Government of Afghanistan

Citizens' Charter

18 September, 2016

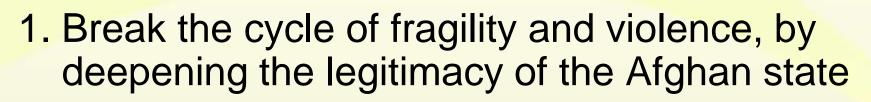


Realizing Self-Reliance

Ensuring Citizens' Development Rights:

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

Objectives of the Charter



 Reduce poverty by providing universal access to a core set of basic services





What to Expect from the Charter

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



How We Developed the Charter

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

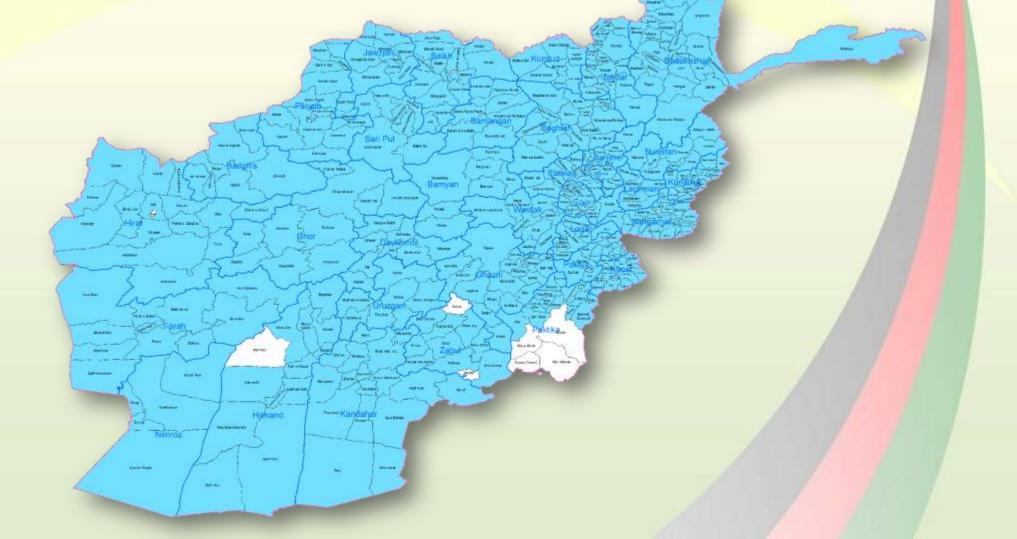
CDCs are the Linchpin of the Charter

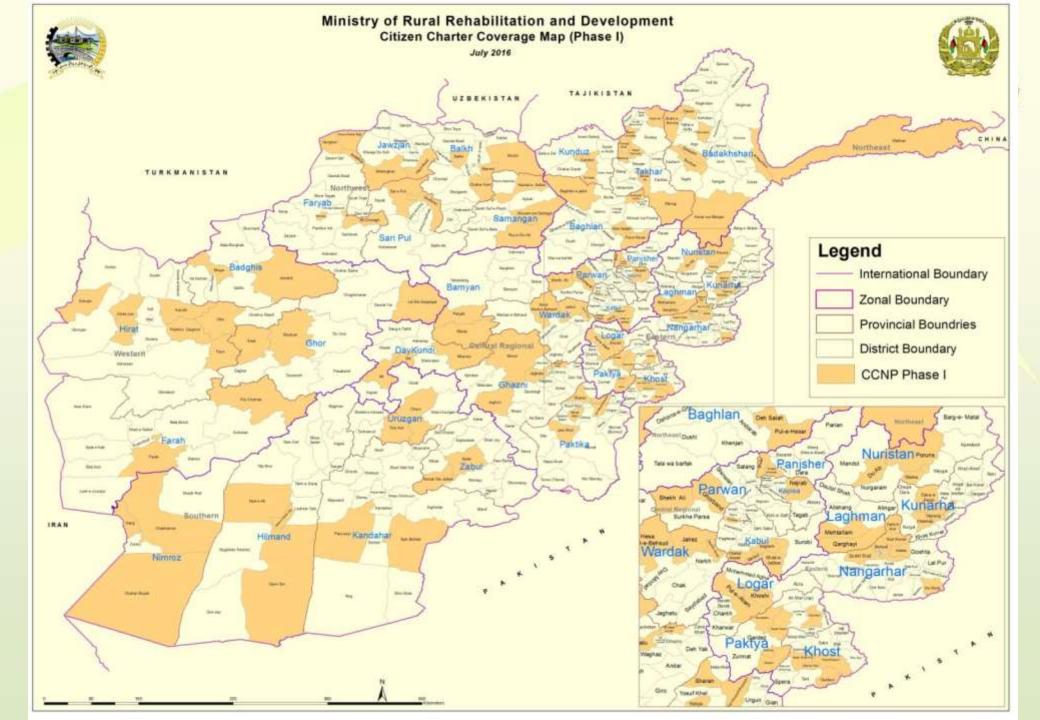
- Nationwide coverage
- Elected through village ballots
- 37% women members
- Trained in financial management and participatory planning
- Clustered (under CC)





