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# CITIZEN VOICE IN AFGHANISTAN

Evaluation of National Solidarity Programme III

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Effectiveness Review Series 2014/15

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Photo: Dr Kinga Komorowska

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# ACRONYMS

<b>CDC</b>	Community Development Council
<b>CDP</b>	Community Development Plan
<b>CPM</b>	Community Participatory Monitoring
<b>FMA</b>	(NSPs) Financial Management Agent (Deloitte Overseas Consulting)
<b>FP</b>	Facilitating Partner
<b>INGO</b>	International Non-Governmental Organisation
<b>JCAS</b>	Joint Country Analysis and Strategy
<b>MRRD</b>	Ministry of Rural Rehabilitation and Development
<b>NGO</b>	Non-Governmental Organisation
<b>NR</b>	New Rollout
<b>NSP</b>	National Solidarity Programme
<b>OGB</b>	Oxfam Great Britain
<b>OP VI</b>	Operational Manual version VI
<b>PMU</b>	(NSP) Programme Management Unit
<b>PWD</b>	People with Disabilities
<b>RBG</b>	Repeated Block Grant
<b>ToC</b>	Theory of Change
<b>WB</b>	World Bank

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# EXECUTIVE SUMMARY

**The National Solidarity Programme III (NSP III)** was launched in 2003 by the Ministry of Rural Rehabilitation and Development (MRRD). Called 'the largest people's project in the history of Afghanistan', it is funded by diverse international donors, including the World Bank. The NSP's main objective is 'to build, strengthen and maintain community development councils (CDCs) as effective institutions for local governance and socio-economic development'. Fully materialised, this would represent a major change in the way the Afghan rural communities approach their development. An NSP cycle starts with local elections to select CDC members, followed by comprehensive training modules to build their capacity. Small grants are allocated to CDCs to let them govern their development on their own, with the support of the contracted NGOs, called Facilitating Partners. They need to follow the heavily regulated framework of the Operational Manual, giving little discretion for any innovation or value added. **Oxfam GB** has decided to be one of Facilitating Partners because the NSP objectives align with its Joint Country Analysis and Strategy for Afghanistan, in particular Goal 1 'Right to be heard – Governance and Active Citizenship', and Goal 2 'Advancing Gender Justice'. Oxfam adds value to the NSP by facilitating well-intentioned gender mainstreaming and paying special attention to linkage-building between the CDCs and other developmental actors in order to encourage rural communities to explore external funding opportunities.

As part of Oxfam GB's **Global Performance Framework**, random samples of closing or sufficiently mature projects are randomly selected each year and rigorously evaluated. The NSP III was selected in this way under the Citizen Voice thematic area. OGB has been implementing NSP in Daikundi province of Afghanistan since 2003, and started the implementation of the NSP Phase III in 2010. Each year a new group of CDCs is introduced to the Programme. This review exploited this phased approach to implementation in order to mimic counterfactual analysis by comparing two contrasting types of community: (1) those that only recently entered into the NSP (hereinafter called the NEW CDCs) and (2) those that started in 2010 and have now completed the NSP intervention. Findings were triangulated with key informants' interviews as well as primary and secondary sources.

**The evaluation evidence** suggests that the CDC plays an active role in local socio-economic development. In the villages where the NSP is already completed, 70 per cent of respondents still cite the CDCs as the main actors of local development. The significance of the NSP's contribution to good local governance is primarily the result of the formal conditioning of financial aid upon having proper representation of all villagers in the CDC, strengthened by readiness of traditional power-holders to transfer their authority to the CDCs, and the willingness of the local community members to collaborate with each other in setting developmental priorities. On the other hand, passive behaviour of the CDC members, as well as the low position of the CDCs among the developmental partners, poses challenges to the intended impact of the Programme. Therefore, overall, the evaluation found that the NSP has not impacted on local governance as substantially as it could have. However, there is evidence that the NSP significantly increased participation of people previously excluded from local decision making. In particular, in the NEW CDCs, the NSP enabled women to participate in community life and decision making, and improved health access, but also has made the villages known to the outside world, helping in attracting aid. From the time perspective, in the OLD CDCs, the major contribution of the NSP was to connect the communities to the world, and to create the environment in which women are allowed to go out of their homes, due to improved awareness of human and women's rights, especially among men. It has also helped the community to be self-organised, allowing all interested villagers to influence community life, and, in particular, enabling women to participate in decision making.

## Outcome indicators

Outcome	Contribution scores
<b>FINAL OUTCOME: CDCs are effective institutions for local governance and socio-economic development</b>	4
<b>INTERMEDIATE OUTCOMES:</b>	
1. CDCs play an active role in socio-economic development	4
2. Women and girls are empowered socially and economically	3

<b>5</b>	Outcome realised in full Evidence that intervention made a crucial contribution
<b>4</b>	Outcome realised in part & evidence that intervention made a crucial contribution Outcome realised in full & evidence that intervention made an important contribution
<b>3</b>	Outcome realised in part & evidence that intervention made an important contribution
<b>2</b>	Outcome realised in part & evidence that intervention made some contribution Outcome realised to a small degree & evidence that intervention made an important contribution
<b>1</b>	Outcome realised, to any degree, but no evidence that the intervention made any contribution

Supporting details about the indicators considered to reach these conclusions can be found in the body of the report.

One caveat has to be made: the above-mentioned NSP contribution to local governance could have looked very different in other parts of Afghanistan. It should be remembered Daikundi is an atypical place; the capacity of the people and the level of education are different from most other parts of Afghanistan. Although this uniqueness can be seen as a positive factor, it also means, that any **generalisation of the findings** of this evaluation may be limited to one province only (or similar provinces) as the factors under consideration may alter the NSP impact to a major extent.

Another important issue to remember is that, as a result-based programme, the NSP focuses on achieving measurable results. The side effect of this is that the Facilitating Partners are not in a position to consider the NSP's effectiveness, efficiency, relevance, or any other factors that are typically taken into consideration when designing and implementing other projects. Another problem is the character of the NSP, which teaches the local communities how to govern their development by operating small grants. The communities and the Facilitating Partners may concentrate too much on the tangible effects, neglecting the governance aspect of the NSP. In other words, there is a major discrepancy between the NSP official objective to create CDCs as effective institutions for local governance and social-economic development, and the **perception of the NSP by the beneficiaries, who see it as a major infrastructural programme**, not as a community-building initiative with a long-term perspective.

The above-mentioned NSP structure does not leave Oxfam GB any discretion in terms of NSP implementation, limiting the **learning considerations**, most of which relate more to programming done by the MRRD than directly to the works of Oxfam GB. Having said that, the OGB, with its good reputation, is well-positioned to advise and advocate on future design of the NSP. Key recommendations may include eligibility of the income-generation activities (especially for women), more diversity to accommodate cultural differences between the provinces, or more flexibility in management (e.g. different staffing levels depending on the Programme phase).

# 1 INTRODUCTION

The National Solidarity Programme (NSP), designed by the national government along with the international donors, aims ‘to develop the ability of Afghan communities to identify, plan, manage and monitor their own development projects [...] through the promotion of good local governance’.<sup>1</sup> The NSP was launched in 2003 by the Ministry of Rural Rehabilitation and Development (MRRD). Called ‘the largest people’s project in the history of Afghanistan’, the NSP is funded by diverse sources, including the World Bank (WB), the Japanese Social Development Fund, the European Union and contributions from multiple governments (Australia, Belgium, Canada, Czech Republic, Denmark, France, Finland, Germany, Italy, Netherlands, New Zealand, Norway, Slovak Republic, Spain, Sweden, Switzerland, United Kingdom and the United States of America). This substantial international engagement has allowed the gathering of an estimated US\$ 2.7 billion<sup>2</sup> between the Programme’s inception and mid-2015.

The aim of the NSP is to capacitate rural communities to make decisions about their own development and livelihoods, and to support good local governance. The key assumption of the NSP logic model is that local communities would be able to identify, plan, manage and monitor their own development projects after completing the whole NSP cycle, which includes the following sequential activities:

- Mobilization of the communities to hold elections for Community Development Councils (CDCs)
- Capacity-building of CDC executives for their leadership role
- Elaboration of Community Development Plans (CDCs) in a participatory way
- Capacity-building of local communities to monitor and evaluate projects, including financial and procurement processes
- Supporting the CDCs in implementation of project funds (so-called block grants)
- Capacity-building of CDCs to resolve local conflicts
- Linking CDCs to developmental actors, including NGOs, government agencies and donors.

A number of strategies are used to contribute to the NSP overall objective, starting from local elections to be held in order to select Community Development Councils (CDCs). Comprehensive training modules are delivered by Facilitating Partners (FPs), designed to allow the CDCs to define their own developmental priorities in order to access funds and implement the corresponding projects (mostly infrastructural). Concurrently, the local communities are trained to monitor and evaluate projects. Finally, the CDCs are linked to developmental actors, including NGOs, government agencies and donors.

It should be stressed that the NSP has been designed by the national government and the international donors. NGOs are engaged as Facilitating Partners (FPs) to manage the Programme’s implementation, in line with detailed rules and guidelines, in order to promote consistency, transparency, accountability, efficiency and effectiveness of the NSP. The NSP aims to cover the whole country, and this has been almost achieved, with some exceptions due to security (Figure 1.1).

The NSP started in May 2003 with Phase I completed by March 2007. NSP II started the following month and was completed by September 2010. The third phase of NSP started in October 2010, and covered two types of communities:

1. New Rollout (NR) – all remaining communities who had never been targeted under NSP I or II

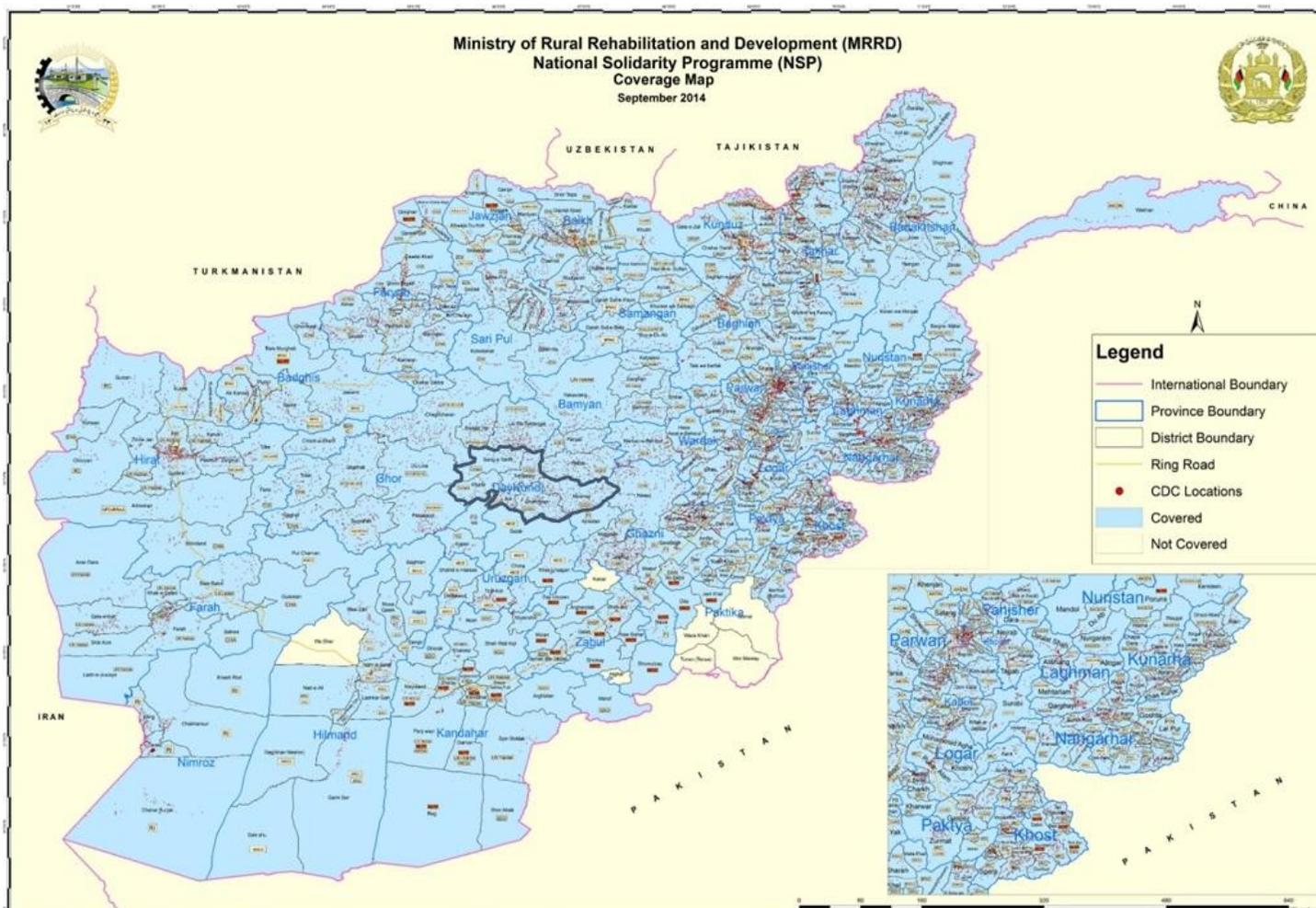
2. Repeated Block Grant (RBG) – a number of CDCs who had already successfully implemented the block grants. In particular, they may have entered the NSP III as NR at the beginning of its implementation (e.g. in 2010) and have been subsequently offered the second grants, making them RBG.

Oxfam has been working in Daikundi as the FP since 2003. It started the implementation of the NSP III in June 2010, working with 224 CDCs in five districts of Daikundi. The province is relatively safe, but very remote and mountainous, which affects implementation of the NSP. A flight from Kabul takes four hours and the most remote communities under NSP III are located a 12-hour drive from the provincial capital (Nili). The whole province is very mountainous, there are no tarmac roads (apart from four kilometres in the Nili centre) and winters can be harsh. As the result, many areas in Daikundi are not accessible from mid-December to mid-March due to the closure of high mountain passes (up to 3,600 above sea level) and avalanches. This has affected implementation of NSP III and, in particular, some infrastructure projects.

As per Oxfam Great Britain's (OGB) Global Performance Framework, samples of mature projects are being randomly selected each year and their effectiveness rigorously assessed. The National Solidarity Programme III project was selected in this way under the Citizen Voice thematic area.

The outcome selected for the purpose of this evaluation, namely 'CDCs are effective institutions for local governance and socio-economic development', represents the NSP impact and reflects its main objective of building, strengthening and maintaining the CDCs as effective institutions for local governance and socio-economic development (see the reconstructed Theory of Change, in Section 2.1 Fully materialised, it would represent a major change in the way the Afghan rural communities approach their development. It also addresses Oxfam's strategy-like Joint Country Analysis of Afghanistan and, in particular, its Goal 1: 'Right to be heard – governance and active citizenship' which is fully in line with the NSP overall objective. In addition, as gender is an important element of the NSP, the selected outcome additionally addresses Goal 2 'Advancing gender justice'. Indirectly, good local governance should also influence another of Oxfam's goals, namely, Goal 5 'Fair sharing of natural resources'. Inclusive decision making along with the ability to solve conflicts locally should influence the fair management of natural resources.

