The Role of Community Development Councils in Rural Development projects

The case of the Farza District, Kabul, Afghanistan

A Research Project Submitted to Larenstein University of Professional Education in Partial Fulfilment of the Requirements for the Degree of Master of Development, Specialization Rural Development and Communication

By
Farhad Wardak
Sept 2011

Wageningen
the Netherlands

PERMISSION TO USE

In presenting this research project in partial fulfilment of the requirements for a postgraduate degree, I agree that the library of this University may make it freely available for inspection. I further agree that permission for copying of this research project in any manner, in whole or in part, for scholarly purposes may be granted by Larenstein Director of Research. It is understood that any copying or publication or use of this research project or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University in any scholarly use which may be made of any material in my research project.

Requests for permission to copy or to make other use of material in this research project in whole or part should be addressed to:

Director of Research
Van Hall Larenstein University of Applied Sciences
Part of Wageningen University
Forum- Gebouw 102
Droevendaalsesteeg 2
6708 PB, Wageningen
Postbus 411
Tel: 0317- 486230

Acknowledgement

Dedication

Dedicated to my respected and beloved parents, whose generosity and encouragement provided me the strongest foundation for my education?

Table of Contents

List of Tables

List of Figures

Acronyms

ABC	Applied Behaviour Consultants
AISA	Afghanistan Investment Support Agency
ANDS	Afghanistan National Development Strategy
AREDP	Afghanistan Rural Enterprises Development Program
ARTF	Afghanistan Reconstruction Transfer Fund
BRAC	Bangladesh Rural Advancement Committee
CBOs	Community Based Organizations
CDAs	Community Development Associations
CDC	Community Development Council
CPM	Community Participatory Monitoring
CSO	Central Statistic Organization
DDA	District Development Authority
DDP	Department of Disaster Preparedness
FAO	Food and Agriculture Organization
FPs	Facilitating Partners
GOs	Government Organizations
GDP	Gross Domestic Product
hec	Hectar
IDA	International Development Association
IFAD	International Fund for Agriculture Development
MAIL	Ministry of Agriculture, Irrigation & Livestock
MoE	Ministry of Education
MoIA	Ministry of Interior Affairs
MoPE	Ministry of Power and Energy
MoPH	Ministry of Public Health
MRRD	Ministry of Rural Rehabilitation and Development
NABDP	National Area-Based Development Program
NGLOs	Non – Government Local Organizations
NOUN	National Open University of Nigeria
NRAP	National Rural Access program
NRVA	National Risk and Vulnerability Assessment
NSP	National Solidarity Program
PDC	Provincial Development Committee
PDP	Provincial Development Plan
PMU	Provincial Management Unit
POs	Provincial Management Unit
SAIEA	Southern Africa Institute for Environmental Assessment
SDO	Sanayee Development Organization
UN	United Nation
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nation High Commissioner for Refugees
WatSIP	Water Supply and Irrigation Program
WFP	World Food Program

Abstract

NSP plays a vital role in provision of development activities in the rural areas of Afghanistan. Being closest to the rural people and central through the participatory development, NSP initiated CDCs in the village level.

This research is basically designed to analyze the CDC role and participation in the rural development and to find out the community members' participation extent in CDCs activities in development projects in Farza district of Kabul province.

The study focuses on the role and participation of CDC and community members in the development projects in two villages (Qala-e-Mirza and Qala-e-Mirha) of abovementioned district.

Following a case study of CDC role in the development projects in the abovementioned district, the researcher applied accumulative methodology including: collecting of data from a sample of 14 Community members, 10 CDC members representing two CDC in two villages of Farza district and 1 government official in the district level and 5 officials of development agencies which were involved in development activities in the district.

According to CDC member's socio-economic profiles, indicates that CDC members are from those groups who have high socio-economic strata of rural community, who lived among the people in the village and have some experience of leadership. So from the above information it gets clear that CDCs are largely dominated by traditional elites and warlords. However, on the other hand some of the CDC members are belonging to small landholding groups, some of them are young and energetic but comparatively the education level is too low even illiterate. So generally according to the data majority of CDC members are belonging to a group, who are either having medium landholders or large landholders and majority of them are having either medium income of high income groups. It appears that CDCs are dominated by the warlords and elite's people of the village, so the data validate the hypothesis of this study that CDC are dominated by elites and warlords.

What it purposes paradoxically, is that in order to be an effective instrument of change, they must linked themselves with the other governmental organs such as: MAIL, MoE, MoPH, MoPE, and MoIA and obtain their support in order to be a stable institutions in the local level. And they must create good relations and linkages with other development and donor agencies also they must have endogenous ability in order to be able to serve greatly heterogeneous village demands.

Chapter One

1.1 Introduction

Afghanistan is a landlocked country, with the area of 652,230 square km located in the south Asia. Afghanistan has share borders with Tajikistan (1,206 km), Uzbekistan (137 km) and Turkmenistan (744 km) in the north, China (76 km) in the north east, Iran (936 km) in the west and Pakistan (2,430 km) in south and south east(UNESCO-Kabul, 2010-11). Afghanistan is a home to some 25 million inhabitants (NRVA, 2008, UN, 2010), with 76.4% of the population living in rural areas and 24.6% living in urban and semi urban areas (CSO, 2008), with 55% and 68% population engaged in agriculture and animal husbandry respectively (NRVA, 2008).

Table 1.1: Afghanistan Political Map

Source: Maps of the World.

After more than a quarter-century of conflict and repeated natural disasters, Afghanistan is one of the poorest countries in the world. Its human development indicators rank at 174th among developing countries, especially among the rural population. Decades of chronic political instability have undermined the development of modern, democratic structures of government,

1

markets and communities. Years of conflict and subsequent neglect have left much of the country's rural infrastructure in a serious state of disrepair. The instability of the country, combined with poverty and lack of governance, has resulted in to destroy much of Afghanistan's human, physical and institutional infrastructure, and insecurity remains a critical challenge to development efforts.

Majority Afghans lack access to basic services, particularly in rural areas. According to the estimation, approximately 68 per cent of the whole population lack sustainable access to clean water and 20 per cent of rural households are chronically food insecure. The expectancy rate of life is the one of the lowest (44 years), and has one of the highest under-five mortality rates in the world (estimated at 257 per 1,000 live births). Afghanistan literacy rate is 43 percent for men and 12.6 per cent for women. Although the Afghan economy has maintained impressive levels of economic growth over the past few years, this growth has failed to reduce extreme poverty in the country (Austaid, 2011).

1.2 Problem Background

The three decades of war in Afghanistan have left a negative impact, particularly on rural communities of Afghanistan in terms of access to essential human needs including education, health clinic, irrigation, transportation and other development process. The rural communities were deprived of certain facilities and endured years of suffering and deprivation.

However, soon after in the mid 2003 the National Solidarity Program (NSP) in the framework of Ministry of Rural Rehabilitation and Development (MRRD) was established, with the major objectives to lay the foundation for strengthening community-level governance and to support community-managed sub-projects comprising construction and development that improve the access of rural communities to social and productive infrastructure services. For achievement of the aforementioned objectives NSP initiated representative institutions for local governance under the name of Community Development Councils (CDC).

The aim of establishing CDCs is to develop the abilities of Afghan communities, in order to identify their needs, develop plans, manage and monitor their own development projects.

"Community Development Councils are groups of community members elected by the community to serve as its decision-making body. The CDC is the social and development foundation at community level, responsible for implementation and supervision of development projects and liaison between the communities and government and non-government organizations" (NSP OM, 2009).

Since 2003, NSP has been mainly involved in establishing community development Councils (CDCs) in all over the country and strengthen these CDCs through providing direct block grants[1], facilitation at the community levels, training and linkage them to the government and non-government agencies and donors.

---

[1] The grant provided by NSP to eligible communities, used to fund approved subprojects. It is calculated based on AFN 10,000 (approximately US$ 200) per family (subject to a maximum of AFN 3,000,000, i.e. approximately US$ 60,000 per community).

1.3 Research Problem

NSP has been empowering these CDCs to be self sustained, self initiative and act as an active driver in all aspects of development. After eight years of NSP interventions, it is recognized that the CDCs are still dependent on outsiders and they lack capacity and capability to work as independent community development organization.