Current Reach of CDCs (blue)





Core Features of Citizens' Charter

- CDCs become the central body for all development interventions at the local level
- Social Inclusion, with a strong focus on vulnerable groups, informal urban settlements, and the reintegration of returnees and IDPs
- Standardization of minimum service provision, with adaptations to regional differences
- Governors write annual performance contracts with line ministries that feed into national budgeting decisions
- Community monitoring of line ministry performance and spending, reporting to PCs and Governors
- Re-allocations based on performance (full alignment with PFM roadmap).

Minimum Service Standards

Rural Areas

Access to Clean Drinking Water

• Minimum of one water point per 25 households

Access to Rural Infrastructure - choice of:

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

Quality education in government schools

- Teachers will have at least grade 12 education
- Students will have 24 hours of education in grade 1-3, 30 hours of education in grade 4-6 and 36 hours of education in grade 7-12 (per week)

Delivery of Basic Package of Health Services

 Health facilities will comply with required opening hours (8am to 4pm); required staffing requirements; and provide mandated services

Minimum Service Standards

Urban Areas

- Street upgrading and drainage: includes concreting streets; sidewalks; drainage; and tree plantation along streets.
- Solid waste management: includes awareness raising, linked to existing municipal waste collection mechanisms.
- Provision of potable water: includes extension of existing municipal water network; small water supply scheme; or hand pump installation.
- Household numbering
- Lightning/Electricity: Can include extension of electrical grip, including installation of electrical transformers. Additionally households will be encouraged to install lights outside their homes.
- Park, Recreation Area (mainly for women and children)
- Livelihood projects for women

Quality education in government schools – Same as rural areas

Delivery of Basic Package of Health Services – Same as rural areas, and additionally:

- Private health facilities will provide services according to agreed standards with MoPH.
- Pharmacies will be registered and meet basic requirements stipulated by MoPH.

What Will CDCs Receive?

- All CDCs to benefit from Capacity Development in planning, financial management, participation, monitoring, and dispute resolution
- Rural CDCs to receive Investment Funds from line ministries for small infrastructure projects.
- Urban CDCs to receive Block Grants to deliver small infrastructure and service projects.
- Recurrent Grant to CDCs for small, innovative activities (if funds are available)

What Citizens Will Provide

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

Expected Results

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



Additional Development Activities Being Aligned with CDCs

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

Gender Mainstreaming

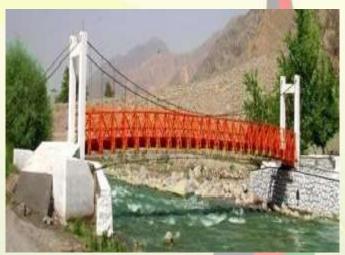
- At least 40% of CDC members will comprise of Women
- Specific women's mobility and socio-economic status mapping
- Specific focus on increasing women CDC members in decision making processes
- CDCs and Sub-Committees will be further trained on gender equity and women's needs
- Exchange visits for female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

IDPs/Returnees Reintegration

- All returnees will have equal rights and say in CDCs. Right to take part in CDC elections, community project prioritization and activities even if completed less than 1 year residency.
- If more than 20 IDP/ returnee families settle in a community after the CDC is formed, they can exceptionally vote 2 additional members (1 M + 1 F) into the CDC to represent them
- They will be clearly identified as families/ households during the community mapping and well-being analysis, to ensure they benefit equally/ equitably from the subprojects and the labor generated through the subproject implementation. All returnees will have access to the same minimum services – both in rural and urban areas
- Informal settlements will be reached through a total area development approach with the minimum service standards. In urban areas, Nahias with more informal settlements will be prioritised in district selection.

Oversight

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





Current Status

Readiness

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

Financing for Phase 1

- ARTF and IDA grant of \$500 million
- Government budget of around \$130 million

Looking forward to starting in October