Figure 1.1: Coverage of NSP with Oxfam's area of activity marked



Source: MRRD ([www.nspafghanistan.org](http://www.nspafghanistan.org))

## 2 EVALUATION DESIGN

As part of Oxfam GB's Global Performance Framework, random samples of closing or sufficiently mature projects are selected under seven outcome areas each year and rigorously evaluated. These evaluations are known as Effectiveness Reviews. Interventions under the Citizen Voice and Policy Influencing thematic areas that do not lend themselves to statistical approaches are informed by a research protocol based on process tracing, a qualitative research approach used by case study researchers to investigate causal inference. For this evaluation, due to the nature of the NSP (ready-made mass-scale programme, contracted to FPs who are obliged to follow detail rules), only selected elements of the process tracing were used. The evaluation design was focused instead on mimicking the counterfactual analysis by comparing beneficiaries in different phases of implementation of the intervention.

The Evaluator's first task is to reconstruct the theory of change (ToC) for the intervention, including the outcomes it is seeking to achieve, and the activities undertaken that were intended to bring these about. The Evaluator is then tasked with evidencing the extent to which the intervention's key targeted outcomes have materialised in the two groups of beneficiaries (enrolled in early versus late phases of the intervention); investigating how the observed outcome change came about; and, in light of an evidenced differences between the beneficiary groups, drawing conclusions about the impact of the intervention and significance of its contributing factors.

The following nine steps form the core of the research exercise's protocol:

1. Undertake a process of reconstructing the intervention's theory of change (ToC), in order to clearly define the intervention being evaluated – what is it trying to change (outcome), how it is working to effect these changes (strategies/streams of activities) and what assumptions it is making about how it will contribute to these changes.
2. Work with relevant stakeholders to identify intermediate and/or final outcomes considered by stakeholders to be the most significant for the evaluation to focus on (central to the intervention's theory of change, and useful for learning/forward planning).
3. Identify the beneficiaries in different phases of implementation in order to compare their achievements towards the agreed outcomes.
4. Systematically assess and document what was done under the intervention to achieve the selected targeted outcomes.
5. Identify potential causal explanations for the evidenced outcomes.
6. Identify and evidence the extent to which the selected outcomes have actually materialised, as well as any relevant unintended outcomes.
7. Undertake a comparative analysis of the extent to which each of the beneficiary groups achieved the outcomes identified in the ToC.
8. Write a narrative analytical report to document the above research processes and findings.
9. Summarise aspects of the above narrative analysis by allocating project 'contribution scores' for each of the targeted and/or associated outcomes. This is not expected to provide a precise measure of contribution, but rather a sense of how different the achieved outcomes and their contributing factors were in both beneficiary groups in order to assess the difference and, hence, the intervention impact.

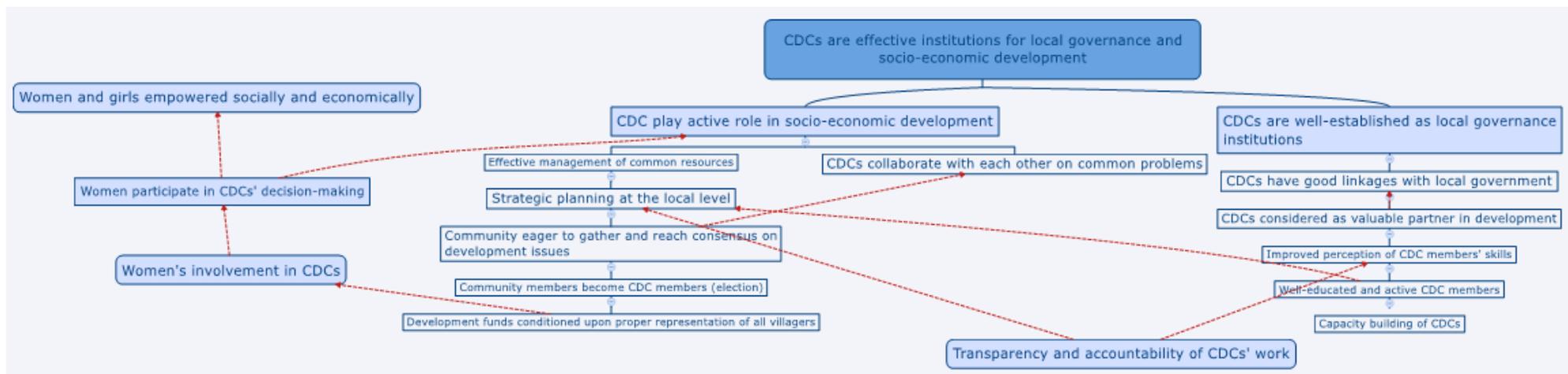
OGB has been implementing NSP in Daikundi since 2003 and started the implementation of the NSP III in 2010. Each year a new group of CDCs has been introduced into the Programme. This review exploited the phased approach to implementation in order to mimic counterfactual analysis by comparing two types of communities: (1) those which only recently (2014) entered into the NSP (hereinafter called the NEW CDCs) and (2) those who started in 2010 and who have now completed the NSP intervention, even if not formally handed over to the MRRD (which indicates project completion). The evaluation used the differences between the NEW and OLD communities to consider the impact of the project.

## 2.1 THEORY OF CHANGE

As described in the Introduction, the NSP has been developed by the national government and international donors with NGOs facilitating implementation of the programme. NSP III is based on a Result Framework, but has no logical framework and its logic model does not include all elements of the ToC that underpins the programme. Therefore, the ToC was reconstructed by the Evaluator on the basis of earlier experience with the NSP and secondary sources, mainly the NSP Operational Manual version VI. The ToC was subsequently validated through in-depth interviews with project staff.

The NSP is a single-outcome programme with the overall objective 'To build, strengthen and maintain community development councils (CDCs) as effective institutions for local governance and socio-economic development'. The ToC (Figure 2.1) reflects the ambition to see the CDCs as effective institutions for local governance and socio-economic development. To achieve this, (1) CDCs have not only to be well-established as local governance institutions, but also (2) play an active role in socio-economic development.

Figure 2.1: NSP's Theory of Change



In order to be considered as **well-established local governance institutions**, the CDCs need to have good linkages with local government institutions and other developmental actors. If the government, NGOs, or other development actors chose to work with the local community by approaching the elders instead of the CDCs it would mean CDCs' skills would not be considered strong enough to effectively implement developmental funds. Therefore, capacitating the CDC members is very important. Only well-educated and active CDC members will be able to lead the socio-economic development of their villages. The NSP, with its comprehensive training modules, significantly contributes to the capacity building of CDCs. The operational manual describes in detail how the CDC formal training<sup>3</sup> should look like (Table 2.1). The expectation is that with this training, CDCs should not only be able to act as effective local governance institutions, but also act in a transparent and accountable way, which is at the core of NSP implementation.

**Table 2.1: Formal NSP training modules (OP VI)<sup>4</sup>**

<b>Module</b>	<b>Minimum number of training hours</b>	<b>Minimum number of CDC members to be trained</b>	<b>Minimum number of non-CDC members to be trained</b>
Social mobilisation and basic rural appraisal skills	12	50%	10
CDC office-bearer training	24	All	0
Gender mainstreaming	24	All	5% of the community
Financial management	24	All	6
Procurement management	24	All	6
Basic project-cycle management	24	All	6
CPM	24	0	6
Social audit	12	All	6
Environmental and social safeguards	24	All	6
Conflict resolution/management	8	All	6
Disaster/risk mitigation/management	8	All	6
Linkages	8	All	6

Strategies to strengthen the transparency and accountability of CDCs' work are expected to contribute indirectly to better strategic planning at the local level, with consensus sought on development priorities among local community members. The assumption is that consensus is reached by communities coming together to discuss their problems and collectively agree ways

forward. Consultative decision making is not a new concept in Afghanistan. A traditional gathering of elders called a *shura* can be arranged to discuss a community issue while a *jirga* is called to resolve disputes. The participants of these meetings have traditionally been self-nominated elders and/or powerful and influential men who are used to take decisions on behalf of the community they claim to represent. This system excluded marginalised sectors of society from political power and meaningful participation in decision making spaces, and only the most respectable and influential women could make it to the elders' *shuras*. The new approach to development being promoted by the NSP, prioritises good representativeness and the explicit involvement of women. Fair elections must be conducted to ensure all community members have an equal opportunity to become CDC members. In addition, women's involvement in CDCs should be secured (by allocating them half of the positions) and meaningful, not just nominal. This approach is encouraged through financial incentives, with development funds conditional upon proper representation of all villagers. In practical terms, a community-wide gathering must agree the top five priority needs of their village before any funds are allocated for them. The expectation is that participatory governance will lead to more effective management of common resources, through improved strategic planning at the local level. There is a further expectation that collaboration between CDCs to solve common problems may be required. Finally, in order to improve transparency and accountability, Community Participatory Monitoring (CPM) is initiated. CPM teams are composed of non-CDC members who monitor the NSP projects in their communities as well as CDCs' performance.

Recognising that simply electing women to the CDCs may not necessary lead to their active participation in local decision making, the NSP seeks to raise awareness of women's rights, and includes gender mainstreaming training designed to encourage the transformative participation of women in local decision making. The assumption is that this will lead to the political, social and economic empowerment of women and girls.

The ToC reflected in the logic model corresponds to the key steps undertaken by the FPs and presented in

Table 1.3: NSP implementation phases. The repeated-block grant (RBG) interventions are marked in *italic*. The corresponding changes in who holds key responsibilities set out an assumption that after having gone through the whole cycle, the communities should be able to prepare their own NSP sub-project (as a proxy for future donors' funds) and be an active partner (of FPs) in the mobilisation of community members for election and proposal preparation. It is this assumption that this evaluation sought to test.<sup>5</sup>

**Table 1.3: NSP implementation phases**

Key step	Key responsible
Community identification	FP
<i>RBG: Community Selection</i>	<i>RBG: NSP HQ</i>
Community Mobilisation	FP
<i>RBG: Community Re-Mobilisation</i>	<i>RBG: FP &amp; CDC</i>
CDC Election and Registration	FP
	<i>RBG: FP &amp; CDC</i>
Initial Set of Training	FP
Community Bank Account Opening	FP
CDP Preparation	CDC
Sub-project Proposals Preparation	FP
	<i>RBG: CDC</i>
Sub-project Proposals Review and Approval	PMU
First Tranche Block Grant Disbursement	FMA
Second Set of Training	FP
Community Procurement	CDC
Community Accounting	CDC
Sub-projects' Implementation	CDC
Second Tranche Block Grant Disbursement	FMA
Sub-project Closure	CDC
Community Closure	FP
	<i>RBG: CDC</i>
CDC Assessment	FP

## 2.2 SAMPLING AND DATA COLLECTION STRATEGY

Stratified sampling was utilised with one strata composed of those CDCs that started in 2010 and another that started in 2014. As a rule of thumb, the aim was to collect data from 10 per cent of the CDCs being facilitated by Oxfam (the threshold set out by the country team). The list of CDCs included 224 positions, and so the aim was to visit 22 communities. Initial logistical challenges (cancelled flights to Daikundi) resulted in dropping three of these. The fieldwork was conducted in December 2014 and composed of 19 focus-group discussions. Findings were

triangulated with key informants' interviews (the project staff and the senior officials of MRRD) as well as primary and secondary data sources.

The CDC list was organised according to the First Disbursement Date. The first ten (first disbursement on 28 October, 2010) were selected as the OLD CDCs, while the last ten (first disbursement in or after August 2014) were selected as the NEW CDCs. Table 2.4 summarises the village selection with the CDCs marked in bold being the ones that eventually participated in the evaluation.

**Table 2.4: CDCs selected for the evaluation**

Old CDCs				New CDCs	
Name	District	Name	District	Name	District
Originally selected		Replaced			
<b>Ghadar Kohna</b>	Nili			<b>Shaikh Mohammad</b>	Sangi Takht
<b>Mesh Ulia</b>	Nili			Seya Dah	Sangi Takht
<b>Mesh Sufla</b>	Nili			<b>Gero Shinia</b>	Sangi Takht
Sirak	Nili	<b>Kaj Niklij</b>	Ishtarlay	<b>Zard Nala</b>	Sangi Takht
Siwak Shibar	Nili	<b>Pas Mazar Naglij</b>	Ishtarlay	<b>Sari Aab</b>	Sangi Takht
Shibar	Nili	<b>Shabid Nagleg</b>	Ishtarlay	<b>Shahi</b>	Sangi Takht
Robat	Nili	<b>Khar Bed Sufla</b>	Ishtarlay	<b>Shinia</b>	Sangi Takht
Askan	Miramor	<b>Deh Aros</b>	Ishtarlay	<b>Dahan Qarghan Ulya</b>	Sangi Takht
Kariz Shiwna Gul	Shahristan			Jangal	Sangi Takht
<b>Zard Sang Shalij</b>	Shahristan			<b>Khar Paran</b>	Sangi Takht
<b>Pitab Shalij</b>	Shahristan			<b>Dahan Seya Qul</b>	Sangi Takht

All the new CDCs were located in distant Sangi Takht district. Due to their extreme remoteness, one of them was dropped due to access issues. Another one had a funeral on the day that the focus group was planned and was not available to participate.

Accessing the OLD CDCs proved to be difficult. Although they were physically located much closer to the provincial centre, the mobilisation level after the completion of the NSP was low, and some of the selected communities were not able to gather focus-group participants in time, in spite of the great efforts made by the Oxfam's NSP team. Similarly, as in case of the NEW CDCs, one of the selected villages had a funeral on the proposed day. Furthermore, there were some security concerns that resulted in the need to change locations of the interviews. Out of a planned 11 OLD CDCs, the focus groups were held in ten of them but half of the initially selected locations were replaced by their nearby counterparts (Table 2.4).

In total, ten NEW and nine OLD CDCs were approached, which makes up 82 per cent and 91 per cent respectively out of the planned numbers in each group. The relatively low non-response rate, along with divergent patterns in responses between the NEW and OLD CDCs, confirms the sample size was big enough to properly test the evaluation assumptions.

A number of measures were introduced to limit the biases of focus-group discussions. Communities were not informed in detail about the aim of the meetings but, in order to ensure

their informed consent, they were told the meetings were to gather their opinions about the NSP. The general questions about the changes that occurred in the villages and in women's lives for the last five years (since 2010, i.e. the launching of the NSP III) were asked at the beginning of the discussions – to minimise question order bias. The NSP was not mentioned by name, both to avoid leading questions and to serve as a basis for cross-checking further answers against moderator/social acceptance bias. To reduce the dominant respondent bias, individuals (especially women) were specifically encouraged to respond by asking questions directly to them. In addition, direct observation of the group dynamics happened as part of the village meetings, therefore interference was reduced to the minimum.