1.4 Objectives

The objectives of this study are;

1. To analyze the CDCs role and participation in rural development.

   1.1 To find out, the current status of CDCs in term of their participation to the rural development projects

2. To define the extent of Community members participation in CDC's activities in development projects.

1.5 Research Questions

1. What role do the CDCs have in the rural development projects in Farza District?

   a. To what extend CDC members participate in the rural development activities?
   b. What are the attitudes of CDC members towards Community members' participation in development projects?

2. To what extent Community members participate in the CDC activities and development projects?

   a. What are the bases and levels of community members' participation in the CDC activities?
   b. What factors hinder the community members' participation in the development projects?

1.6 Study limitations

There were some restrictions which the researcher faced while conducting the research. The first constraint was the improper transportation (no regular transportation from the district to villages and inside the villages) in Farza district. Secondly finding of the respondents were very difficult because that was the irrigation season and everyone was busy in irrigating there plots.

Cultural was the third constraint, which didn't allow the researcher to conduct interviews with the female. Although female constitute the important part of the research but their participation was not allowed in any kind of meeting to gain their ideas and views at the community level.

Chapter 2

Community Development Organizations

2.1 Introduction

In order to analyse the different Community Development Councils (CDCs) role and participation in the rural development and find out the community members' participation extent in CDC's activities in development projects in a wider context, a review of the related literature is made, keeping in view the specific topics of the CDCs Participation.

The purpose of this chapter is to review the earlier research work done. In view of the fact that very limited systematic studies have been initiated relating to the CDCs role and participation in development by government and non-government organizations, studies available on CDCs in general and other related studies have been reviewed and presented in this chapter.

2.2 Concept of Rural Development

Rural development is a determined and conscious attempt by which the well-being of people is significantly uplifted, when there is a general enhancement in the quality of the life of rural people. In order to achieve this, the main objectives of the rural development are; alleviation of rural poverty and enhancement of the quality of rural life (NOUN, N/Y).

The main thrust of rural development program is to strengthen the socio-economic infrastructure of development in the rural area and to alleviate rural poverty (NOUN, N/Y). The rural development programs constitute the formation of rural roads, construction of small bridges and culverts, provision of water supply and sanitation facilities, improvement and maintenance of minor irrigation tanks (Gandhi, N/Y)**.**

Community development councils help community members to identify unmet needs. Initially this may be on a self-help basis, related to the sense of empowerment to address particular issues. This can happen by building up collective capacities such as improving skills, confidence and knowledge for individual and the community as a whole (Viriya, 2009). The empowerment of the community is "the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives". Empowerment of poor people is giving freedom of choice and action in different contexts, which often share the elements of access to information, inclusion and participation, accountability, and local organizational capacity (Viriya, 2009).

According to Jasma et al (1981) rural development is;

"An overall improvement in the economic and social well-being of rural residents and in the institutional and physical environment in which they live" (quoted in Shortall. 1994).

Buller and Wright 1990 offered the comprehensive definition of rural development and described it as follow;

"It is an ongoing and essential interventionist process of qualitative, quantitative and/or distributional change leading to some degree of betterment for groups of people".

From the above definitions we conclude that rural development shows the overall improvement in both economic and social well-being of rural peoples.

Hence, a plenty of academic literatures, especially the approach of modernization to the rural development, equates the rural development to agriculture developments. Inayatullah 1974 indicated as bellow;

"Rural development is a process leading to improvement in agriculture productivity, rural incomes and rural welfare, in terms of health, nutrition, education, and other features of a satisfactory life such as security and equity".

Above definitions shows that rural development is associated in two often distinct traditions, on one hand a community development and on the other hand agriculture development. The aim of development projects is to bring a basket of goods and services to the poor people in the rural areas, including of production, social and infrastructure components.

2.3 Participatory Rural Development

New approaches have been adopted in the last few decades. It was a new significance which has been lately acquired by human elements. Looking to their early admire that sustainable development is ensured through involvement of people in development activities. According to Mansoori and Rao (2004) Participatory rural development is also called community driven development.

Keith, R. Emrich (1984) indicated that the principle of participatory development is that development must start from the lowest level. There must be real opportunities to the beneficiaries for participative decision making and decisions have to relate to their future development.

According to Mansoori and Rao (2004) the specific functions which aimed by participatory development are as bellow;

1. Identification and prioritization of development projects through community itself.
2. Promoting community institutions in order to strengthening the poor people skills and
3. Enabling the rural people for joint working

2.4 Rural Development Organizations

Rural development organizations are the structural dimensions attempt to eradicate poverty, development organizations must provide focused capacity- and confidence building measures that empower vulnerable individuals and groups and encourage more-active participation in planning and decision-making processes by the traditionally unheard (IFAD 2009). At the local level these development organizations can be defined as any organized entity of society that contributes to local development without aiming at generating incomes for owners of the organization from the work or services offered by the organizations (Nepal, 2009).

2.4.1 Participation of People in Local Organization

According to Nepal (2009) Local development organizations can be categorized in term of participation; standard local organization (government/donor sponsored) and participatory (local initiated) local organizations. Each of them has the following characteristics;

Characteristics of standard local organizations

- "They are founded and sponsored by and outside mostly government agency, with a top-down approach to development for the people rather than a bottom-up approach. The idea is that benefit will trickle down from above.
- They are more formal and official.
- Their set-up often is inspiring by alien concepts, principles and policies frequently imported from abroad.
- They are mostly elite-oriented and/or dominated with the result that the elite benefits more than others".

Characteristics of participatory local organizations

- "Participatory local organizations cover only those groupings that are not organized or managed by the state. They are started by the people themselves and not by a government or other outside agency.
- These organizations cover a wide range of formal and informal networks and organizations including Non-government Local Organizations (NGLOs-mostly informal) Non-governmental Organizations (NGOs mostly formal) and 'Community-Based Organizations' (CBOs-mostly informal), which work in close cooperation with local people and are important vehicles facilitating the local development.
- They are more flexible in objectives and in set-up.
- Their leaders and their members are mainly the poor who reach decisions in face-to-face relationships.
- Their activities are related to the day-to-day situation and needs of the rural people. The leadership of participatory organization is selected and continued as per contribution and capacity of the members instead of imposition.
- They are formed and controlled by their members to a large extent and through these organizations, development activities are performed by the members themselves.
- These organizations distinguish them from organs of the state and also from more purely social and cultural association".

Shigetomi (2006) distinguished two types of organizations in rural society; endogenous organizations which includes traditional cooperatives organizations and social organizations; and exogenous organizations which includes development organizations (saving groups, cooperatives, and development credit banks) and local administrative bodies.

According to (Nepal, 2009) both, the standard and the participatory organizations are divided into three categories;

- **Membership organizations:** include local self-help associations who promote its development by direct self-help, these organizations functions; multiple tasks e.g. local development associations or village development committees, specific tasks, e.g. water users' groups, forest users' groups etc, and needs of members who have some particular characteristic or interest in common, e.g. mother's clubs, caste associations, women groups etc.
- **Non government local organizations** which are service organizations; these organizations are formed to help persons, society other than members though members may benefit from them.
- **Cooperatives** which are extremely varied from other local organizations, cooperatives are focusing on their economic functions and activities for their members

Asian Development Bank (1999) conducted a study of NGOs in Asia. In this study NGOs are defined as voluntary organization whose objectives are to enhance the general welfare of the public. In this study the NGOs are categorized into four groups.

1. National NGOs, including welfare-oriented and professional organizations
2. District/village-based NGOs
3. Local self-help groups or community based organizations (CBOs)
4. International NGOS

In the context of Afghanistan, local community development organizations are the government sectoral organizations (agriculture, rural development etc), NGOs, private sectors and rural organizations such as agriculture cooperatives, associations, unions, federations and the community development councils (CDCs).

The focus of my study in this research is to analyse the role and participation of CDCs in the rural development projects and community members' participation in the rural development projects.

