Mainstreaming

• At least 40% of CDC members will comprise of Women
• Specific women’s mobility and socio-economic status mapping
• Specific focus on increasing women CDC members in decision making processes
• CDCs and Sub-Committees will be further trained on gender equity and women’s needs
• Exchange visits for female CDCs and Subcommittee members – identifying “Champion CDCs”
• Strong collaboration with WEENPP – CDCs to mobilize and support women business skills training and form partnerships in existing community-based lending and business groups
IDPs/Returnees Reintegration

• All returnees will have equal rights and say in CDCs. Right to take part in CDC elections, community project prioritization and activities even if completed less than 1 year residency.

• If more than 20 IDP/returnee families settle in a community after the CDC is formed, they can exceptionally vote 2 additional members (1 M + 1 F) into the CDC to represent them.

• They will be clearly identified as families/households during the community mapping and well-being analysis, to ensure they benefit equally/equitably from the subprojects and the labor generated through the subproject implementation. All returnees will have access to the same minimum services – both in rural and urban areas.

• Informal settlements will be reached through a total area development approach with the minimum service standards. In urban areas, Nahias with more informal settlements will be prioritised in district selection.
Oversight

- Citizens’ Monitoring and Scorecard
- Mobile applications for reporting and grievance redress
- Satellite imagery to validate infrastructure gaps and service delivery outputs
- Third Party Monitoring
- Quarterly reports to the Office of the President and Ministry of Finance on the achievement of the service
- Quantitative and qualitative studies and evaluations
Current Status

Readiness
• Districts for Phase 1 finalized – in consultation with the President and Provincial Governors
• World Bank appraisal and negotiations completed
• First disbursement for CC from Government budget to cover preparation costs has been approved

Financing for Phase 1
• ARTF and IDA grant of $500 million
• Government budget of around $130 million
Looking forward to starting in October