In order to triangulate the data and obtain in-depth understanding of the multiple issues related to the NSP and CDCs, a number of key informant interviews were conducted with the project staff both in Daikundi and Kabul, as well as with the senior officials of MRRD in Kabul and PMU in Daikundi. Finally, a desk review of primary and secondary data was conducted, reviewing project documents, external reports, monitoring data and MRRD's databases.

The NSP Framework includes the following Local Governance Indicators at the outcome level:

- Minimum 70 per cent of sampled communities recognise CDCs as effective institutions and representative of communities.
- Minimum 60 per cent of CDCs perform their functional mandates.
- Minimum 70 per cent of sampled women representatives in the CDCs participate in decision making related to community development activities.

Gathering this kind of data on appropriate samples would require an in-depth study, which was not possible given the time and access constraints faced by the evaluation. Therefore, to better capture the NSP impact, a Governance Index was constructed, drawing on secondary sources and in consultation with the Governance and Gender Lead of Oxfam GB in the UK (details in Sections 2.3 and 2.4.

## 2.3 LIMITATIONS

The NSP Effectiveness Review faced a number of challenges, of which **timing and access** were the most important. This affected sampling and the number of beneficiaries reached, and, on a few occasions, put the evaluation team far out of their comfort zones.

**Daikundi** is an atypical place. The capacity of people and the level of education<sup>6</sup> are different from most other parts of Afghanistan. Security is good which, for example, allowed the social organisers to stay overnight with the communities and build a stronger rapport. Although this uniqueness can be seen as a positive factor, it also means that the generalisation of the findings of this evaluation may be limited to one province only (or similar provinces, such as Bamyan or parts of the Ghor province). The distinct characteristics of Daikundi province is the most likely reason why the findings of this study differ significantly from the WB's evaluation results, which was conducted at the national level and was primarily focused on, but not limited to, quantitative indicators.

As stressed in the UNDP's *Users' Guide to Measuring Local Governance*, 'Most of the existing measurement frameworks [...] are still not supported by tested, verified and widely used methodologies. In many cases these are basically a variant of broader (global) democracy indicators, disaggregated to apply to the local level'. To address this gap, the consultant constructed a **Governance Index** for use with this evaluation, which builds on four distinct sources, adjusted to the NSP context: (1) the above-mentioned UNDP Guide, (2) Oxfam's Right to be Heard Learning Companion, (3) GOFORGOLD Index (Afghan Good Governance for Local Development Index), and (4) the 2013 WB's impact evaluation of NSP. The general idea was to combine quantitative data from the NSP monitoring system with a qualitative element – data

from the community focus-groups. While the qualitative element was relatively straightforward, there was a major problem with consistency of the NSP monitoring data as the templates have been changed twice since 2010. For example, although the Institutional Maturity Index (IMI) contains similar questions over time, the answers are unusable as they changed from presenting exact values to indicating scores.

Another limitation was the difficulty of considering the value added by Oxfam GB, as the NSP programme was designed by the external institution (MRRD), and FPs do not have much discretion in how it is implemented. FPs have to adhere strictly to the given procedures. The advantage of such an approach is consistency and the availability of ready-made templates for all activities – from training manuals and engineering templates to monitoring forms. On the other hand, this gives little flexibility to adjust to the local environment. For example, gender mainstreaming may require different approaches in different parts of Afghanistan, but the NSP offers a standardised solution for all. Potential implications of this situation for FPs are described in Section 5. Apart from that, such a regulated programme creates a challenge for the Evaluator whose recommendations refer more to the programming or organisational design by the MRRD than directly to the works of Oxfam GB.

# 3 GOVERNANCE INDEX

In order to assess the degree to which the NSP final outcome (CDCs are effective institutions for local governance and socio-economic development) has materialised, a Governance Index was created, as described in Section 2.3. The index draws on both good governance principles and NSP requirements, and is divided into five categories: representation, decision making, participation, effectiveness and – specifically to stress gender issues – female representation. Each category is broken down into a number of contributing factors, with a three-point scale defined to support consistent scoring (-1, 0 and 1).

The table below summarises the value of the particular elements of the Governance Index for the NEW and OLD CDCs – i.e. ones that only recently entered into the NSP and ones that had already completed the NSP intervention, respectively – as the evaluation uses the differences between them to indicate the impact of the programme.

**Table 3.1: The Governance Index**

	CDCs	
	New	Old
Participation	0.7	0.7
Representation	-0.2	0.0
Female representation	0.1	0.0
Decision making	-0.2	0.2
Effectiveness	0.1	0.3
<b>GOVERNANCE INDEX</b>	<b>0.1</b>	<b>0.2</b>

## 3.1 PARTICIPATION

**Table 3.2: The Governance Index – Participation**

		CDCs	
		New	Old
<b>Participation</b>		<b>0.7</b>	<b>0.7</b>
Right to participation (security)	-1 Security prevents people from participation in community life  0 Security prevents some people from participation in community life  1 Security does not obstruct community life	0.9	1.0
Right to participation (cultural issues)	-1 Cultural issues prevent women from participation in community life  0 Cultural issues allow women to participate in CDC meetings, but participation is nominal  1 Cultural issues allow women to actively participate in community life	0.9	0.8
Sustained citizen engagement	-1 Only CDC members participated in the last CDC meeting  0 CDC members and the elders participated in the last CDC meeting  1 CDC members, (the elders) and community representatives participated in the last CDC meeting	0.8	0.7
Leaders open to listen to citizens	-1 Decisions not consulted  0 Decisions consulted with either the elders or community members  1 Decision consulted both with elders and community members	0.2	0.4

The level of participation at the beginning (NEW) and at the end (OLD) of NSP implementation is the same, suggesting that the NSP has not had an impact on participation. It should be noted, however, that the NEW communities have just completed the mobilisation phase and are very enthusiastic about the NSP, which has finally reached the most remote locations (these were not included in Phase I and II and were ‘waiting’ for their turn). On the other hand, high participation level in OLD communities is encouraging, as it suggests the NSP has managed to create institutional structures that allow people to participate in local development even after the NSP completion, which makes a strong case for sustainability. The evaluation found that the CDC meetings often attract, not only the CDC members, but also non-members as well as the elders, especially in the NEW CDCs.

In the Daikundi context, good local governance is visible mostly, if not only, through participation. As was mentioned in Section 2.3, Daikundi is an atypical province with a comparatively stable security situation and relatively cultural open local communities. It is likely that that this allows for greater participation in community life, in comparison to many Afghan provinces.

## 3.2 REPRESENTATION

**Table 3.3: The Governance Index – Representation**

		CDCs	
		New	Old
<b>Representation</b>		<b>-0.2</b>	<b>0.0</b>
Representativeness	-1 Voter turnout for CDC election under 70% 0 Voter turnout for CDC election 70–90% 1 Voter turnout for CDC election over 90%	0.3	-0.1
Active leadership	-1 Passive in attracting funds 0 Sometimes active, sometimes passive in attracting funds 1 Active in attractive funds	-0.4	0.2
Visionary	-1 Poor vision 0 Average vision 1 Well-defined vision	0.2	0.5
Able to capitalise on existing resources	-1% of self-funded NSP priorities below 10% 0% of self-funded NSP priorities is 10–50% 1% of self-funded NSP priorities above 50%	-0.8	-0.7
Representation of other marginalised groups (PWD, youth)	-1 Average age of CDC Executive Committee member 30 or above 0 Average age of CDC Executive Committee member below 30 1 People under 20 among the executives	-0.4	0.3
	-1 CDC members under 25 make up less than 25% 0 CDC members under 25 make up 25–50% 1 CDC members under 25 make up above 50%	0.2	-0.1

In contrast to participation, representation seems to be the most challenging element of good governance in the sampled communities (Table 3.3). Nevertheless, the evaluation found that representation is slightly better in the OLD communities, as compared to the situation in the NEW communities. Although the average voter turnout for CDC election in the NEW communities was higher (86 per cent) than in the OLD ones (77 per cent) and more young people were elected to the CDCs, the leaders of the OLD CDCs have better-thought-out ideas on developmental directions, are more active in attracting funds, and their Executive Committees are, on average, younger than in the NEW CDCs, which indicates power transfer from the traditional elders to the younger generation in the OLD communities.

Elected leaders in both types of community have a relatively clear vision for the development of their areas. However, the low level of activity in attracting funds, along with the low percentage of self-funded NSP priorities, suggests that the leaders of the NEW CDCs have limited abilities to realise their visions and capitalise on existing resources. However, the latter could also be a result of different mobilisation techniques. The lower level or even lack of funds for non-NSP developmental priorities is offset by a much higher co-financing rate of the NSP projects: while in the NEW CDCs it was always over the required minimum 10 per cent and in some cases even double that. In the OLD CDCs it was around, or even slightly below (9 per cent) the required minimum. Taken together, these figures suggest the NEW CDCs are much more focused on a few key investments, which they are eager to finance both from the NSP as well as from their own resources.

It is interesting to note that youth, a traditionally marginalised group, seems to be slowly getting its voice heard through participation in the CDCs. In the NEW communities, almost half (47 per cent) of members are under 25. In particular, young educated women have been gaining formal power in both types of community. The average age of female executive members was 23 in both NEW and OLD CDCs, while the average age of male executive members was 42 and 36, respectively. In addition, 89 per cent of the visited CDCs had a female secretary and all of them were 25 or younger. The contribution of the NSP to gender equality in the CDCs' executive committees is unquestionable as this is the formal requirement.

### 3.3 FEMALE REPRESENTATION

Female representation in OLD and NEW CDCs is similar, on average. The main difference is in the comparative quality of female representation, which refers back to the above-mentioned pattern of female executive members. Judging by the percentage of female CDC members who completed at least 12th grade (especially in comparison with the similarly educated men), local women have much stronger representation in the OLD CDCs. However, this contrasts with the level of participation and confidence to speak out during the meetings (as observed in the conducted focus groups), which is much higher among women in the NEW communities. Serious deterioration in female confidence to speak out may suggest low sustainability. However, the Sangi Takht (NEW CDCs) women are known for their openness, which may be a factor contributing to their active participation in the community meetings. In addition, age may be an explanation here. In the OLD CDCs, educated, but young and often unmarried women (not having a husband makes them less respectable in these traditional communities), share formal power with mature men, often the 'young' elders. In the NEW communities, the female representatives are more mature (married), maybe less educated, but more mobile (they go out and have more contacts due to their age and civil status) and confronted with aging elders, which makes them relatively more powerful in comparison to their counterparts in the OLD CDCs. This may also explain why more women in the OLD communities participate in the CDC election. Voter turnout among women is much higher than among the men in most (70 per cent) of the OLD communities. This is a simplified picture, of course, and would need to be further investigated to understand the reasons for these observed differences, but with the NSP's aim to ensure 'meaningful participation of women' (Annex K to the OM VI), this observation is worth noting.

**Table 3.4: The Governance Index – Female representation**

		CDCs	
		New	Old
<b>Female Representation</b>		<b>0.1</b>	<b>0.0</b>
Representation of women	-1 Female voter turnout for CDC election below 70% 0 Female voter turnout for CDC election 70–90% 1 Female voter turnout for CDC election above 90%	0.2	0.1
Women in leadership positions	-1 Number of female executives lower than minimum 0 Number of female executives in line with the NSP requirements 1 Women as a treasurers	0.1	0.0
Comparative quality of female representation	-1% of female CDC members who completed at least 12. degrees lower than man 0% of female CDC members who completed at least 12. degrees similar to man (less than 10 percentage point difference) 1% of female CDC members who completed at least 12. degrees higher than man	-0.6	0.2
Level of confidence to speak out expressed by women	-1 passive participation of women in meetings 0 women involved in discussions 1 very active women’s participation in meetings	0.4	-0.3

## 3.4 DECISION MAKING

Decision making is where the impact of NSP is mostly visible. Monitoring done by the NEW and the OLD CDCs is completely different. The NEW communities are often at the point where their CPM teams (see Section 2.1) are being formalised. They do not yet monitor the work of CDCs, or other (non-NSP) projects, which may be offered to the villagers (and do not yet have plans to do so). In the OLD CDCs, the local inhabitants expressed a great appreciation for the role of the community monitoring, which has been extended to other projects being implemented in the villages.

Collaborative decision making, measured by the percentage of community members involved in the preparation of the Community Development Plan (CDP), is satisfactory in both communities. This is not surprising as the CDP is a mechanism for agreeing developmental priorities for the village, including NSP fund allocations. As a result, any CDP-related meeting attracts more villagers than non-funding-related meetings. The use of the percentage of community members involved in CDP preparation as a proxy of collaborative decision making may, therefore, positively bias the value of the indicator. Nevertheless, the community meetings with the Evaluator attracted quite an audience in most of the villages, although it was known to the participants that no financial issues would be discussed. This offers an indication that community members are interested in meeting and making decisions in a collaborative way.

'Dissemination of information by leaders to the wider community is the final element of decision making section of the Governance Index (Table 3.5). Here, the formal requirements of the NSP collide with the Afghan reality. According to the OM VI, 'subproject status, proposed budget, and actual expenditures, should be posted by the CDC in a public place(s) accessible to both men and women to promote transparency'. The manual also states that 'The highlights of the procurements and expenditure against the community's block grant entitlement for the approved subproject is also updated by the CDC to the community using a public display notice board, until the closure of the subproject'. The NSP-required public boards were rarely used (only in Dahan Qarghan Ulya, Kaj Niklij and Shabid Nagleg). Nevertheless, most of the visited communities reported that they were satisfied with the level of information they were receiving from their CDCs in relation to the financial grant utilisation. In fact, written communication is of limited usefulness for the communities where large proportions of the population (especially the women) are illiterate.