2.5 Concept of Community Development Councils

Community Development Councils (CDCs) are "groups of community members elected by the community to serve as its decision-making body. The CDC is the social and development foundation at community level, responsible for implementation and supervision of development projects and liaison between the communities and government and non-government

organizations" (NSP, 2003). The establishment of CDCs is the main objective of National Solidarity Programme, based on the following principles (CDC-by law, 2006):

- "Creation of unity and solidarity among people, and consolidation of cooperation and assistance.
- Consolidation of social justice, transparency, accountability and book keeping.
- To maintain people supervision, legal rights, and prevention of corruption.
- To maintain active participation of the people for a sound management in the village level.
- Reduction of poverty and production of capital through the establishment of a sound administration at village level.
- To maintain the welfare of the people through extension of development and economical services based on their own wishes, under supervision of their representatives".

Also the term is defined as a group of people who actively participate in community activities and work toward creating a more vibrant society. These CDCs functions as the local administration, initiating, planning and managing community programmes to promote bonding and social cohesion. The services offered by these CDCs are identified under the strategy of ABC; assisting the needy, bounding the people and connecting the community (Singapore government 2009).

Different terms are used for such community-based development organizations in different part of the world. Dongier, P. et al. (2004) and Jain, N and Jain (2002) used the term community based organization (CBO) they defined; CBOs are communities who organized themselves to address collective and individual needs. CBOs are normally membership based organizations consists of a group of individuals in a self-defined community and having common interest. Odindo (2009) defined CBOs as civil society non-profit organizations that operative within a single local community to tackle issues that are pertinent to that particular community Akinsorotan and Olujide, (2007) used the term Community Development Associations and defined it as: "CDAs for development is characterized as a process of social action in which the people of community organized themselves for planning action, making groups and individual plans to meet their needs and solve their problem".

Community-based organizations (CBOs) have many variations in term of size, organization structure, level of knowledge and skills. They are usually promoted at the village level to take responsibility for a variety of rural development activities. Sometimes the CBOs emerged with direct assistance of the government and non-government organizations, but in most cases the CBOs could be considered as emerging third-sector organization that could provide a mechanism for self-help-reliant approach to development (Jain, N and Jain, 2002).

Sometimes CBOs are formally incorporated, with a written constitution and a board of directors (also known as a committee), while others are much smaller and are more informal. However, all CBOs that aim to receive recognition or support from the government or other funding agencies are required to be registered with respective government. They are also regard to have a management committee, often consists of a Chairman, a Secretary, a Treasurer, and

two committee members. They should also have a bank account for depositing their project funds (Odindo, 2009)

2.6 Participation from Different Prospective

Participation has been defined from different prospective by different authors. Leeuwis C. (2004) defined participation is taking part in or become involved in a particular activity; a process through which stakeholders influence and share control over development initiatives and the decision and resources which affect them. Sidorenko A. (2006) described different forms of participations, direct, representational (through selecting representative from membership based groups or associations), political (elected representatives), and information based.

Participation is a key concept to achieve and sustain development. Through participation one can get the most use of social and economic resources of rural communities to achieve set objectives. Participation refers to contribution or involvement of people to pool their efforts and resources together to get desired results. This participation can be in events of small size such as group activities which may involve only a little number of people or big public events such as taking part in demonstrations or election voting (Verba et al., 1978; Parry et al., 1992). From a broader perspective; "Collective sustained activity for the purpose of achieving some common objectives, especially a more equitable distribution of the benefits of development" (UNESCO, 1979).

Other Authors have attached participation to the term public for example: SAIEA, IAP2 (2005 p.2) defined "public participation is the involvement of all parties who may potentially have an interest in a development or project, or be affected by it". The authors reported that participation occurs in a continuum, expressing different degrees of power and influence in decision making. The continuum is in five levels; inform, consult, involve, collaborate and empower.

According to SAIEA "the public" any individual or group of individuals, organizations or entities who are interested in the outcome of a decision and they may be affected directly or indirectly by the outcome of the decision.

While some authors has linked participation with empowerment for example; Sidorenko A. (2006 p.2) analyzed "empowerment and participation are closely inter-related and these two notions in social policy are indivisible: empowering people means promoting opportunities for participation, while participation requires empowering people to enable them to this human rights. Both the empowerment and participation can be economic, social, or political. People can be empowered through participation".

Pretty, et al (2002) went further than just to define participation, they looked at the types of participation. They have introduced seven types of participation which can be applied under the context of the CDCs.

- Passive Participation: people participate by being told what is going to happen or has already happened.
- Participation in Information Giving: people participate by answering questions. People do not have opportunity to influence proceedings. This would mean member of CDCs are

9

just being kept informed by the leaders while the leaders make decision on behalf of them.

- Participation by Consultation: people participate by being consulted, and external people listen to their views.
- Participation for Material Incentives: people participate by providing resources for example labour, in return for good, case or other materials incentives.
- Functional Participation: people participate by forming groups to meet predetermined objectives related to the project, which can involved the development or promotion of external initiated social organization.
- Interactive Participation: people participate in joint analysis which leads to action plan and the formation of new local institution or strengthening of the existing once.
- Self Mobilization: people participate by taking initiatives independent of external institution to change system.

While according to Joan Nelson (1979) there are three main types of participation:

- Horizontal participation: It refers to engagement of people of similar level and status who work collectively to influence change in the policy level decisions.
- Vertical participation: It refers to connection of people with other persons of high status or leaders in the community or officials in the government to mutually benefit from the relation. In this type of participation the purpose is not to influence the government, rather the focus falls on establishing strong relationship and getting benefit of each other.
- Administrative participation: this type of participation may embrace both horizontal as well as vertical participation but in a formal administrative framework. People work collectively together in groups to influence decisions for development like to adapt the current administrative processes or introduce a technology. Also it can take the form of hierarchical participation where an exchange between two persons or a person of a group takes place.

The descriptions given above are applicable in the context of Afghanistan. In particular case, in this study, the focus is given to the CDCs, who participate in rural development activities in their areas.

2.7 Change in the Meaning of Participation

During 1970s there was a shift to more involvement of public in political processes and administration. It was appreciated that when public is involved in the decision making process, they will more likely cooperate in the implementation phase. Mobilization of people at an earlier stage and taking their trust for granted help to avoid any revaluation and alter everything at once. Gradual development that carries the public drive always sustain and results in a desired outcomes with the best use of available social and limited financial resources. In the words of Grindle (1980); "the implementation process may be the major arena in which individuals and groups are able to pursue conflicting interest and compete for scarce resources. It may even be the principle nexus of the interaction between a government and citizens".

An important appreciation of development in rural setting is public participation in the implementation phase. Farmers in villages' worth to be listened to and closely consider the values they carry. Uma Lele (1975) also finds participation of as a very crucial factor in rural development, while reviewing the rural African development projects. this because;   " participation in planning and implementation of programs can develop the self reliance among the rural people which is necessary for accelerated development" (Lele, 1975).

Today, also much emphasis falls on community participation in development of projects for the central role it plays in giving an ownership to community, improves the performance of a project and maintains the implementation. Similar to what explains, World Bank explains participation as a process, where involved partners are engaged in decision making, overseeing the implementation of development project and the resources being utilized. This interest is established because all these processes may affect the involved parties and to refine each step of development such that the affect is positive, everyone has to participate (World Bank 1994).

One can say that participation is essential in all steps of the development project from situational analysis before the project planning, through planning, implementation, monitoring and evaluation and constructive feedbacks for further planning and refinements. This type of participation is really very direct and transparent as compared to the indirect participation in the past. Furthermore, participation is very in depth and involved at all level and many types of public related projects rather than just political elections or governmental events. Such participation reverses the flow of development from top-down to bottom-up approach, which is desired in many setting around the world today.

2.8 Dimensions of participation

According to operationalization of Wanyande (1986) the participation concept introduced three different levels for participation through which people are engaged in a development process. The first step, which is the most important, is to involve people in identifying their needs and the needs of their community without any outside interference. It is the same to the "empowerment approach' of Oakley 1987, which the public themselves identifies, plan and implement their own development projects. The second level is the government and other administrative authorities' involvement that builds on what was assessed as the needs of public. In this step the administrators begin to mobile resources to address the defined needs. Participation of community may not necessarily mean that the whole ideas come from them, but it is rather important to involve them in decisions that are related to project implementation. This is equated to the 'community development approach' of Oakley. The third level according to Wanyande, is the form of participation in which the public neither take part in the identification and nor in the discussions about the implementation. Subsequent to need assessment and planning, public and government remains in collaboration and assign labors to implement the project. The main role at this stage is to monitor and have a close oversight of the project implementation. Some of the observers have considered this as a 'collaboration approach Oakley 1987.