**Table 3.5: The Governance Index – Decision making**

		CDCs	
		New	Old
<b>Decision making</b>		<b>-0.2</b>	<b>0.2</b>
Dissemination of information by leaders	-1 Community informed orally and unsatisfied with transparency level 0 Community informed orally only but content with transparency level 1 Community informed in accordance to NSP rules	0.0	0.0
Collaborative decision making	-1% of community members involved in CDP preparation under 50% 0% of community members involved in CDP preparation 50–75% 1% of community members involved in CDP preparation above 75%	-0.2	-0.1
Monitoring	-1 CPM team not functioning 0 CPM team to monitor NSP project only 1 CPM team to monitor only NSP and other project and/or CDC, procurement, etc.	-0.4	0.7

## 3.5 EFFECTIVENESS

**Table 3.6 The Governance Index – Effectiveness**

		CDCs	
		New	Old
<b>Effectiveness</b>		<b>0.1</b>	<b>0.3</b>
Level of funding	-1 No external funding 0 One project funded by NGO/government or the community 1 Multiple projects funded by NGO/government	0.3	0.4
Linkages with other actors	-1 No linkages 0 Linkages with either the government or NGO(s) 1 Linkages with both the government and NGO(s)	-0.2	0.1
Conflict resolution	-1 Conflicts solved outside the village 0 Conflicts solved locally but not by CDC 1 Conflicts solved by CDC	0.4	1.0
Relevance of sub-grants	-1 Community unhappy with the investments up-to-day 0 Community neither satisfied nor unsatisfied with the investments made 1 Community highly satisfied with investments' selection	0.1	0.7
Economic equity especially for marginalised members	-1 No income generation options for women in the village 0 Limited options for female income generation 1 Quite a number of women can generate income	-0.2	-0.9

Finally, the effectiveness of the CDCs was found to be mediocre in both types of communities. A major difference was found around conflict resolution ability. In the NEW CDCs, which have just started their activities and are concentrated on grant allocation/utilisation more than on community-building, conflicts continue to be most often solved by the elders (sometimes with mullahs) or are referred to the government or even the NGOs. In the OLD communities, there is evidence that CDCs play an important role in conflict resolution.

We did not find evidence that the NSP has had a significant impact on the number of linkages CDCs have with other developmental actors. Although leaders in the OLD communities do have slightly more linkages, the difference is not that significant. Nevertheless, the applications that OLD CDCs submit to the government are more successful on average than the ones submitted by the NEW CDCs. This may suggest that the 'quality' of linkages is higher in the OLD CDCs. There is evidence that without the NSP this would not be possible. Before the CDCs, the government recognised elders as the customary institutions to engage with, although the links were not good enough to provide security and funding.

Unlike the CDCs, the elders were:

- not representative (CDCs do represent the voice of the communities)
- informal (not legalised as the local authorities)
- unknown (even the names of the villages they represented were unknown to the officials)
- less educated (were not able to provide written requests to the government, for example).

The evidence suggests that the NSP has been both necessary and sufficient to improve the effectiveness of CDCs' linkages.

Interestingly, the OLD CDCs assess the relevance of the selected NSP projects much higher than the NEW ones. Although the latter usually implement more than one project under the NSP, the selection of those projects is often not optimal from the community needs point of view. The size of the financial allocation is likely to have played a role in this. A few of the NEW CDCs had initially prioritised building a school jointly with other CDCs, but their combined allocation was not enough to construct a building that would meet governmental standards. As the result, the projects they eventually selected left community members feeling disappointed with the NSP. Abuse of power and corruption continue to be problems, with 21 per cent of the interviewed communities complaining that the projects they had been promised by the governmental officials were subsequently moved to other locations. The WB report also notes that 'abuse of power is a key driver of poverty [in Afghanistan], with vested interests frequently shaping [...] the allocation of resources'.

The most disappointing finding is that the NSP has not yet contributed to greater gender equity.<sup>7</sup> The simplified indicator of economic equity returns the lowest score of the whole governance index for income generation options for women in the OLD CDCs. There are almost no opportunities for the female community members both in terms of workplaces created by NSP projects and in terms of income-generation trainings provided by the Programme. This is another case when the NSP requirements do not match the Afghan reality. While the financial empowerment of women could change their socio-economic position in society,<sup>8</sup> which is one of the major objectives of the NSP, income generation projects are not eligible for the NSP support in Phase III, although there were eligible in NSP I and II. PMU claims there is no market for the products of such activities in rural areas. As this particular issue was not investigated in detail in this evaluation, it would require further research to inform possible advocacy strategy. Ensuring the eligibility of the income-generation projects, along with building market linkages, could be one of the issues for advocacy. Oxfam is aware that NSP alone will not solve all community problems as 'in many areas across the country, the absence of state authority, weak governance, widespread impunity for warlords and corrupt leaders, and growing insecurity means that top level policies do not translate to realities for communities, especially the poor and the most marginalised' (JCAS).<sup>9</sup>

## 3.6 GOVERNANCE INDEX SUMMARY

The evaluation found that the NSP has not affected local governance as substantially as it could have. However, there is evidence of increased participation by people previously excluded from local-level decision making. Participation is one of the five components of the governance described in this section. While the WB report found that that NSP had a negative impact on local governance quality, based on the findings that 'after project completion, male<sup>10</sup> villagers are less likely to be satisfied with the work of local leaders and are more likely to disagree with recent decisions and actions of village leaders', it should be stressed that before the CDCs, the villages were usually governed by the elders (if not commanders, *arbabs* or other influential people) whose decisions were never questioned and whose power and representativeness could not have been challenged by the local population. The fact that the villagers are now expressing dissatisfaction suggests greater engagement in the community development, which

should be viewed as a success. In addition, the NSP was to introduce the new people into the local governance structures, especially women. Those people had never been involved in governing and/or decision making for the community. Therefore, their abilities to govern were far from perfect and they were learning-by-implementing the NSP only.

On the other hand, the evaluation findings support the WB report's assessment of NSP sustainability, as indicated by the result of endline impact in the WB report. The issue of sustainability is discussed in more depth in Section 4.3.

# 4 FINDINGS

## 4.1 FINAL OUTCOME

Local governance is at the core of Oxfam's Joint Country Analysis and Strategy for Afghanistan. Its Goal 1 'Right to be heard – Governance and active citizenship' is fully in line with the NSP overall objective 'To build, strengthen and maintain community development councils (CDCs) as effective institutions for local governance and socio-economic development' as well as with the final outcome of the reconstructed ToC 'CDCs are effective institutions for local governance and socio-economic development' (see Section 2.1).

Although the main body of OM VI only vaguely mentions the participation of 'both men and women' in the NSP, gender is an important element of the Programme with many indicators aimed at measuring it. It is hypothesised that participation in local politics, community organising and development projects are key modalities to the empowerment of women as individuals and as a group. The importance of gender mainstreaming is highlighted by the drafting of a separate annex dedicated to this issue: Annex K 'Gender Issues in the NSP'. As such, gender is one of the three key elements of the ToC, presented in Section 2.1. Like good governance, gender is one of the goals of Oxfam in Afghanistan: Goal 2 'Advancing gender justice' aims to empower women and girls socially and economically (according to the Joint Country Analysis and Strategy).

## 4.2 OTHER CAUSAL FACTORS

The sheer scale of the NSP means that it is unrivalled in its contribution to building, strengthening and maintaining the CDCs as the effective institutions for local governance and socio-economic development. Without the NSP, there would probably be multiple minor interventions on local governance undertaken by the individual NGOs. However, it is clear that on their own, they could only have made change on small scale and would have not been able to achieve the scale of community mobilisation and transformation the NSP has achieved.

Other contributing causal factors might include support for local communities' self-organisation, provided by the number of internationally supported community-based organisations or civil society organisations (CSOs). However, it is difficult to imagine they could have achieved the scale and national coverage of the NSP. The evaluation found that, in the visited CDCs, civil society was weak, imposed by donors to support the implementation of particular projects (water committee, fish *shura* or environmental *shura*) or required by law (school *shuras*). The youth association in Mesh Sufla was the only bottom-up initiative. According to the Oxfam's NSP Coordinator, only provincial-level CSO-umbrella organisations, well-linked to the national NGOs and CSOs' networks and run by active and dedicated staff, would be able to make change of a scale similar to the NSP. Therefore, the significance of this causal factor is low, and the NSP's role in building, strengthening and maintaining the community governance cannot be underestimated.

In particular, the Programme can be credited with two major impacts:

1. Capacitating CDCs to play an active role in socio-economic development.
2. Socio-economic empowerment of female community members.

The contributing factors for these two major impacts are analysed in detail in Section 4.3.

## 4.3 INTERMEDIATE OUTCOMES

In this section, the contributing factors of the two major impacts mentioned above (Capacitating CDCs to play an active role in socio-economic development and Socio-economic empowerment of female community members) are summarised by allocating ‘contribution scores’, which communicate both the extent to which the outcome has materialised and the significance of the contribution of each factor (Table 4.1).

**Table 4.1: Scoring system: Specific contribution of intervention**

<b>5</b>	Outcome realised in full Evidence that intervention made a crucial contribution
<b>4</b>	Outcome realised in part & evidence that intervention made a crucial contribution Outcome realised in full & evidence that intervention made an important contribution
<b>3</b>	Outcome realised in part & evidence that intervention made an important contribution
<b>2</b>	Outcome realised in part & evidence that intervention made some contribution Outcome realised to a small degree & evidence that intervention made an important contribution
<b>1</b>	Outcome realised, to any degree, but no evidence that the intervention made any contribution

Table 4.2: summarises the scores for Oxfam’s NSP III implementation in Daikundi, based on the scoring system presented in Table 4.1 The contribution scores go beyond the Governance Index described in Section 3. They complement each other as they evaluate the local governance from different angles:

1. While the Governance Index was constructed to assess the degree to which the NSP final outcome was found to have materialised, the contribution scores consider the nuances of the change process.
2. While the Governance Index assesses the NSP through the lens of the internationally recognised good governance standards, the contribution scores consider the NSP through the lens of the ToC presented in Section 2.1, and provide a more nuanced picture of change.

The contribution scores are summarised under the two major NSP impacts listed in Section 5.2, namely:

1. CDCs play an active role in socio-economic development.
2. Socio-economic empowerment of female community members.

**Table 4.2: NSP contribution scores**

<b>Outcome</b>	<b>Contribution scores</b>
<b>FINAL OUTCOME: CDCs are effective institutions for local governance and socio-economic development</b>	4
INTERMEDIATE OUTCOMES:	
3. CDCs play active role in socio-economic development	4
4. Women and girls empowered socially and economically	3

### 4.3.1 CDCs play active role in socio-economic development

Table 4.3: Outcome 1 contribution scores

Outcome 1	Contribution scores
<b>CDCs play active role in socio-economic development</b>	<b>4</b>
Proper representation of all villagers	4
Development funds conditioned upon proper representation of all villagers	5
Community members become CDC members (election)	5
Community eager to gather and reach consensus on development issues	4
Transition of power from the elders to CDCs	4
Capacity building of CDCs	3
Well-educated and active CDC members	2
Improved perception of CDC members' skills	4
CDCs considered as valuable partner in development	2
CDCs have good linkages with developmental actors	4
CDCs are well-established as local governance institutions	4
CDCs collaborate with each other on common problems	5
Transparency and accountability of CDCs' work	3
Strategic planning at the local level	5
Effective management of common resources	2

To assess overall significance of the NSP's influence on rural community governance, participants of the focus groups were asked to identify the most important changes in the community since 2010, i.e. since the launching of the NSP III (Table 4.4).

**Table 4.4: Most important changes in the community since 2010**

	New CDCs		Old CDCs	
	No.	%	No.	%
Women attend meetings/training/study	4	9.1	3	7.3
Women involved in community life	4	9.1		
Women's decision making power	3	6.8	4	9.8
Men's attitude/respect	1	2.3	3	7.3
Improved hygiene/health access	6	13.6	3	7.3
Infrastructure (mainly road access)	6	13.6	15	36.6
Education	7	15.9	7	17.1
Aid	2	4.5	4	9.8
<b>CDC recognition</b>	2	4.5		
All involved in community life			2	4.9
Lifestyle	4	9.1		
Natural disasters	2	4.5		
Other	3	6.8		
<b>Total</b>	<b>44</b>		<b>41</b>	

For the OLD communities, the infrastructure (and mainly the road access) is by far the most important change. The second most significant transformation, only half as popular, is concern about improvements in education. Specifically, progress has been made where schools were built, improving physical access, especially for girls. In addition, the changing attitude towards girls' education has been noticed, with female role models exemplifying the benefits of education. Education is at the top of most important changes in the NEW CDCs. In anticipation for NSP-related investments, the NEW CDCs also rank infrastructure and earlier investments in health and hygiene sectors highly. Interestingly, only the NEW communities mention the CDC creation as a significant transformation in the village within the last few years. They are particularly proud of the recognition that has been offered them, and the formal 'address' the NSP gives them – with a sense that external actors now know that their villages exist, which may result in further investments.

Although less tangible outcomes, such as the greater participation in community life through the general election or the recognition of CDCs' by the external stakeholders, were not explicitly recognised by communities (Table 4.4), communities did recognise the NSP as the major factor contributing to many of the changes which have occurred since 2010 (Table 4.5).

**Table 4.5: Factors contributing to major changes in the communities**

	New CDCs		Old CDCs	
	No.	%	No.	%
<b>NSP</b>	<b>10</b>	<b>25.0</b>	<b>22</b>	<b>52.4</b>
Changed elders' power	1	2.5		
Female role model	2	5.0		
Oxfam's role model	1	2.5	2	4.8
Attitude, openness, awareness (education, dedicated training, media, migration)	8	20.0	2	4.8
NGO on community request	3	7.5	4	9.5
NGOs	7	17.5	7	16.7
Government or its policy	5	12.5	4	9.5
Education	1	2.5	1	2.4
Security	2	5.0		
<b>Total</b>	<b>40</b>		<b>42</b>	

Not only is the NSP considered as a major contribution to change, but the perception of its importance seems to increase throughout implementation of the NSP (Table 4.5). In the NEW CDCs it is considered responsible for a quarter of all transformations, while in the OLD ones, it is credited with contributing to over half of them (52 per cent). In addition, the nature of issues the NSP influences has been changing. In the NEW CDCs, the NSP was appreciated for raising the profile of the villages in the outside world, with the hope it would contribute to attracting additional aid. In the OLD CDCs, the openness factor was also appreciated, but more in terms of creating the environment in which women were allowed to go out of their homes due to improved respect for human and women's rights, especially among men. On the other hand, both types of communities appreciated the NSP-funded infrastructure (roads, health or education), and women's increased participation in decision making as well as the improved participation of all villagers in the community life (Table 4.5).

The NSP promotes the full cycle of community governance: from mobilisation and election of representatives, through capacity building, to project design and implementation, to monitoring and social audit. As was noted in the WB report the 'NSP's impact on local governance will be conditioned by the composition of CDCs, the legitimacy of CDCs, and/or whether existing customary leaders change their behaviour in response. [...However,] the appeal of NSP block grants to malign actors may induce an adverse composition effect by causing such actors to increase their local governance engagement in order to capture block grants.' In Daikundi, the high local election turnout, especially among women in the OLD CDCs (see Appendix I) indicates that the NSP is contributing to the **proper representation of all villagers**. The fact that women are generally satisfied with the election process strengthens the evidence that traditionally marginalised groups are better represented. In addition, two communities (Mesh Ulia and Shabid Nagleg) point to good representation of all villagers in CDCs as one of the top five most important changes in the community since 2010 (beginning of NSP III). However, high voter turnout and the prioritisation of good representation do not mean traditionally powerful people are not being selected for office. Even the Daikundi's PMU confirms that CDCs are not free from political interference. Powerful people may become CDC members or 'select their own

delegation' to the CDC (Deh Aros), potentially co-opting the CDC process to retain power. However, this can also be viewed as a positive development, with existing customary leaders participating in a democratic process. The evaluation found evidence that the elders could play a positive role in the NEW communities, but may also become marginalised in the OLD communities (see paragraph on co-existence of the newly elected CDCs with the customary institutions further this section), which suggests traditional structures are engaging in the democratic process and that we are increasingly seeing equal opportunities for all the **community members to become CDC members.**

Without **development funds being conditional upon proper representation of all villagers,** ensuring proper representation may not be possible. Therefore, according to the NSP Operational Manual, only after the elections are conducted in an appropriate manner can FPs proceed with community mobilisation, CDP development and other activities aiming at disbursement of the block grants. The approach is not unique to the NSP – aid is often conditional upon following certain beneficiary selection procedures, while some NGOs may even create additional *shuras* to secure proper representation of all villagers, like peace *shuras* in Kaj Niklij and Pas Mazar Naglij. Nevertheless, many NGOs do contact the CDCs when they plan to start new activities in a given village, as those NSP-created councils are the only formal representation of the local communities. This evidence suggests the CDCs are becoming preferred stakeholders in most of the development interventions.

In Daikundi, the elected leaders do not make decisions on their own but consult with **local communities who are eager to gather and reach consensus on development issues.** In order to confirm this, the communities were asked to describe the composition of the last meeting in their villages. Only one CDC met alone (Table 4.6). In the NEW communities, the meeting configurations varied. In most cases (78 per cent), the meetings involved the community members. In the OLD CDCs, the meeting configuration varied even more and included the CDCs, the elders and the community members (Table 4.6).

**Table 4.6: Participants of the last CDC meeting**

	New CDCs		Old CDCs	
	No.	%	No.	%
CDC & community members	7	77.8	3	33.3
CDC, elders & community members	1	11.1	3	33.3
CDC	1	11.1		
CDC & elders			3	33.3
<b>Total</b>	<b>9</b>		<b>9</b>	

Related to representativeness is the **co-existence of the newly elected CDCs with the customary institutions,** mainly the elders' *shuras*. According to the WB report, 'There exists the possibility that NSP may worsen local governance outcomes by weakening institutional accountability and/or attracting malign actors. The creation of CDCs in parallel to customary institutions may undermine constraints on elite behaviour through the diffusion of institutional responsibility across multiple authorities,' especially after project completion. While this is the case in many places across Afghanistan, the developments in Daikundi are very encouraging. In spite of the declaration at the mobilisation stage that two fifths of the communities did not have traditional *shuras*, in all the visited locations such institutions had existed and still exist, though other traditional power structures (like *maliks*, *arbabs* or commanders) had disappeared from the area some 30–40 years ago. Before the NSP, the elders made all important decisions in all but one location (Shaikh Mohammad, governed earlier by the *arbab*). In a further six villages the elders shared power with mullahs or other influential people. Women were not

involved in decision making. The power of the elders was strengthened by the lack of governmental structures due to on-going conflicts in the country, which meant they had no competition. The mere introduction of CDCs cannot change the status quo easily as the elders are still influential in their communities. However, a change in the power structure has been initiated by the NSP. In the NEW communities it is openly declared that both groups coexist. It was also stressed that although the CDCs are accepted as legal authorities, they may not be able to take decisions independently without consulting the elders or acceptance of the elders (Sari Aab). The elders may, for example, decide to whom to refer a dispute (Gero Shinia). They also often occupy key or executive positions within the CDCs. Some of the NEW CDCs still have a problem with defining the relationship between the two bodies, claiming that both played the same role (Sari Aab). Nevertheless, there is evidence that the power transfer has started. In some of the CDCs visited (both NEW and OLD), the elders have renounced power or would be ready to assign power to the younger generation if the latter proved its usefulness for the community.

In the OLD CDCs the elders position themselves as watchdogs of development or take control of the Community Participatory Monitoring (CPM) committees. These committees are different from the CPM in the NEW communities as they not only monitor the NSP projects, but also the other development projects, as well as the CDCs themselves. In this way, the elders keep the OLD CDCs accountable to the communities, while giving up formal leadership. However, one of the major reasons for the elders losing influence is the increasing financial power of the CDCs. As declared in Pas Mazar Naglij and Kaj Niklij, 'money is power'. The CDCs' ability to attract funds builds the citizens' respect. Kaj Niklij community also suggests that the traditional *shura* may actually be content with the fact there is another body to solve community problems, and this was confirmed by its elders. There was evidence that the elders had attended the first few meetings, perhaps to make sure the CDC could do the job well (as in Deh Aros) or to question the CDC members for slow progress (as in Khar Bed Sufila), but the overall impression is that the CDCs are the local development leaders as they make decisions in a consultative way, are better educated, better organised, better linked with donors than the elders used to be, and can foster cooperation. On the other hand, the community members suggest that the CDCs have the same power as the elders held previously as the whole power has been transferred to the new, legal and elected structures. The relationship between the CDCs and the elders was well summarised by one of the interviewees: 'Now elders and [CDC] shura are one'. Anecdotally, it is noted by the Oxfam's NSP Coordinator that the elders now send their children to schools in order that they might become CDC members in the future. Daikundi's PMU assesses that the percentage of the elders among the CDC members decreased from 50 per cent at the beginning of NSP I to 10 per cent in NSP III.

Elected CDCs are trained in accordance to the scheme presented in Section 2.1. Monitoring data as well as the key informant interviews confirms that all the required training was conducted in line with the implementation phase. **Capacity building of CDCs** had reportedly been done, but because the CDCs were at different stages of maturity, only their understanding of the basic concepts could be comparatively evaluated. The basic questions were: What is the CDC? What role(s) does it play (What they do)? The answers are presented in Table 4.7.

**Table 4.7: Role of CDCs**

	New CDCs		Old CDCs	
	No.	%	No.	%
NSP implementation	4	17.4	2	9.5
Decision making	2	8.7	2	9.5
Participatory decision making	3	13.0		0.0
Community consultation	1	4.3	2	9.5
Problem-solving	5	21.7	5	23.8
Liaising with government/NGOs	5	21.7	4	19.0
Conflict resolution	1	4.3	3	14.3
Development/projects	2	8.7	3	14.3
<b>Total</b>	<b>23</b>		<b>21</b>	

For both the NEW and the OLD CDCs, problem solving and linkages with the government and NGOs are reported as the most important roles of the CDC, highlighted by 43 per cent of the communities. For the NEW communities, the very implementation of the NSP is also very important (Table 4.7), while the OLD ones stress softer impacts, and in particular, the ability to support development along with a conflict resolution function – activities that the newer NSP beneficiaries have not yet experienced. The NSP intervention is likely to be the major cause of the increase in CDC capacity, but the implementation of other projects, as well as different training provided by other NGOs for other purposes, is another contributing factor.

According to the PMU, the educated CDC members benefit most from capacity-building interventions as their comprehension level is higher. The local communities seem to be aware of this dependency. Theoretically, the better mobilised the community, the more likely it is that **educated and literate** people are selected to the CDC and its Executive Committee. This trend can already be seen, as described in Section 3. In addition, the literacy level of the executive members is higher in the OLD CDCs, which may confirm a recognition that education may have an impact on the quality of the CDC work.

In terms of **activity level**, the NEW CDCs meet slightly more often (Table 4.8), which is not surprising taking into account that some of the interviewed OLD CDCs have already completed their NSP interventions. Nevertheless, it is a major NSP achievement to (1) see the OLD CDCs still functioning and (2) meet quite regularly. This suggests sustainability.

**Table 4.8: Date of last CDC meeting**

	New CDCs		Old CDCs	
	No.	%	No.	%
Within 1 month	2	22.2	3	27.3
1–3 months ago	6	66.7	5	45.5
3+ months ago	1	11.1	3	27.3
<b>Total</b>	<b>9</b>		<b>11</b>	

The other way to consider how active a CDC is would be to evaluate its ability to attract funding. The details of the projects implemented by the CDCs are presented in Appendix I and the activity level in Table 4.9. Dynamic CDCs are more likely to proactively seek external funding; moderately active CDCs are those that sometimes act proactively and sometimes just wait for projects to come; passive CDCs are those that are just docile recipients. Knowing that the socio-economic characteristics of both the NEW and the OLD communities are similar, the evidence that NSP intervention made a crucial contribution to the level of activity is strong. In addition, there is evidence that this positive outcome is linked to Oxfam's focus on encouraging the community to look for external funding. This is an example of Oxfam's value-added.

**Table 4.9: Activity of the community leaders**

	New CDCs		Old CDCs	
	No.	%	No.	%
Active	2	25.0	4	44.4
Moderate	1	12.5	3	33.3
Passive	5	62.5	2	22.2
<b>Total</b>	<b>8</b>		<b>9</b>	

The overall effect of NSP impact on education and activities of the CDC members is mixed (neutral-negative-highly positive).

As was mentioned in the ToC (Section 2.1), in order to be considered as a valuable partner in development, it is important that the **perception of CDC members' skills by the external stakeholders** improves. As only few developmental actors were approached during this evaluation due to time and access constraints, as a proxy, the CDCs were asked about their perceptions of whether they were listened to by the officials and able to get positive responses to their requests. None of the NEW CDCs was successful at this, while the success rate among the OLD ones was 20 per cent. The evaluation found that the experience from the NSP implementation (and the linkages built, most probably) appears to have helped a lot.

When requests were unsuccessful, CDCs attributed this to different factors, summarised in Table 4.10. The most common response given to the rural communities were empty promises. In a few cases, the promised investments were moved to other locations. As another rationale of the poor perception of the CDCs, respondents listed a lack of advocates (e.g. high-ranking officials whose origin was in the given valley or village). Being located far from the provincial centre is another disadvantageous factor according to the NEW communities. The OLD ones, on the contrary, praised the governor for his readiness to help. This is not related to the NSP as the nomination for this position is a separate issue. Incidentally, Ishtarlay district's governor is a young, educated official, ready to act *pro bono publico*.

**Table 4.10: Justification of feedback from the government**

	New CDCs		Old CDCs	
	No.	%	No.	%
Financial shortages	1	5.0		
Empty promises/Project moved to other location	6	30.0	6	40.0
Far from centre	3	15.0	2	13.3
Lack of advocates	6	30.0	2	13.3
Poor representatives	2	10.0		
Corruption	2	10.0	3	20.0
Active governor			2	13.3
<b>Total</b>	<b>23</b>		<b>15</b>	

Summing up, CDCs consider themselves to be the **valuable partners in development**. A majority of them (71 per cent in both the NEW and OLD locations) do feel respected and taken seriously or positively by developmental partners. Nevertheless, the MRRD would like to see the CDCs stronger and major players in local socio-economic development, as expressed over the key informant interview. This indirectly suggests that currently, the CDCs are still not the valued partners in development. However, there are a few rare cases when a provincial or district governor asks CDC chairmen to attend certain events with him, indicating importance of the local governance to other developmental partners. In addition, it has been suggested that certain unofficial support for amicable communities may be offered, in the form of faster processing of official papers, for example. This may be related to tribal issues or search for political support. The significance of this evidence is, however, not high – both because other developmental actors were not approached during this evaluation (and would have been valuable as this evidence was based on self-evaluation), and because the scores for both the NEW and OLD CDCs were the same, which suggests the NSP has not had an impact in this area.

The OLD CDCs seem to have **good linkages with developmental actors**. Interestingly, in spite of declaring contacts with the government and being quite successful in seeking assistance, the OLD CDCs prefer to contact NGOs (Table 4.11).

**Table 4.11: CDCs' partners**

	New CDCs		Old CDCs	
	No.	%	No.	%
Government	2	22.2	2	20.0
NGOs		0.0	6	60.0
UN		0.0	1	10.0
CDCs	4	44.4	10	100.0
No partners	5	55.6		
<b>Total</b>	<b>9</b>		<b>10</b>	

The government is considered indigent and not in a position to offer any substantial support. However, for some specific purposes, the OLD CDCs would approach it and be able to get what they requested, but requests for major development assistance are made to NGOs. Without the NSP, the CDCs would have not been aware of this aid structure. The best evidence of this is the completely different linkage patterns of the NEW CDCs. Most of them (56 per cent) do not have any contacts with developmental actors, and if they have, it is with the government. Oxfam's facilitation has improved the linkages of the CDCs, paying special attention to creating linkages between the communities and developmental partners, including the government. This task is poorly described in the OM VI and the approach used is likely Oxfam's value-added. Not surprisingly, the PMU would like to see Oxfam conducting even more training on linkages.

The district government is the actor whom CDCs contact most frequently. Provincial government and NGOs come second, likely because access to them is more difficult/remote. Interestingly, contacts with the other CDCs are infrequent among the NEW CDCs (only 44 per cent) while all the mature CDCs work with their counterparts (90 per cent on infrastructure projects, 10 per cent on health). **CDCs collaborate with each other on common problems**, and this is attributable to NSP intervention as the Programme provides funding for such partnerships. There may be other smaller projects requiring some bottom-up collaboration, like mosque building, but this is rare.

The MRRD stresses that improvements in **accountability and transparency** are of critical importance for Dr Ghani, the new Afghan president. The Ministry and its PMU in Daikundi hope the FPs will help in improving these two issues as they have international experience, can share the best practices and have internal procedures, which may be useful. The expectation to improve accountability and transparency relates not only to CDCs but also to capacity building (e.g. internal management and financial planning) of fellow national NGOs, which work in the most insecure areas where the INGOs have no access.

Transparency is an important element of the NSP. As described earlier, the NSP requirement to have certain information displayed in public places may not be the most effective way to reach the mostly illiterate rural communities. However, the most common way of announcing CDC's decisions is by word-of-mouth or, alternatively, a community gathering (like a CDC meeting, praying in the mosque or local event). This is how the things worked with the elders before the NSP and how they work in the NEW CDCs now. The OLD communities may also use mobile phones and mosque loudspeakers, while the notice boards were only installed in Kaj Niklij and Shabid Nagleg. The NSP has not brought any significant change in this respect. A major difference, however, can be seen in how the community oversees the CDCs' expenditure. While the non-financial decisions may not be communicated well, the financial ones are closely monitored by community members. It can be said that the social audit works in this respect, although not totally in accordance to the NSP rules. The communities are satisfied, but the regulations to display written information in public places are mostly not met.

One of the major aims of the NSP is to create **CDCs that are well-established as local governance institutions**. They should be able to solve local problems and conflicts. Unfortunately, it seems that this outcome has not yet fully materialised. Conflicts are usually solved jointly by the CDCs and the elders. If this is not successful, they are referred to the government. Trust in the government as a problem-solver is high (though we found one strong exception).