According to Oakley and Marsden 1984; Bergdall: 1993 Involving community to participate may have many hindrances, but one has to find ways to overcome them. There are two main approaches to community participation. First programs that prepare community through

participation to collaborate with and support governmental objectives. The second approach is to involve communities through structured organization to channel their voice and establish a functional contact with them.

2.9 Organization Structure of CDCs

"Organizational structure is often used instead of organizational form. In addition structure may be used to express organizational set-up beyond single organization". For instance, certain community-based organizations such as cooperatives, associations etc maybe structured in hierarchical tiers (primary, secondary, tertiary societies) (Nepal, 2009).

According to Odindo (2009) the community based organizations that are formally registered should have a legal structures in which it is required to have a management committee which is consist of a Chairman, a Secretary, a Treasurer, and two committee members. They should also have a bank account for depositing their project funds.

Then CDCs in Afghanistan which are government registered organization at the village level has structured as a chairperson, deputy chairperson, secretary, and treasurer (NSP-by law, 2006).

Table 2. 1: CDC Organizational Chart
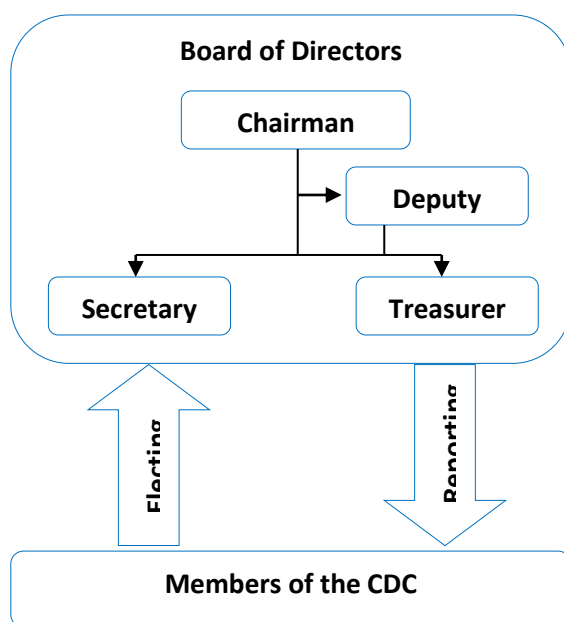
2.10 Role of CDCs in the Development

CDCs are community based organizations engaged in the development activities. Cardova, et al (1998) reported that grass root organization play very important role in the development. The key role the development organization have are 1) organizes community work, thereby reducing the cost of project execution, 2) resolves internal conflicts in the community such as boundary lines and communal work quotas, in addition to access to pasture land, springs, 3) identify the

needs and demand, 4) in many cases, it endorses or rejects the implementation of community projects and, 5) the last but not lest monitors project implementation.

Another study conducted by Olanipekun, (1998) he used the term traditional council for the community-based organization and he described the role of traditional councils in the rural development as;

- "To advise the Local Government authority or a group of Local Government authorities on matters referred to them by the elected council;
- To discus common problems and make suggestions to the Local Government authority or authorities in the area;
- To make representations or express opinions to Local Government authorities, on matters that may not strictly be the responsibility of the Local Government authorities, provided they are of concern to the area as a whole;
- To determine or advise the traditional ruler on all matters including the conferment of traditional titles and appointments there to; and
- To advise on and determine customary laws and practices".

The national Solidarity Program (NSP, by law 2006) pointed out the following major roles of community development councils in their respective community in relation to the development;

1. Identifying, planning, organizing, implementing and monitoring the development projects.
2. Dispute resolution.
3. Certifying identity.
4. Sub-committees

2.11 Services Provided by CDC

CDCs are more attuned and responsive to the specific needs of their community. They provide various community and social assistance services initiated by the government. The main services provided by the CDCs can be classified into three categories, similar to what was developed in other countries such as Singapore. The three categories named ABC, which are Assisting, Bonding, and Connecting (Singapore government, 2009).

1. "Assisting the Needy: to build a caring and cohesive community where people are passionate about making a difference in the lives of others.
   Each CDC administers various government programmes and schemes to help needy residents by offering social and job assistance.

2. Bonding the People: to work together with residents to take charge of the well-being and harmony of the community and to forge stronger bonds within the community through projects and programmes.
   CDCs encourage and facilitate residents to be involved in community projects and programmes that match their areas of interest or expertise.

3. Connecting the Community: to develop strategic partnerships with corporate and community partners to better serve our residents. The CDCs work closely with stakeholders and partners to better engage the community and build synergy within".

Chapter Three

Research Methodology

Technique of sample survey and a checklist was used for the collection of this study's data. The information about the role and participation of CDCs in the development projects and community members' participation in the development activities etc, was collected from the number of people who lived in the villages of Farza district of Kabul province, Afghanistan.

From the early stages of this research it became clear that the case study technique would be more appropriate for the collecting of realistic qualitative and quantitative data on analysis of CDCs role and participation in the rural development projects in Farza district of Kabul province. The strength of case study, produce much more detailed information than what is available through a statistical analysis.

3.1 Study Area

The research was conducted in Kabul province, which is divided into 18 districts among them Farza district is the focus district of my study.

The people who lived in the villages of above mentioned district of Kabul province would be the research universe of this technique. For achieving the objective of the study, the sample and sampling techniques were used.

Saving time, reducing costs and giving more accurate data if it is chosen correctly are the advantages of using sample. Due to high rate of response for the respondents this technique was used for the case study.

The multi-stage cluster sampling is used among the probability samples for this study. This kind of sampling is used for the large and widely dispersed population over a large area which makes choosing the sample expensive in time and travel. This technique of giving a final sample depends upon drawing many different samples like; clusters or areas for concentration rather than using a simple or stratified random sample of the whole population .

The idea is to start from more inclusive to less inclusive sampling unites till reach the population elements that constitute the final desired sample (Kidder and Judd: 1986).

The aim of using multi-stage cluster sampling was to assure that units of the area and informants for this study were similar samples. The multi-stage cluster sampling for this study was done as follow;

3.1.1 Selection of District

As it has been discussed earlier that Afghanistan is comprised of 34 provinces, where each province is comprised of several administrative districts and each district is further divided into number of villages.

Hence the objective of this research was to analyze the CDCs role and participation in the rural development and to define the extent of community members' participation in CDCs activities in the development projects. The case study was designed to represent as whole CDCs in Kabul. Thus, in the first stage involved random selection of Farza district in Kabul.

3.1.2 Selection of Community Development Councils
Totally there are 19 widely dispersed CDCs in the Farza district; respectively to conduct interviews with all CDCs was impractical in terms of time and expense. So I decided to select two CDCs randomly in the district. For the case study the procedure adopted was as follow:

The list and name of CDCs in the district was obtained from the NSP, MRRD. Then two CDCs namely Qala-e-Mirza and Qala-e-Mirah were selected with close consultation of NSP and their geographical location in the district.

3.1.3 Selection of Villages
Regarding the selection of village, I selected the same village for which CDC exist to obtain adequate and accurate information about the CDC role and participation in the rural development from the community people of the two CDCs related villages.

3.1.4 Selection of Respondents (the sample unit)
The used sample unit for this study was the community members who lived in the Farza's villages and the CDC members, NSP staff, development agencies' staff in the area and the sectoral manager of the district.

In social science different writers argue the complication of assigning the appropriate and optimum size of the sample. (Cohen and Manion 1989): The correct sample size depends on the purpose of the study and on nature of population. In general, to reach the conclusion it is better to have as large sample as possible.