As detailed in Table 4.12, the CDCs have to share power (the responsibility for solving local problems, to be precise) with the elders. This issue has already been described above. Here, it should be stressed that this power-sharing may not be a sign of the weakness of the CDCs. First, the CDCs seem to have permanent role in the governance structure, even in the NEW communities. Second, in Daikundi's context, the elders may actually play a positive role of providing accountability, which already happens in the OLD communities. Third, the four-year period is too short to completely change people's mindsets and persuade them to transfer trust and respect to the new institutions, which would need to prove their usefulness to the

communities first. Therefore, the evaluation finds evidence that the impact of the NSP on local governance institutions is positive, although the outcome has not fully materialised yet.

**Table 4.12: Problem-solving actors at the local level**

	New CDCs		Old CDCs	
	No.	%	No.	%
CDC & elders	5	62.5	3	33.3
Mullah & elders	1	12.5		
CDC, mullah & elders	1	12.5	4	44.4
NGOs/Government	1	12.5		
CDC & mullah			1	11.1
CDC & influential people			1	11.1
<b>Total</b>	<b>8</b>		<b>9</b>	

The well-established CDCs were assessed by achievements, with the assumption that well-thought-out development strategies should ensure optimal outcomes. **Strategic planning at the local level** is one of the interim results of the NSP with the compulsory CDP developed and agreed by the community members, not only the CDC members. While their participatory approach is a positive element, critics stress that the CDPs are too NSP-oriented and focused on maximising block grant limits rather than more diversified funding. NSP data confirm this, as only a low percentage of CDP priorities are self-funded. On the other hand, the NEW communities are ready to contribute more (20 per cent) for their NSP projects (typically in kind). Usually, the involvement of women in CDP preparation is lower than men and so-called ‘female priorities’ are not selected as the first project, but are more often selected in RBG (see Section 2.1. On average, only 53 per cent of community members participate in the CDP preparation in the NEW CDCs, but in the OLD ones it may be as low as 35 per cent. One of the plausible explanations is better mobilisation by Oxfam and higher interest/expectations from the communities that have been waiting to be covered by the NSP the longest. Seasonality (agricultural season) may also play a role. In addition, due to the reporting format change, data on participation in CDP preparation in the OLD CDCs are limited to two cases with a major difference between them and with one of them being unusually low (7 per cent), which makes the value for OLD CDCs not quite reliable.

Although the participatory approach needs improvement, strategic planning is realised in part, and the NSP intervention made a crucial contribution here, as there are no other interventions in Afghanistan to develop comprehensive plans for the whole communities at this scale.

NSP neither aims at nor provides any training on **effective management of common resources** (including bushes, trees, pasture, water) but common resources do exist in all but one (Ghadar Kohna) of the villages. Finding evidence that CDCs manage the common resources would suggest that CDCs are becoming effective local governance institutions. Indeed, in half of the OLD communities, the common resources are managed by the CDCs (Table 4.13). Unfortunately, it is difficult to judge how effective that management is. Interestingly, in Zard Sang Shalij and Pitab Shalij the special fish *shura* and environmental *shura* were created independently of the NSP. Hence, the NSP intervention contributed towards the outcome of effective management of common resources.

**Table 4.13: Common resources management**

	New CDCs		Old CDCs	
	No.	%	No.	%
CDC & elders	1	12.5	2	25.0
CDC & community members		0.0	2	25.0
Mullah & elders	1	12.5		
Mullah, elders & government	1	12.5		
Powerful people	2	25.0		
Owners	1	12.5		
Elders	2	25.0		
CDC			4	50.0
<b>Total</b>	<b>8</b>		<b>8</b>	

CDCs are supposed to play **active role in socio-economic development**. To assess this, the respondents were asked to name the main actor of local development. In the OLD communities, 70 per cent indicated the CDCs, while in the NEW CDCs it was eight percentage points more (Table 4.14:). The slightly higher value for the NEW CDCs reflects, most probably, an expectation bias where the initial optimism has yet to be confronted with the reality of power-sharing with the traditional structures. Moreover, institutional immaturity of the NEW CDCs is likely a factor here: while they may declare themselves as the main actor of local development and call meetings more often than their mature counterparts, in reality they are still more passive, have poor linkages, vague expectations about the desired NSP outcomes (in terms of soft objectives) and are less often engaged in common resources management.

Within the OLD communities, 20 per cent are convinced that the CDCs are supported by the elders and mullahs. Apparently, the power-sharing arrangements are dominated by the financial potential of CDCs related to the NSP and their legal status. In this way, there is evidence that the NSP can be seen to contribute significantly to the overall outcome of CDCs being effective institutions for local governance and socio-economic development. The CDCs' sustainability in this role after the NSP (without the NSP funds) shall be subject to further analysis but the findings of this evaluation suggest a lot will depend on CDCs' leadership (see Section 3.2).

**Table 4.14: Main actors of local development**

	New CDCs		Old CDCs	
	No.	%	No.	%
CDC	7	<b>77.8</b>	7	70.0
CDC & government	1	<b>11.1</b>		
CDC & elders	1	<b>11.1</b>	1	10.0
CDC & mullah & elders			1	10.0
CDC & government & NGOs			1	10.0
<b>Total</b>	<b>9</b>		<b>10</b>	

Although the MRRD assesses the NSP as one of the most successful community development programmes in the world (after Indonesia), it is convinced that the NSP alone cannot change the communities, but rather that it will open the way for other donors. The MRRD's initial plan is to synchronise various programmes with the NSP to make the CDCs strong developmental actors who shall be able to co-finance 50 per cent of the project value.

To triangulate the information about the potential impact of the NSP local governance, the respondents were asked to name major positive outcomes of the NSP in their respective villages. The OLD communities see more benefits, with infrastructure identified as the major one, with respect for individual ideas and women's involvement coming second (Table 4.15). The latter is by far the most important benefit of the NEW CDCs' experience, as many of them have not completed their projects yet. Creating local governance structured in the form of a CDC is not considered by many as a major advantage of the NSP, which is particularly surprising in comparison with the high appreciation for women's increased involvement in public life, but perhaps they do not recognise this obvious link. Generally speaking, the beneficiaries (as well as some of OGB's staff) see the NSP as a major rehabilitation/infrastructural programme, not as a community-building initiative with long-term sustainability.

**Table 4.15: Positive outcomes of the NSP**

	New CDCs		Old CDCs	
	No.	%	No.	%
Infrastructure	2	11.1	9	19.6
Health	2	11.1	6	13.0
CDC recognised	2	11.1	2	4.3
Women's involvement	4	22.2	8	17.4
Linkages	2	11.1	3	6.5
Income from project employment	2	11.1		0.0
Transparency	1	5.6	1	2.2
<b>CDC as local governance</b>	<b>1</b>	<b>5.6</b>	<b>2</b>	<b>4.3</b>
Respect of individual ideas	2	11.1	8	17.4
Rights awareness			4	8.7
Economic development			2	4.3
Conflict resolution internally			1	2.2
<b>Total</b>	<b>18</b>		<b>46</b>	

Summing up, the evaluation found that CDCs play an active role in socio-economic development and there is evidence that the NSP intervention made a crucial contribution to achieving this impact (average score out of all contributing factors is equal to 3.7 – (Table 4.3). The evidence supports the ToC developed before the fieldwork and all the elements of the ToC contribute to the final outcome. Two additional elements have been identified during the fieldwork as having made a crucial or important contribution: the proper representation of all villagers and the transition of power from the elders to CDCs.

The evidence suggests that the elements of the NSP that contribute most significantly to good local governance are related to the fact financial aid is conditional on the representation of all villagers and the proper selection of the villagers to the CDCs. This is strengthened by the transition of power from the elders to the CDCs and the willingness of the local community members to collaborate with each other in setting up developmental priorities. On the other hand, factors that do not contribute much to the final outcome (good governance) include low proactiveness of the CDC members and, still, the low esteem of the CDCs among the developmental partners.

More broadly, the evaluation found that the two most significant factors in terms of Oxfam’s NSP contribution to good governance are:

- The **design** of the programme, represented by the following targeted outcomes: Development funds conditional upon proper representation of all villagers; community members becoming CDC members; strategic planning at local level; and the CDCs collaborating with each other on common problems.
- **Uniqueness of Daikundi** that allowed for the transition of power from the elders to CDCs, as the capacity of people and the level of education are different from many other parts of Afghanistan. In addition, security is good, which, for example, allows the social organisers to stay overnight with the communities and build stronger rapport.

### 4.3.2 Women and girls empowered socially and economically

**Table 4.16: Outcome 2 contribution scores**

Outcome 2	Contribution scores
<b>Women and girls empowered socially and economically</b>	<b>3</b>
Women's involvement in CDCs	4
Women participate in CDCs' decision making	3

As mentioned above, the female turnout for CDC elections was high. This is an encouraging basis for the **women's involvement in CDCs**. The NSP requires that women are Executive Committee members and in all visited locations, this requirement was met. While not all executive members are literate, those who are, are usually women. The respondents have vague opinions about **women's participation in CDCs' decision making**, which only confirms the general public's concern about women's involvement being relatively nominal. This was also confirmed during the direct observation in the communities. In the OLD CDCs of Mesh Ulia, Pas Mazar Naglij, Shabid Nagleg, and Khar Bed Sufila, women attended the meetings, but were shy about speaking and in Pitab Shalij they did not participate in the meeting, which was held in the neighbouring village. This is a highly disappointing finding, especially as these communities are relatively close to the provincial capital. On the other hand, in the Sangi Takht district, where the NEW CDCs were located, women are very active in Shaikh Mohammad, Dahan Qarghan Ulya, Dahan Seya Qul and Shahi. The openness of their local women is well-known in Daikundi, and it is likely that the cultural factors are more important for women's involvement in CDCs than the NSP requirements. This is an important finding from a sustainability point of view. While CDCs will continue after the NSP is completed in Daikundi – as it was mentioned above – the ongoing empowerment of women is questionable, especially if villages are exposed to adverse external factors, like the proximity of Pashtu villages (Mesh Ulia and Pitab Shalij). Here the danger of returning to traditional elders-dominated structure is high. Having said that, the evaluation found strong evidence that the NSP set the foundation for women's involvement in CDCs. Without the CDCs, women would – most probably – still be absent from governing structures.

**Table 4.17: Women’s involvement in making decisions about the community issues**

	New CDCs		Old CDCs	
	No.	%	No.	%
Voting/NSP	1	14.3	1	9.1
Executives	1	14.3	1	9.1
Attend meetings/training	1	14.3	1	9.1
Valued females’ opinions	1	14.3	1	9.1
Skills appreciation	1	14.3		
Rights awareness	1	14.3		
Decision making power			3	27.3
Mixed-gender delegations			1	9.1
Right to education			1	9.1
Going outside			1	9.1
Nominal involvement	1	14.3	1	9.1
<b>Total</b>	<b>7</b>		<b>11</b>	

To triangulate the observations, the respondents were asked about the factors that contributed to the changing women’s position within the communities. The NSP is thought to be the most important change driver both in the NEW and OLD CDCs (Table 4.18). The existence of a role model – such as a nurse or a teacher of local origin whose education and openness resulted in good employment and professional respect – come second. Interestingly, Oxfam’s social mobiliser is often mentioned by name as a role model in the OLD communities. Fatima’s professionalism, openness and personal advice are appreciated even by male chairmen. In the NEW communities, the men’s attitude toward women has been changing. Their enhanced rights awareness is usually due to the awareness training provided by the Human Rights Commission or other organisations, but may also be triggered by the media (Indian and Turkish soap operas in particular), direct observations while visiting major Afghan cities or travelling abroad, and access to education.

**Table 4.18: Factors affecting women's involvement in community life**

	New CDCs		Old CDCs	
	No.	%	No.	%
<b>NSP</b>	<b>3</b>	<b>25.0</b>	<b>4</b>	<b>19.0</b>
Role models	3	25.0	3	14.3
Media	1	8.3	2	9.5
Migration	1	8.3		
Awareness training	2	16.7	6	28.5
Men's attitude (rights awareness)	2	16.7	4	19.0
<b>Total</b>	<b>12</b>		<b>21</b>	

As mentioned in the Section 3.5, NSP III does not provide any income generation training that could have contributed to women's economic empowerment. In terms of social empowerment, the NSP has enabled women to go out and attend various meetings, training and, obviously, the CDC sessions. In addition, it has also increased women's self-confidence, to some extent, as even the quiet ones may start sharing their opinions with a little encouragement (two exceptions). The problem is that competent young female CDC members tend to leave the communities for marriage, education or immigration purposes. Overall, women's social empowerment is moderate and mixed-gender CDCs do not exist.

To triangulate the findings, the communities were asked to identify up to five major changes in women's lives since 2010 (the launching of the NSP III). In both the NEW and OLD communities, access to education is reported as the major change (Table 4.19:). Access to health facilities (either due to newly constructed roads or manning the health posts by female medical personnel) is equally important to the NEW communities, located in the most remote parts of Daikundi where even mobile clinics are not able to reach due to lack of roads. The third major change in these areas is lifestyle (mainly clothes). In the OLD communities, the freedom to attend meetings, training or to study outside the village is the second most important transformation, along with transformed men's attitudes and respect toward women.

The evaluator expected communities to value women becoming more engaged in community life and decision making. While the former is reported by 10 per cent of the communities, the latter is less common. Formal membership in CDCs is not equal to real power/influence. In addition, changes in the **economic** position of women are not even mentioned. This finding confirms earlier statements on **women's and girls' social and economic empowerment**.

**Table 4.19: Major changes in women's life since the beginning of the NSP III**

	New CDCs		Old CDCs	
	No.	%	No.	%
Education (training)	4	14.8	8	19.0
Education (building)	1	3.7	2	4.8
Lifestyle	3	11.1		
Health access	4	14.8	2	4.8
<b>Involved in community life</b>	<b>3</b>	<b>11.1</b>	<b>4</b>	<b>9.5</b>
<b>Decision making power</b>	<b>1</b>	<b>3.7</b>	<b>3</b>	<b>7.1</b>
Going outside	1	3.7		
Mixed-gender delegations	1	3.7		
Attend meetings/trainings/study	2	7.4	6	14.3
Men's attitude/respect	1	3.7	6	14.3
Females' attitude/openness	2	7.4	3	7.1
Skills awareness	1	3.7		
Income generation training/projects	1	3.7	3	7.1
Water access		0.0	2	4.8
Violence against women (HH)	1	3.7		
Legislation		0.0	1	2.4
Nothing (according to women)	1	3.7	2	4.8
<b>Total</b>	<b>7</b>		<b>11</b>	

It should be stressed here that gender mainstreaming is critical for Oxfam, which helped the MRRD in developing Annex K (Gender) to the OM VI. The organisation builds linkages with high-profile local women to serve as the role models, which works, as mentioned above.