Nwana (1982) highlighted this point and said:

> "The larger a sample becomes, the more representative of the population it becomes and so the more reliable and valid the results based on it will become" (P.71)

The CDC members sampling frame is based on the list and employs a two-stage sampling design with the CDCs selected in the first stage and the practical individual for interview with chosen CDC; selected in the next stage. With the limited time and facilities at the research disposal, it would have been difficult to interview all the CDC members of the two CDCs of Farza district (Kabul). After getting the update list of CDC members from the NSP office, for selecting CDC members I used a simple random sample method. On average 5 persons per CDC were sampled and, so 10 respondents in 2 CDCs.

In addition to CDC members, I also selected a sample of key respondents; NSP staff, district managers of development agencies in the area and the sectoral manager of district government, in order to obtain the realistic data, because those people who actually reflects the real picture of CDCs in regard to their role and participation in the rural development. Here again I adopted a random sample approach and eventually I achieved a sample of 6 from

officials (development agencies and government) and a sample of 14 from the community members who lived in the area.

3.2 Data Collection

The data was collected through a checklist developed for the CDC members and Key Informants and a questionnaire which was developed for the community members, especially designed for this study

3.2.1 Questionnaire Development

The checklist was designed for the CDC members and officials of the development agencies, in order to collect information for analysis of CDC role and participation in rural development and define the participation of community members' participation extent in the development projects. The checklist contained questions for information about the general background of the CDC members and development agencies officials, their relationship and communication with people and functioning of the community development councils. The questionnaire consists of questions on developmental, participation and administrative aspects of the CDC and development agencies.

The other one (questionnaire) was used to collect information from the community members in order to examine in their opinion the effectiveness of CDC role and participation in the rural development projects and the public people participation extent in the rural development projects.

Hence community members are the people for whom the CDCs intended to serve, that are why, and the study sought to find the community members perception in regards to the CDCs role and participation in the rural development projects.

The interview schedule size was kept short as D.J. Casely and D.A.Lury (1987) considers it momentous the accuracy of responses. However, the researcher tried each aspects of the research to be covered in the interview.

To assure the high rate of responses for the questionnaires and to have all the questions answered. Accordingly, it is very important for the researcher to obtain the trust of respondents Therefore the researcher trained himself from the experts in the NSP, how to conduct the interviews with the Community in order to gain the realistic data.

3.2.2 The questionnaire Administration

To administer the checklist and questionnaire with the respondents, the researcher used the face to face interviews. Face to face interviews with the respondents enable the researcher to search, to elaborate, to follow up the respondents important points and to gain detailed and richer information. For this it is important that the level of survey should be adapted to the education level of the respondents. Hence, the education level of the CDC members and community members are too low, therefore the researcher avoids postal questionnaire administration.

The time that the interview took with the informants was between 60 to 90 minutes, although some of the interviews especially with the officials of the development agencies lasted about two hours.

3.2.3 The pilot testing of the Questionnaire
It is important before conducting any research to ensure, whether the questionnaire is a valid and reliable tool. Therefore the researcher decided to have a preliminary questionnaire testing in the field. As Sudman and Bradburn (1982) said.

> "The pilot study can be used to indicate questions that need revision, because they are difficult to understand, and it can also indicate questions that can be eliminated". (p.284)

After construction of the questionnaire it was tested and revised before it was administrated. In 1st of July 2011, while a field trip was planned to the selected district, with a random sample of 12 respondents 5 from the CDC members and 7 from the community members in one village. After analysis of the collected datas' from pretesting findings, resulted to eliminate some certain questions and the refinements of others. Finally after the pilot test, the required questions were added and the questionnaire was remodelled into its final form.

Subsequently on July 20th 2011 the main field work was started and continued until August 10th 2011.

Interviews with CDC members and Community members usually conducted in their gardens, guesthouse (Hujras), and sometimes in the mosque. In order to increase the involvement of them and decrease interfere of other people, usually the interviews were held in morning after 10:00 am or in the afternoon after 02:00 pm when the respondents finish their afternoon prayers.

A totally 10 CDC members including (head, deputy, cashier, secretary and two other members), 14 Community members and 6 officials from the development agencies and government were interviewed for this study.

3.3 Data Presentation
The collected data was arranged according to questionnaire and checklist and then coded and analyzed by using the excel sheet and word, and then the data was presented in tables and graphs.

Chapter 4

The Study Area and the Emergence of CDCs

4.1 Introduction

Following the collapse of the Taliban in 2001, important progress has been made. Since the signing of Bonn Agreement in Sep 2001, major steps has been taken towards democracy and stability, and improving the lives of the Afghan people in Afghanistan. 1) Constitutional Loya Jirga (grand council) adopted which protects the basic rights of all Afghans in law, 2) Presidential and Provincial elections (2009) and Parliamentary elections (2010) has been taken place after 30 years, 3) ANDS strategy was launched through the government on 12th Jun, 2008 in Paris, 4) raising of the GDP from 11 percent (2002) to 22 percent (2009), 5) Increasing in the number of students from around one million in 2001 (virtually none of whom were girls) to more than 7 million today, including over 2.5 billion girls, 6) raising of health services for less than 10% of the population under the Taliban, to around 85% of population, 7) More than 25,000 communities have identified and managed their own community infrastructure projects through National Solidarity Program (NSP), and 8) almost 10,000 km of rural roads have been rehabilitated, and creation of employment for more than hundreds of thousands of local workers (ODA, 2011).

The Ministry of Rural Rehabilitation and Development (MRRD), Afghanistan was responsible for the implementation of NSP program and rehabilitation of roads and creation of employment for the local workers. MRRD's mission is to ensure the social and economic well-being of the rural population, through the provision of basic services, strengthening local governance and promoting licit sustainable livelihoods. MRRD aims to reach out to the provinces and to make its contribution to a state-building effort combining both bottom-up and top-down approaches. Specifically MRRD uses participatory and consultative mechanisms to ensure that government responds directly to the aspirations of communities through the delivery of services and development project priorities by the communities themselves.

The Ministry of Rural Rehabilitation and Development in recent years has been expanding its services into the remotest corners of Afghanistan in accordance with its mission. It has been able to do this through its national programs. Five main programs of MRRD which directly impact governance and infrastructure are: Water Supply and Irrigation Program (WatSIP), National Rural Access Program (NRAP), National Area Based Program (NABDP), Afghanistan Rural Enterprises Development Program (AREDP) and National Solidarity Program (NSP).

The National Solidarity Programme (NSP) is executed by Afghanistan's Ministry of Rural Rehabilitation and Development (MRRD) with funding from the International Development Association (IDA) of the World Bank Group, the Afghanistan Reconstruction Trust Fund (ARTF), and other donors. The National Solidarity Programme (NSP) aim is to develop the ability of Afghan communities to identify, plan, manage and monitor their own development projects. NSP promotes a new development paradigm whereby communities are empowered to make

decisions and manage resources during all stages of the project cycle. The programme is laying the foundation for a sustainable form of inclusive local governance, rural reconstruction, and poverty alleviation.

NSP is the largest community development programme in the history of Afghanistan. Known in Dari as "Hanbastagi Milli" and in Pashtu as "Milli Pawastoon", it is based on the Afghan traditions of:

- "*Ashar*" – community members working together on a volunteer basis to improve community infrastructure;
- "*Jirga*" – councils comprised of respected members of the community; and
- Islamic values of *unity, equity* and *justice*

NSP is empowering communities through establishing Community Development Councils (CDCs) in the grassroots level with the following conditions: Communities which at least haven 25 families can be eligible for the block grants. Villages with less than 25 families are encouraged to join with neighbouring villages to benefit from the NSP program. An average NSP community comprises 145 families in the CDCs, with the average of six family members. In total NSP covers around 39,200 communities, which made 40,600 "villages" in the country side.

These CDCs aim to provide the mechanism by which the development needs of village members are collectively identified and prioritized. With the support of Facilitating Partner (FPs), a transparent and democratic process was conducted in communities for the election of representatives – both women and men.

Upon election of the CDC, members elect officers to serve as Chairperson, Vice-Chairperson, Treasurer, and Secretary. Community Development Councils reach consensus on development priorities and develop and implement Community Development Plans (CDPs). This process promotes people's capacity to shape decision-making in the development process, to plan and implement community subprojects, and to receive and manage funds in the form of block grants.