# 5 PROGRAMME LEARNING CONSIDERATIONS

As has been mentioned a few times in this report, the NSP structure does not leave FPs any discretion in terms of its implementation. It also imposes limitations on the learning considerations, most of which relate more to programming or organisational design by the MRRD than directly to the works of Oxfam GB and other FPs. This has already been discussed in Section 2.3.

The major issues are lack of discretion and limited options for the FPs to add any value. A side effect of this is the fact that the FPs are not in a position to consider NSP effectiveness, efficiency, relevance or any other factors that are typically taken into consideration when designing or implementing other projects. Another problem is the character of the NSP, which instructs the local communities how to govern their development by operating small grants. The communities, and sometimes the FPs, may concentrate too much on the tangible effects, neglecting the governance aspect. A side effect of this may be increased expectations for external help, especially as some of the NSP declarations seem to be meaningless (e.g. on social inclusion). Therefore, there are ideas for advocacy identified in this evaluation and OGB, with its good reputation, is well-positioned to undertake this. These issues are discussed in more detail below.

The implementation structure of the NSP, in particular the lack of discretion in this respect, shapes the attitude of the FPs and the rationale for their involvement in the Programme. The NSP is, in fact, a massive 'learning-by-doing' experience. Through the implementing of NSP-funded projects (and with support of multiple training modules), the local communities have an opportunity to organise themselves, learn basic principles of good governance and practise this new knowledge on the real projects under the supportive coaching of the FPs. This soft objective of creating local governance structures, trapped in a heavily regulated framework of the Operational Manual, may be unpromising for organisations such as Oxfam, which have significant potential for value-added. Moreover, in the case of gender, the focus on results may limit the NSP impact. Worth consideration is the rethinking of the involvement in the NSP (or any other programme of a similar nature). Oxfam has done this already and the decision has been made to subcontract the NSP to a local NGO. Taking into account the high expectations the MRRD has for value-added of the international NGOs, it would be advisable to discuss the plans with the Ministry as soon as possible for the betterment of future cooperation. In the event of such subcontracting, the quality implementation of NSP would depend on the capacity of the selected partner(s), which might initially have to be built by Oxfam. Such a contract may also require a lot of micromanagement. On the other hand, if the NSP IV were to happen, it would probably be changed towards livelihoods with a strong marketisation component, along with economic empowerment of women and with a new implementation modality (various programmes synergised with the NSP to make the CDCs the strong developmental actors who are able to co-finance 50 per cent of the project value). If this were to happen, the idea of NSP subcontracting might be reconsidered.

The NSP, as a results-based programme, creates certain challenges. One of them is a focus on achieving measurable results without (or with minimal) consideration given to the quality of the 'soft' objectives, such as community governance and women's participation.<sup>11</sup> The massive scale of the intervention and its modality only intensify the problem. In order to gather data on progress, the MRRD needs a lot of information from a high number of FPs on thousands of CDCs. The easiest way to (1) collect them and (2) make sense of them is to use clearly defined and easily collectable indicators. Being paid by results, FPs follow these requirements, without giving extra consideration to effectiveness or efficiency, relevance or other factors. They should

not be blamed as they (1) are neither contracted nor paid to do so and (2) follow the Programme, which was centrally designed, including monitoring and evaluation rules and templates. This may, possibly, negatively affect the Programme impact. One example is gender. The NSP declares (in Annex K), that it aims to ensure the meaningful participation of women, but in practice, only the figures matter, such as the number of women present at CDC meetings (required by monitoring forms) or women's declarations of involvement in Programme activities expressed while gathering data for an Institutional Maturity Index. There is no mechanism to verify those data. Only the WB evaluation to some extent fills this gap in understanding the underlying causes of the problem. It stresses that *'if cultural constraints are binding, NSP will have limited impacts on the accountability of local governance structures to women'*.

As was mentioned at the beginning of this section, the NSP teaches local communities how to govern their development by operating small grants. The communities, and sometimes the FPs, may concentrate too much on the tangible effect, neglecting the governance aspect. In other words, there is a major discrepancy between the NSP official objective 'to build, strengthen and maintain Community Development Councils (CDCs) as effective institutions for local governance and social-economic development' and the perception of the NSP by the beneficiaries, who see it as a major rehabilitation/infrastructural programme, not as a community-building initiative with a long-term perspective. It should be stressed this is not a criticism, especially knowing that Oxfam makes efforts to help local communities understand this issue. Substantial social changes like the introduction of local governance and women's empowerment require time to materialise in those traditional communities. Oxfam, with its high-recognition and respectable social organisers, is well-positioned to advance such social changes indirectly – through the NSP – in rural communities.

NSP III covers the most remote and neglected communities, which are often not assisted by any other aid. The NSP project is the first form of support they have received, therefore there is a high expectation for the NGO implementing the Programme to assist in solving any problems existing in the villages. This was clearly expressed by a few communities, which expected Oxfam to do more than just facilitate the NSP implementation. Thus, the requests need to be carefully explained to the communities in order to manage their expectations, especially as the NSP declares social inclusion as a prominent issue. In its Monitoring section, OM VI defines the areas of special importance with regard to social inclusion:

1. Marginalised groups: 'the female community members, any ethnic minorities in ethnically mixed communities, IDPs from other communities temporarily or permanently settled in the communities, IDPs/refugees from the given community who have returned to their original communities, physically and/or mentally challenged individuals and their families, semi-settled kutchi or nomadic families, and the poorest families of the community'.
2. Vulnerable groups: 'disabled persons, orphans, stigmatised illnesses (such as mental ill-health or HIV infected), elderly, ethnic minorities, households headed by widows or deserted women or children, IDPs, returnees, refugees, drug addicted persons, returned and/or reintegrated combatants.'

Apart from stressing the need to care about them in the Social Inclusion section, no information is gathered about assistance for these groups, not to mention any specific activities to assist them. This would require clarification with MRRD and strategic decisions by this institution to inform the design and implementation of the NSP IV.

OGB is well-positioned to advise and advocate on future design of the NSP as both MRRD and PMU think highly of Oxfam and its involvement in NSP implementation. As the key partner, Oxfam is 'implementing NSP in a good way' and the MRRD does not have any complaints. Moreover, it understands some operational challenges, like lack of qualified women to hire. PMU is slightly more demanding in terms of improvements expected from Oxfam. For example, it would like to see the ratio of staff increased to meet the OM requirements. However, at the time of the evaluation, Oxfam was implementing less technically difficult projects, which required a lower number of engineers in comparison to the ratio set up in Annex J (FP Related Issues). In addition, PMU would like Oxfam to conduct more formal training on gender and procurement.

The organisation conducts some of them on 'learning-by-doing' basis. Certainly, this is an effective approach for mostly illiterate communities who may have never heard about any project management concepts. Such outstanding issues shall be openly discussed with the PMU and the recommendation for flexibility (e.g. different staff levels depending on the Programme phase) shall be made in order to improve future programming.

## 6 CONCLUSIONS

The NSP is one of the largest projects in the history of Afghanistan. It aims at creating local governance structures in all Afghan villages. Oxfam GB has supported this objective in Daikundi province by setting up the CDCs and building their capacity in accordance with the NSP rules and standards. As a result, the participation of people previously excluded from local decision making has increased. In particular, the **NSP has formally involved women in decision making bodies**, empowering them politically. Nevertheless, the formal power does not always result in real power. Therefore, the extent to which women are able to meaningfully participate in local decision making is still questionable given the evidence identified in this evaluation. In a few CDCs the young women in the Executive Committees were faced with the daunting task of collaborating with their respective male counterparts, which significantly reduced their real influence. On the other hand, however, there is evidence that the NSP contributed to women's social empowerment as it has enabled them to attend various meetings and training sessions. Nevertheless, the possibility of women going out of their homes is not the norm in Afghanistan and the uniqueness of Daikundi (better education and openness of local women) has played a crucial role in this respect. In other words, cultural factors seem more important for women's involvement in CDCs than the NSP requirements. In addition, NSP III has not contributed to improving the low economic empowerment of women, as it did not offer any income generation activities or training. Ensuring the eligibility of income-generation projects in the next phase of the NSP, along with building market linkages, could be one of the issues for Oxfam's advocacy. It should be stressed that gender mainstreaming in the NSP has been of crucial importance for Oxfam, which not only engaged female role models (social organisers and high-profile local women), but also helped the MRRD in developing Annex K (Gender) to the OM VI. In addition, the Daikundi team went an extra mile to ensure high female participation in CDC election, CDP preparation and CDC meetings.

It should be remembered here that the NSP is highly regulated, giving the FPs little discretion in the way it implements the Programme and how it could add value. In such challenging situation, in addition to well-intentioned work on gender mainstreaming, Oxfam has been able to pay special attention to linkage-building between the CDCs and other developmental actors in order to encourage the rural communities to search for external funding. The evidence suggests that **Oxfam's facilitation was value-added** which improved the linkages to such an extent the MRRD would like Oxfam to replicate its experience.

**NSP could be assessed as successful only if its results were sustainable.** The evaluation found evidence that the CDCs shall continue after the rollout of the NSP is completed in Daikundi. Oxfam's efforts resulted in OLD CDCs keeping their institutional structures, meeting quite regularly and attracting the community members to the CDC meetings. The above mentioned ability to build linkages with other developmental stakeholders in order to attract funding is one of the major factors contributing to CDC sustainability and one of the major value-added of Oxfam in Afghanistan. On the other hand, the findings of this evaluation suggest the further existence of the CDCs will also depend on the quality of CDC leadership. Regrettably, the sustainability of women's empowerment is questionable with a high risk of return to traditional male-dominated structure, especially in the areas that are influenced by more traditional (Pashtu) neighbours.

# APPENDIX 1: THE GOVERNANCE INDEX COMPOSITION

## New CDCs

	Shaikh Mohammad	Gero Shinia	Zard Nala	Sari Aab	Shahi	Shinia	Dahan Qarghan Ulya	Khar Paran	Dahan Seya Qul	Average
<b>Participation</b>										
<b>Right to participation (security)</b>	1	1	1	1	1	1	1	0	1	0.9
<i>Security does (not) obstruct people from participation in community life</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>Some problems</i>	<i>No issues</i>	
<b>Right to participation (cultural issues)</b>	1	1	1	1	1	1	1	0	1	0.9
<i>Cultural issues do (not) obstruct women from participation in community life</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	
<b>Sustained citizen engagement</b>	1	1	1	1	1	-1	1	1	1	0.8
<i>Who participated in the last CDC meeting?</i>	<i>CDC &amp; CM</i>	<i>CDC &amp; elders &amp; CM</i>	<i>CDC &amp; CM</i>	<i>CDC &amp; CM</i>	<i>CDC &amp; CM</i>	<i>CDC</i>	<i>CDC &amp; CM</i>	<i>CDC &amp; CM</i>	<i>CDC &amp; CM</i>	

<b>Leaders open to listen to citizens</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>-1</b>	<b>0.2</b>
<i>CDC consults decisions with...</i>	<i>Elders</i>	<i>CM</i>	<i>No</i>	<i>CM &amp; elders</i>	<i>CM &amp; elders</i>	<i>CM</i>	<i>No</i>	<i>CM</i>	<i>No</i>	
<b>Representation</b>										
<b>Representativeness</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0.3</b>
<i>Voters' turnout for CDC election</i>	<i>88</i>	<i>78</i>	<i>86</i>	<i>86</i>	<i>93</i>	<i>86</i>	<i>73</i>	<i>90</i>	<i>92</i>	
<b>Active leadership</b>	<b>-1</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>-0.4</b>
<i>Leaders passive (P) or active (A) in attracting funds</i>	<i>P</i>	<i>AP</i>	<i>A</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>A</i>	<i>P</i>	<i>P</i>	
<b>Vision</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>0</b>	<b>0.2</b>
<i>Vision...</i>	<i>Well-thought</i>	<i>No</i>	<i>Well-thought</i>	<i>Well-thought</i>	<i>Average</i>	<i>Average</i>	<i>Well-thought</i>	<i>No</i>	<i>Average</i>	
<b>Able to capitalise on existing resources</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-0.8</b>
<i>Per cent of self-funded NSP priorities</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>60</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<b>Representation of other marginalised groups (PWD, youth)</b>	<b>-1</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>-0.4</b>

<i>Average age of CDC Executive Committee</i>	31	26	43	31	32	32	35	33	26	
	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>-1</b>	<b>1</b>	<b>0.2</b>
<i>Per cent of CDC members under 25</i>	65	50	44	44	25	77	38	19	60	
<b>Female representation</b>										
<b>Representation of women</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0.2</b>
<i>Female voters' turnout for CDC election</i>	88	83	82	84	91	84	73	91	89	
<b>Women in leadership positions</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0.1</b>						
<i>Number/position of female executives</i>	<i>Deputy, Secretary</i>	<i>Secretary, Treasurer</i>	<i>Deputy, Secretary</i>							
<b>Comparative quality of female representation</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>-0.6</b>
<i>Per cent of male CDC members who completed at least 12. grade</i>	40	0	13	11	0	27	88	0	0	
<i>Per cent of female CDC members who completed at least 12th. grade</i>	30	0	0	0	0	7	63	0	0	

<b>Level of confidence to speak out expressed by women</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>0.4</b>
<i>Passive/active women's participation in meetings</i>	<i>Very active</i>	<i>Active</i>	<i>Active</i>	<i>Very active</i>	<i>Very active</i>	<i>Active</i>	<i>Very active</i>	<i>Passive</i>	<i>Very active</i>	
<b>Decision making</b>										
<b>Dissemination of information by authorities</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
<i>Channel/ transparency level</i>	<i>Village representatives unsatisfied</i>	<i>Village representatives</i>	<i>Village representatives</i>	<i>Village representatives</i>	<i>Community gathering</i>	<i>Village representatives, Local events</i>	<i>Community gathering &amp; noticeboard</i>	<i>Community gathering</i>	<i>Community gathering</i>	
<b>Collaborative decision making</b>	<b>-1</b>	<b>-1</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>1</b>	<b>-0.2</b>
<i>Per cent of community members involved in CDP preparation</i>	<i>41</i>	<i>37</i>	<i>80</i>	<i>21</i>	<i>87</i>	<i>26</i>	<i>25</i>	<i>70</i>	<i>89</i>	
<b>Monitoring</b>	<b>1</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>-1</b>	<b>-0.4</b>
<i>CPM monitors...</i>	<i>NSP &amp; procurement</i>	<i>Not set up</i>	<i>NSP</i>	<i>Not set up</i>	<i>NSP</i>	<i>Not set up</i>	<i>NSP</i>	<i>Not set up</i>	<i>Not set up</i>	
<b>Effectiveness</b>										
<b>Level of funding</b>	<b>-1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0.3</b>
<i>Number of non-NSP projects</i>	<i>0</i>	<i>WFP, RURA, CAWC; Road self-funded</i>	<i>Road self-funded</i>	<i>NGOs, government; no budget in community</i>	<i>Road, wheat donation by NGOs</i>	<i>RURA; no help from government</i>	<i>RURA, SRC, local NGO, Oxfam; school self-funded</i>	<i>Road by government</i>	<i>RURA</i>	

<b>Linkages with other actors</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-0.2</b>
<i>Linkages with government/NGO(s)</i>	<i>No</i>	<i>NGOs</i>	<i>Government</i>	<i>NGO/government</i>	<i>No</i>	<i>No</i>	<i>NGOs</i>	<i>Government</i>	<i>NGO</i>	
<b>Conflict resolution</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>1</b>	<b>0.4</b>
<i>Conflicts solved by...</i>	<i>CDC &amp; elders</i>	<i>Mullah &amp; elders</i>	<i>CDC &amp; elders</i>	<i>Gov</i>	<i>CDC &amp; mullah &amp; elders</i>	<i>CDC &amp; elders</i>	<i>NGOs/Gov</i>	<i>CDC &amp; elders</i>	<i>CDC &amp; elders</i>	
<b>Relevance of sub-grants</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>0.1</b>
<i>Community (un)satisfied with NSP investments</i>	<i>Good project(s)</i>	<i>Could be better</i>	<i>Could be better</i>	<i>Could be better</i>	<i>Good project(s)</i>	<i>Could be better</i>	<i>Good project(s)</i>	<i>Bad investments</i>	<i>Bad investments</i>	
<b>Economic rights especially for marginalised members</b>	<b>1</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>-0.2</b>
<i>Number of opportunities for female income generation</i>	<i>A few</i>	<i>No</i>	<i>Limited</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>A few</i>	<i>Limited</i>	<i>Limited</i>	

Text in **bold** indicates contributing factors (three-point scale: -1, 0, 1)  
Text in *italics* displays the indicators explaining those factors

## Old CDCs

	Mesh Ulia	Mesh Sufla	Ghadar kohna	Kaj Niklij	Pas Mazar Naglij	Shabid nagleg	Khar bed sufla	Deh Aros	Zard Sang Shalij	Pitab Shalij	Average
<b>Participation</b>											
<b>Right to participation (security)</b>	1	1	1	1	1	1	1	1	1	1	1.0
<i>Security does (not) obstruct people from participation in community life</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	
<b>Right to participation (cultural issues)</b>	0	1	1	1	1	1	1	1	1	0	0.8
<i>Cultural issues do (not) obstruct women from participation in community life</i>	<i>No major issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No issues</i>	<i>No major issues</i>	
<b>Sustained citizen engagement</b>	1	1	1	1	1	1	0	0	1	0	0.7
<i>Who participated in the last CDC meeting?</i>	<i>CDC &amp; elders &amp; CM</i>	<i>CDC &amp; elders &amp; CM</i>	<i>CDC &amp; elders &amp; CM</i>	<i>CDC &amp; CM</i>	<i>CDC &amp; CM</i>	<i>CDC &amp; CM</i>	<i>CDC &amp; elders</i>	<i>CDC &amp; elders</i>	<i>CDC &amp; elders &amp; CM</i>	<i>CDC &amp; elders</i>	
<b>Leaders open to listen to citizens</b>	1	1	1	-1	1	1	1	-1	-1	1	0.4
<i>CDC consults decisions with...</i>	<i>CM</i>	<i>CM</i>	<i>CM</i>	<i>No</i>	<i>CM</i>	<i>CM</i>	<i>CM</i>	<i>No</i>	<i>No</i>	<i>CM</i>	

<b>Representation</b>											
<b>Representative-ness</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>-0.1</b>
<i>Voters' turnout for CDC election</i>	65	69	78	81	72	80	74	81	93	79	
<b>Active leadership</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.2</b>
<i>Leaders passive (P) or active (A) in attracting funds</i>	A	P	P	A	A	AP	A	AP	AP	AP	
<b>Vision</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>0.5</b>
<i>Vision...</i>	<i>Average</i>	<i>Well-thought</i>	<i>Well-thought</i>	<i>Well-thought</i>	<i>Average</i>	<i>Average</i>	<i>Well-thought</i>	<i>Well-thought</i>	<i>No</i>	<i>Well-thought</i>	
<b>Able to capitalise on existing resources</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>-0.7</b>
<i>Per cent of self-funded NSP priorities</i>	7	5	53	6	3	5	9	2	13	26	
<b>Representation of other marginalised groups (PWD, youth)</b>	<b>1</b>	<b>-1</b>	<b>-1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>0.3</b>
<i>Average age of CDC Executive Committee</i>	27	37	34	28	27	40	29	27	28	33	
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-1</b>	<b>-0.1</b>
<i>Per cent of CDC members under 25</i>	27	35	40	50	44	27	36	20	45	17	

Female representation											
<b>Representation of women</b>	-1	0	1	0	0	0	0	0	1	0	0.1
<i>Female voters' turnout for CDC election</i>	65	74	91	88	78	84	77	90	93	81	
<b>Women in leadership positions</b>	0	0	0	0	0	0	0	0	0	0	0.0
<i>Number/position of female executives</i>	<i>Deputy, Secretary</i>	<i>Deputy, Secretary</i>	<i>Deputy, Secretary</i>	<i>Secretary</i>	<i>Deputy</i>	<i>Deputy</i>	<i>Deputy, Secretary</i>	<i>Deputy, Secretary</i>	<i>Deputy, Secretary</i>	<i>Deputy, Secretary</i>	
<b>Comparative quality of female representation</b>	-1	-1	1	1	-1	0	1	1	0	1	0.2
<i>Per cent of male CDC members who completed at least 12 grade</i>	55	20	17	29	50	7	14	20	0	0	
<i>Per cent of female CDC members who completed at least 12th grade</i>	36	10	25	43	0	7	29	40	0	17	
<b>Level of confidence to speak out expressed by women</b>	-1	1	0	0	-1	-1	-1	0	0		-0.3
<i>Passive/active women's participation in meetings</i>	<i>Passive</i>	<i>Very active</i>	<i>Active</i>	<i>Active</i>	<i>Passive</i>	<i>Passive</i>	<i>Passive</i>	<i>Active</i>	<i>Active</i>		

<b>Decision making</b>											
<b>Dissemination of information by authorities</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>
<i>Channel/ transparency level</i>	<i>Village representatives; unsatisfied</i>	<i>Community gathering &amp; phone</i>	<i>Village representatives; unsatisfied</i>	<i>Village representatives, noticeboard, phone, mosque loudspeaker</i>	<i>Village representatives, mosque loudspeaker</i>	<i>Village representatives, noticeboard, phone, mosque loudspeaker</i>	<i>Village representatives, mosque loudspeaker</i>	<i>Village representatives, mosque loudspeaker</i>	<i>Phone, mosque loudspeaker</i>	<i>Village representatives, phone, mosque loudspeaker</i>	
<b>Collaborative decision making</b>									<b>0</b>	<b>-1</b>	<b>-0.1</b>
<i>Per cent of community members involved in CDP preparation</i>									63	7	
<b>Monitoring</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0.7</b>
<i>CPM monitors...</i>	<i>NSP</i>	<i>NSP &amp; other</i>	<i>NSP &amp; CDC</i>	<i>NSP &amp; CDC</i>	<i>NSP &amp; CDC</i>	<i>NSP &amp; other</i>	<i>NSP</i>	<i>NSP &amp; CDC</i>	<i>NSP &amp; CDC</i>	<i>NSP</i>	
<b>Effectiveness</b>											
<b>Level of funding</b>	<b>1</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>1</b>	<b>-1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0.4</b>
<i>Number of non-NSP projects</i>	<i>WFP, NGO, INGO, CSR, OHW, Oxfam, UNICEF</i>	<i>Government, NGOs</i>	<i>No</i>	<i>Community projects</i>	<i>Community projects</i>	<i>No</i>	<i>Community projects</i>	<i>No</i>	<i>NGO</i>	<i>ACF</i>	
<b>Linkages with other actors</b>	<b>1</b>	<b>1</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.1</b>

<i>Linkages with government/NGO(s)</i>	<i>NGOs, UN, government</i>	<i>NGO/ government</i>	<i>No</i>	<i>NGOs</i>	<i>NGOs</i>	<i>NGO/ government</i>	<i>No</i>	<i>NGOs</i>	<i>NGOs</i>	<i>NGOs</i>	
<b>Conflict resolution</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<i>Conflicts solved by...</i>	<i>CDC &amp; mullah &amp; elders &amp; (government)</i>	<i>CDC &amp; mullah &amp; elders</i>	<i>CDC &amp; mullah &amp; elders</i>	<i>CDC &amp; elders</i>	<i>CDC &amp; mullah &amp; elders</i>	<i>CDC &amp; influential people</i>	<i>CDC &amp; mullah &amp; elders</i>	<i>CDC &amp; elders</i>	<i>CDC &amp; mullah &amp; (government)</i>	<i>CDC &amp; elders</i>	
<b>Relevance of sub-grants</b>	<b>-1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0.7</b>
<i>Community (un)satisfied with NSP investments</i>	<i>Bad investments</i>	<i>Good project(s)</i>	<i>Could be better</i>	<i>Good project(s)</i>	<i>Good project(s)</i>	<i>Good project(s)</i>	<i>Good project(s)</i>	<i>Good project(s)</i>	<i>Good project(s)</i>	<i>Good project(s)</i>	
<b>Economic rights especially for marginalised members</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>0</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-1</b>	<b>-0.9</b>
<i>Number of opportunities for female income generation</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>Limited</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	

Text in **bold** indicates contributing factors (three-point scale: -1, 0, 1)

Text in *italics* displays the indicators explaining those factors

# APPENDIX 2: DOCUMENTATION REVIEWED

*A Users' Guide to Measuring Local Governance*, 2009, UNDP Oslo Governance Centre

Beath, A., Christia, F. and Enikolopov, R. (2013), *Randomized Impact Evaluation of Afghanistan's National Solidarity Programme*. Final Report

*Good Governance for Local Development – GOFORGOLD Index*

<http://www.gaportal.org/resources/detail/good-governance-for-local-development-goforgold-index>

Hopkins A., Brady C. and Brownlie, A. (2014), *Programming on the Right To Be Heard. A learning companion*. Oxfam

Joint Country Analysis and Strategy, Final version. Oxfam, December 9, 2013. *Islamic Republic of Afghanistan. Country Analysis*

National Solidarity Programme Phase Three (NSP III). Operational Manual Version Six (OM VI). Annex E: Community Participatory Monitoring (CPM)

National Solidarity Programme Phase Three (NSP III). Operational Manual Version Six (OM VI). Annex J: FP Related Issues

National Solidarity Programme Phase Three (NSP III). Operational Manual Version Six (OM VI). Annex K: Gender Issues in the NSP

Operational Manual Version Six ('OM VI'). National Solidarity Programme Phase Three (NSP III) Ministry of Rural Rehabilitation and Development (MRRD). Effective Date: 01st November 2011

Oxfam in Afghanistan

<http://www.oxfam.org.uk/~media/Files/OGB/What%20we%20do/Countries%20we%20work%20in/New%20brand%20PDFs/afghanistanNEW.ashx>

Special Conditions of Contract between MRRD and Oxfam

Sweetman, C. (Ed.) (2001), *Gender, Development and Money*. Oxfam Focus on Gender, Oxfam GB

## **Databases:**

NSP files in Nili and Sangi Takht offices

IMI Progress Report. Repeater

IMI Progress Report. First Block Grant

Subproject Detail Report. Repeater

Subproject Progress Report. Repeater

Subproject Detail Report. First Block Grant

Subproject Progress Report. First Block Grant

CDC Detail Report. Repeater

CDC Summary Report. Repeater

CDC Detail Report. First Block Grant

CDC Summary Report. First Block Grant

## APPENDIX 3: LIST OF KEY INFORMANTS

A full list is available on request.

Engineer, PMU Daikundi

NSP Provincial Manager

Programme Manager, Oxfam GB, Afghanistan

Head of FPMD, MRRD

M & E Officer, Oxfam GB, Afghanistan

NSP Team in Daikundi

Governance and Gender Lead, Oxfam GB, UK

# NOTES

- 1 NSP official website (<http://www.nspafghanistan.org/default.aspx?sel=109>)
- 2 <http://www.nspafghanistan.org>
- 3 Apart from those formal modules, the NSP provides the following Informal Training: Training of the election committee in NSP election norms and procedures; Training the community as a whole on NSP objectives, core elements, key implementation phases, etc.; Training the community on the Grievance Handling Mechanism within the NSP (p. 19, OM VI).
- 4 The training package presented here is for the new rollout CDCs but the one for RBG is almost the same with the only exception being the name of a gender module – ‘Gender awareness and mainstreaming’.
- 5 In addition to the general assumption underpinning this NSP evaluation, the two issues related to the value added of Oxfam’s role as FP were tested: (1) if Oxfam’s gender mainstreaming resulted in political, social and economic empowerment of women in the NSP-covered communities and (2) if Oxfam’s special attention to linkage-building brought any positive results to the communities.
- 6 According to PMU, 95 per cent of school-age girls are actually receiving education, which is much more than Afghan average.
- 7 As an organisation, Oxfam is committed to full gender equality, and this is outlined in Oxfam’s Strategic Plan.
- 8 The role of income in women’s empowerment was investigated by Oxfam. In one of the studies, it was mentioned that ‘Money confers power on those who decide how it is used, within the family and more widely at community and national level. Partly because of the power and freedom to make choices that it confers on those who possess it, money is a symbol of status in society [...] If you have no money or other assets, you are entirely dependent on your relationship with someone who has. If a woman’s survival and stability depends on the goodwill of her father, husband, or son, she has much less power to determine her behaviour. [...] If a woman owns economic assets independently, she has more freedom to choose to break away from poor living conditions and abusive or unhappy relationships.’ (Sweetman, p. 2–5).
- 9 JCAS refers to the Oxfam Joint Country Analysis and Strategy. These have since been replaced by the Oxfam Country Strategy or OCS.
- 10 Interestingly, the WB report bases its negative assessment of the impact on local governance on male opinions. The voice of women is neglected.
- 11 The quality of the NSP achievements in the field of good governance should not be confused with the NSP achievements in providing local infrastructure. There is strong evidence that Oxfam has never compromised on quality in this sense. Moreover, infrastructure quality assurance is a well-embedded mechanism within the NSP. It should be remembered, the Programme aims at building local governance not local infrastructure *per se*. Any sub-grants are just the way to teach the communities how to develop themselves (including how to operate grants, monitor projects, etc.).

## Oxfam Effectiveness Reviews

For more information, or to comment on this report, email [opalenquiries@oxfam.org.uk](mailto:opalenquiries@oxfam.org.uk)

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