NSP provides direct bock grant transfers to a bank account established by the CDCs to support rehabilitation and development activities planned and implemented by the elected CDCs. Block grant funding is calculated at US$200 per family with an average grant of US$ 33,500 and maximum of US$ 60,000 per community. Portions of the block grant are released for procurement and phased implementation of approved subprojects.

In addition to the substantial contributions of donors, communities themselves are NSP's third largest donor. NSP requires CDCs to contribute a minimum of 10% of subproject costs in order to participate in the programme. Communities, in fact, have often given much more as their

share of subproject costs and data from the NSP database shows that community contribution has amounted to just over 17% of subproject costs to-date.

4.2 The Study area

The study was conducted in Kabul province of Afghanistan, the site is located in the central region and is bordered with the provinces of Parwan in the Northwest, Kapisa in the Northeast, Laghman in the East, Nengarhar in the Southeast, Logar in the South and Wardak in the Southeast.

Figure 4.1: Kabul Province

Source: NSP Afghanistan

Kabul Province covers 4585Km2 area (NABDP, 2007), with a total population of 4 million (AISA, 2010), out of which 19% lives in the rural districts, while 81% lives in urban areas. Around 51% of total population is male and 49% is female. Pashtu is spoken by around 60% and Dari is spoken by around 40% of the total population of Kabul province. A small number of people located in the 5 districts speak Pashaie (NABDP, 2007).

According to the CSO/UNFPA Socio Economic and Demographic Profile more than half of the area is (56.3%) mountainous and semi mountainous terrain while more than one third of the province is made up of flat land (37.7%), as shown in the table;

Table 4. 1: Topography Type of Afghanistan

Topography Type					
Flat	Mountainous	Semi mountainous	Semi Flat	Not respondent	Total
37.7%	34.6%	21.7%	5.4%	0.5%	99.9%

Source: CSO/UNFPA Socio Economic and Demographic Profile

Each Province has Provincial Development Committee (PDC), which is responsible for the supervising of the progress made on implementation of the Provincial Development Plan (PDP). In Kabul there are also numbers of other bodies which play vital role in the development planning at the local level. DDA [2] which is active in 1 district in the Kabul Province includes 32 men and 24 female members. DDA has its own district development plan. In spite of DDA there are smaller institutions in the community and village level, responsible for the development planning of the village level, which are called CDCs. In total there are 508 CDCs in Kabul as shown in the bellow table;

Table 4. 2: Number of CDC in Kabul Districts

Number of CDCs by District	
District	Number of CDCs
Deh Sabz	31
Mir Bacha Kot	38
Kalakan	27
Qarabagh	69
Istalif	32
Shakardara	72
Paghman	75
Charasyab	40
Bagrami	26
Khaki Jabar	19
Surobi	16
Guldara	44
Farza	19
Total	**508**

Source: MRRD, NSP, Afghanistan

Farza District is the researchers focused district, and is located up in the hill of the north-western part of Shomali plain. Farza district covers 500Km2 area (NABDP, 2010), with a total population of 61122 out of which 70% Pashtuns and 30% Tajiks. There are 22 villages, which all

---

[2] DDA constitutes of CDCs representatives in the district level. It is an attempt to establish a mechanism for collective actions by raising the level of facilitation and mobilization beyond of communities to bring the people into the forefront of development planning and implementation from the community to the district and to provincial levels

of them are covered by NSP (NABDP, 2010), and an average of 800 houses are located in each villages. Water for irrigation is provided from the snow melted water, coming from the mountain, although the availability of the land is limited (being on the mountainside) (UNHCR, 2002).

Figure 4.2: Farza District
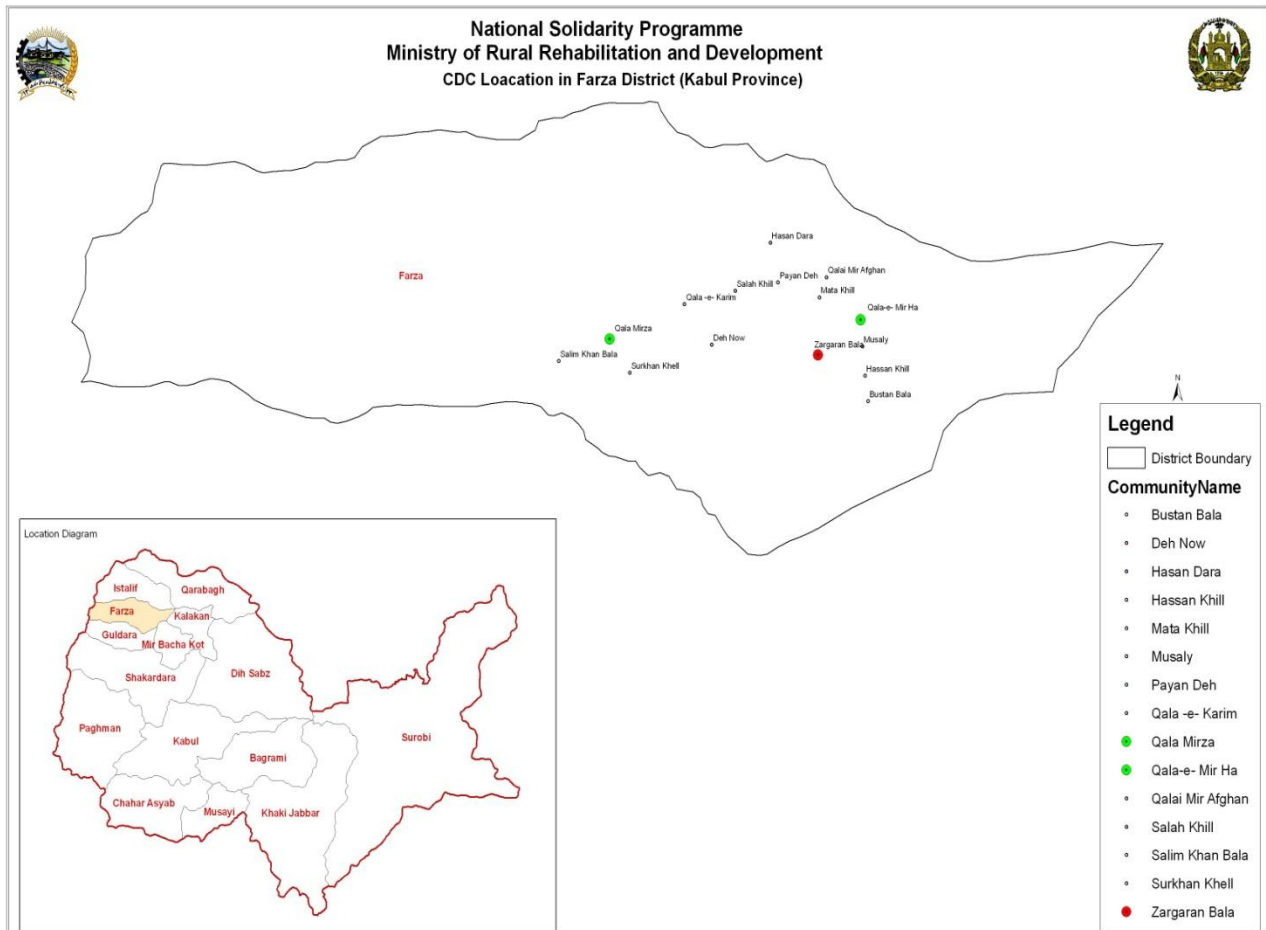
Source: NSP, Afghanistan.

Main source of income in farza district is agriculture 90% and business 8% (UNHCR, 2002), and 30% of the total population are literate out of which 20% male and 10% female (NABDP, 2010). Mostly the animal husbandry is for the family use also majority of the people have small plots of land but not enough for supporting their families.

Chapter Five

Result and Discussion

5.1 Introduction

This chapter presents the findings of the field research with, Community Development Council (CDC) members, community members, and key informants in order to find out the role and participation of CDC members and community members in the rural development projects.

The first part of this chapter describes the role and participation of CDC members who are mainly responsible to participate in all kind of development activities have been investigated through the respondents and the key informants. After that, the Community members' participation extent is explained based on the information I got from the respondents and key informants.

5.2 Composition of CDCs and its representatives

This study is conducted in two CDCs. In which 10 respondents (five from each) have been interviewed. According to Eng. Abdul Wasi NSP Program Manager, Sanayee Development Organization (SDO); the CDCs elected members must be the resident of the respective community. Anyone who meet the criteria stated in the bylaw of NSP and the community members have right to become candidate and or vote for others. In some cases, these CDCs are dominated, if not capture by elites. Systematically the poor people are excluded from participatory process due to their less social and economic power in some cases.

For assessing the research hypothesis that 'local institutions are dominated by elites' the researcher considered three aspects of CDC members; socioeconomic profile, localism and for how many times they have been elected to councils. Socioeconomic profile is defined demographically through occupations, monthly income and educations. The second aspect as considered is localism. The researcher presumed people who live in village and they are easily accessible on the basis of day by day, best represent the villagers. Being CDC members more than once is considered the most representative, because of the acquaintance with village problems and grievance mechanisms. The entire above dimension have effects on development.

Education level: The majority of the respondents 60% are illiterate, while the remaining 40% attended school, in which 20% studied till primary school and 20% studied secondary school and none of them have finished high school and/or university (0%). It is evidence that the CDC members are either illiterate or studied until secondary level. See table (5.1).

Table 5. 1: CDC members Education level

NO	Education level	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Precentage)	Sample Average (Percentage)
1	Illiterate	60	60	60
2	Primary School	40	0	20
3	Secondary School	0	40	20
4	High School	0	0	0
5	University	0	0	0

Age Group: Majority of the CDC members are having big age. About 66.6% of CDC members are between the age group of 41-50, whereas 16.6% of the CDC members are above 50, and 16.6% are bellow the age of 40. See table (5.2)

NO	Age Group	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Percentage)	Sample Average (Percentage)
1	20 - 30	0	0	0
2	31 - 40	33.3	0	16.6
3	41 - 50	66.6	66.6	66.6
4	Above 50	0	33.3	16.6

Table 5. 2: CDC members Age Group

Occupation: 60% of the respondents are involved in agricultural activities, 40% of them were involved in open business and small scale trading. See table (5.3).

Table 5. 3 CDC members Occupation

NO	Occupation	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Precentage)	Sample Average (Percentage)
1	Agriculture/farming	60	60	60
2	Business/trading	40	40	40

Landholding Size: 50% of the CDC members are having land in the range of 6-15 hec whereas 30% of the CDC members are having more than 15 hec of land, and the remaining 20% are having in the rage of 1 – 5 hec. From the below data, it reveals that most of the CDC members are come from the medium and large landholding group. See table (5.4)

Table 5. 4: CDC members Landholding Size

NO	Landholding Size	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Percentage)	Sample Average (Percentage)

1	Landless	0	0	0
2	1 - 5 hec	40	0	20
3	6 - 15 hec	60	40	50
4	Above 15 hec	0	60	30

Monthly Income: CDC members' economic status is measured by average of their each month income. Table (5.5) indicates that the CDC members of Qala-e- Mirza have high monthly income than Qala-e-Mirha. Making arbitrary grouping of followings: 1000-3000Afs low, 3001-5000Afs medium and above 5000Afs high incomes. The data also manifests that head of Qala-e-Mirza CDC compare to Qala-e-Mirha CDC come from relatively better of families.

Table 5. 5: CDC member's Monthly income

NO	Monthly Income	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Percentage)	Sample Average (Percentage)
1	1000 - 3000	0	0	0
2	3001 - 5000	40	20	30
3	5001 - 7000	60	40	50
4	Above 7000	0	40	20

The data also indicates that almost all of the CDC members are permanent people of the village. They have lived almost their whole life in the community and have been elected more than once.

From the data it appears that still the large landholders and elites have control over the local communities, and so the data validate the research hypothesis, that still 'the elites are dominating the local communities'.

5.3 Elected members of CDC and people participation

5.3.1 Participation of Community in the development projects
In order to find out the views and perception of the CDC members for the participation of community members in the development projects, the research found out that most of the respondents are in favour to involve Community in the development projects. This presents the complete confidence of elected CDC members on community members' participation. Indeed it is a good sign of people's democracy.

Table 5. 6: CDCs Perception towards Community members Participation

Statements	Qala-e-Mirza (%)	Qala-e-Mirha (%)	Average (%)
Participation of people in development activities in order;	80	80	80

To collect the views of community people.	60	80	70
To meet basic requirements of the community people.	60	60	60
To meet development agencies requirements	40	40	40
Participation benefits perceived as;			
a. Improvements in services delivery.	60	80	70
B. The decision making result will be better	80	80	80

Now thinking about, why CDC members favour to engage community members in decision making and development projects. The researcher listed a number of possible purposes in questionnaire for public participation to rank them according to importance. Majority of the respondents 70% selected 'to collect the views of community people'. 'To meet basic requirement of the community people' ranked by 60% of the CDC members and 'To meet development agencies requirement ranked with 40%. See table (5.6).

The above data reflects the increasingly vital role, which the elected CDC members play in meliorating public participation in development activities.

If we look back to the table (5.6) it seems that CDC members consider engaging the community people important in helping them to delivery of better services and decision making. When the researcher asked them, 70% of the respondents selected 'improvement in service delivery, 80% of the respondents selected 'the decision making result will be better on specific point's.

5.3.2 Participative Initiatives (NSP and CDCs)
Lessons learned from the past, the NSP has come up with the initiative of forming the committee of Community Participatory Monitoring (CPM) in the district level. According to Mr. Mamoon Khawar NSP Senior Program Officer, this committee is consisted of two male and two female from the community who have been appointed by the NSP program with the close consultation of the district administration and the representatives of CDCs at the district level. The committee is established in order to improve the sub-projects qualities and stakeholders performance, improve the implementation timeliness and the participation of men and women well be ensured in the development activities, accountability and transparency between the CDCs, communities and other stakeholders will be improved which finally to enhance the skills/capacity of CPM teams and communities in monitoring their development projects.

The NSP representative (Mr. Khawar) defined CPM as an approach attempts to involve the key stakeholders of the project, especially communities to reflect and assess the progress of their

own projects more actively, and importantly the attainment/outcomes of their results and proposes solutions according to the local realities"..

He also pointed CDCs after having long years of experiences in the field of development in the rural areas' have initiated the Joint Projects, in order to be able to implement big common projects in their communities. The NSP has been allocated a certain amount of money (block grants) for the CDCs which depend on the number of family in order to implement development projects which are in the first priority in the community. In most cases, the allocated amount could not cover the cost of the project, therefore the CDC members come up with the initiative to introduced the implementation of joint projects, in which more than one neighbouring CDCs who have a common purpose come together to implementation project/s that benefits they all.

5.3.3 Main problems of implementing participation initiatives
The main problems in implementing participation initiatives are; Lack of resources, lack of time, lack of public interest and lack of support from within the CDCs.

The number one problem which ranked by the respondents was 'lack of resources' which majority (39%) of the respondents reported. The second problem ranked by the CDC members was 'lack of time:' that is 28%.

Since 'lack of public interest' is ranked as the third problem, and reported from the respondents with 22% score.

Apathy of public towards local politics is a steady concern, issues affiliated with low turnout in community elections would seem to expand to participation between elections. CDC members continue to experience problems provoking community members to participate in local development.
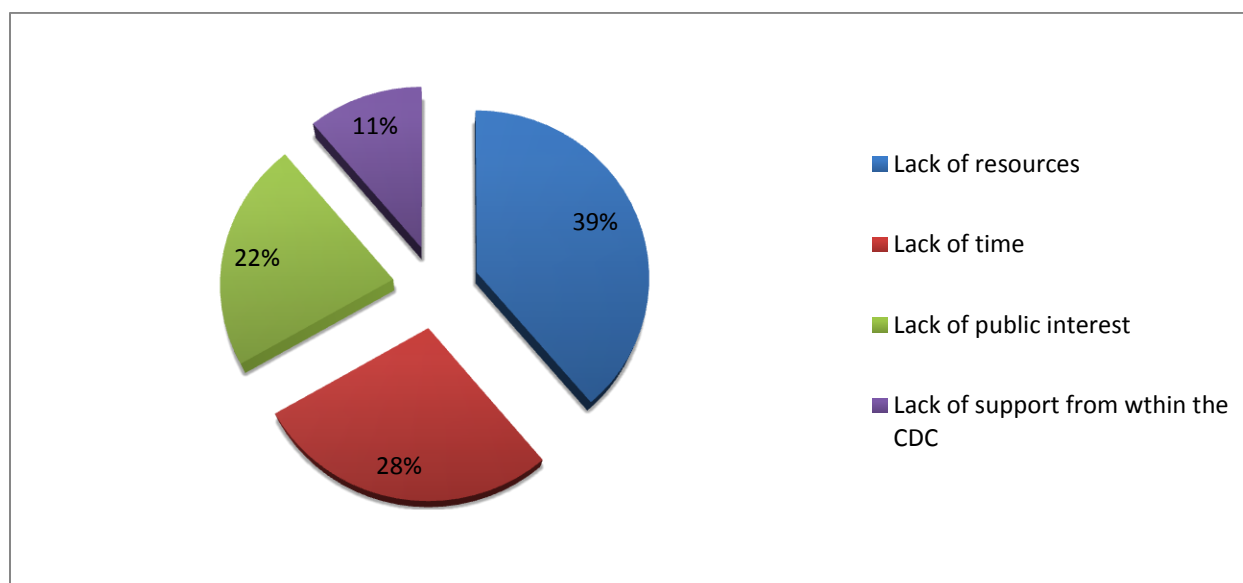
Figure 5.1: Community member's opinion on participation

Support from within the CDC – for the implementing participation initiatives can also be a problem, but to a lesser extent. If we look to the data, the problem is ranked as number 4 with percentage score (11%) in the ranking order. From the foregoing discussion we conclude that for pursuing the participatory development agenda the CDC faces different challenges.

5.3.4 Disadvantages of Participative Initiatives

Some of the CDC members reported to the researcher that while carrying out the participative initiatives they have experienced some sort of disadvantages:

- Somehow one third (30%) of the respondents are concerned that consultation overload will be the outcome of participative initiative amongst the community members.

- 20% of the CDC members showed their concerned that participative initiatives may simply capture the views of the dominants (not representative groups).

- 20% of the informants also see concerned that consulting the public undermine the elected members legitimacy and authority.

- 10% of the CDC members have mentioned that participation exercises may causes to raise the expectations of community members that we cannot afford it.

- 10% of CDC members feel that decision making process will be slow down by engaging the public, however, in the earlier discussion, other CDC members see engaging the public in decision making the most important and leads to better decision making.

- 10% feel that carrying out the participation will leads to encourage the disagreements and disputes amongst the community members.

According to the findings the researcher observed that a sizeable number of CDC members responded to the researcher that the internal process of CDC may caused by the participative initiatives.

5.4 The Role of CDC Perceived by the CDC members
The key role of CDC that was acknowledged by the CDC member's was: 'CDC role is networking which improve the profile of community interest' (70%).

Table 5. 7: The Role of CDC Perceived by the CDC members

Perceived role	Qala-e-Mirza (%)	Qala-e-Mirha (%)	Average (%)
CDC role is networking which improve the profile of community interest.	80	60	70

CDC role is mediating; it recognize the need of community and communicate the concerned problems with the related authority	80	60	70
CDC role is to take the needs, problems and demands of the community to related authority and seeks for new development projects, so they act as ambassadors of the community members.	60	60	60
At the village level the only arena for the participation is CDC which brings the community needs to the authority and the views of community is disseminated by it.	40	60	50

The main positive differentiation feature which has often seen for CDC is localism. The CDC member's perceived CDC in the decentralization programs as the jewel in the crown of Afghanistan.

They have also pointed that CDC is better linked than any other institutions with the village community.

Geographically and physically CDC are very near to their community people and it is fear to suppose that CDC are more salubrious than any other institutions at all level of government. They might use to a greater extent the public arena than any other members. For this reason many CDC member's reported the CDC role as a mediating and communicating agency (70%).

"CDC is a mediator. The needs of the community will be identified by it and then it will communicate the problems with the concerned authorities". (Ali Ahmad Qala-e-Mirza's CDC head)

CDC role is to take the needs, problems and demands of the community to concerned authorities and seeks for new development projects, so they act as ambassadors of the village (60%).

At the village level CDC is the only arena for participation that brings the community needs to the authority and the views of community members is disseminated by it (50%).

Based on the foregoing discussion the role of CDC is emphasized as bellow;

- Identification of their area's problems.
- Making collective choices.
- Seeking for resources.
- Implementing and monitoring the development projects in their area.
- Encouraging the community people to contribute (cash or labour).

From the above going discussion it appears that CDC perform the greater local government role in development.

When the researcher asked the CDC members about the main achievements of it in the village level, there were no clear outputs except probably a far-reaching appreciation of the role of a toning the interest of community members into this sphere: bringing development projects for the village, playing the role of local ambassadors in the building the interest of community people to contribute (cash/labour) and also helping to bridge the gap between community members and NGO's and GO's.

5.5 Participation in the Inauguration and Closure of the Projects

While the researcher asked the CDC members in regards to the participation of the officials and elders of the community in the inauguration and closure of the development projects. Majority of the respondents (70%) reported that their development projects are inaugurated with an official ceremony, in which H.E District Governor and/or district administrative staff, development agencies representatives and respected elders of our community participate. Minority of the respondents (30%) reported that only district sectoral manager and the representative of development agencies are participating in the inauguration of projects. While, all (100%) reported that in the closure of the projects the CDC members and the representatives of development agencies actively participate.

5.6 Community Members

The characteristics including education, age, occupation, and land holding size of the respondents.

Educational Level: The data on educational element indicates that 50 percent of the total community members are illiterate where almost 14.3% and 21.4 percent are educated up to primary and secondary school respectively, while 14.3 percent of the respondents are educated up to high school. See table (5.10).

As considered in the sampled district the illiteracy rate is higher than national literacy rate, but in the study men were the only respondents and men literacy rate in Afghanistan is much higher than women. From total 14 respondents 50 percent of the respondents are illiterate from which 57 percent in Qala-e-Mirha and 42.8 percent in Qala-e-Mirza village. See table (5.8).

Table 5. 8: Community members Education level

NO	Education Level	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Perentage)	Sample Average (Percentage)
1	Illiterate	57	42.8	49.9
2	Primary School	14.3	14.3	14.3
3	Secondary School	28.6	14.3	21.4
4	High School	0	28.6	14.3
5	University	0	0	0

The above calculation shows that the educational level of the community members in Qala-e-Mirha is slightly lower than that of Qala-e-Mirza.

Age Group: The sampled community members examination shows that 28.6 percent of the participants were younger's (aged 20-30) and 35.7 percent from the respondents were belonging to the group aged 31-40. As the age group years increased the percentage of them continuously decreased. See table (5.9).

Table 5. 9: Community members Age Group

NO	Age Group	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Perentage)	Sample Average (Percentage)
1	20 - 30	14.3	42.8	28.6
2	31 - 40	42.8	28.6	35.7
3	41 - 50	28.6	14.3	21.4
4	51 - 60	14.3	14.3	14.3
5	Above 60	0	14.3	7

Occupation: Based on the research findings the occupation characteristics indicates that 35.7% of the total respondents were engaged agricultural activities, 21.5% were engaged in open business and small scale trading, 14.3% were employed in service sector, and the remaining 28.4% of the total respondents were labourers. See table (5.10)

Table 5. 10: Community members Occupation

NO	Occupation	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Percentage)	Sample Average (Percentage)
1	Agriculture/farming	42.8	28.6	35.7
2	Business/trading	14.3	28.6	21.5
3	Services	0	28.6	14.3
4	Laborers	42.8	14.3	28.4

Landholding Size: The respondents according to land holding size classified into small, medium and large land holders. Community members who have up to one Jerib are in the small category, also these categories consist of land holders' majority of pure tenant farms, who don't have agricultural land and labor. The participants who have 1-5 Jeribs are categorized as medium land holders, while those who have more than 5 Jeribs are termed as large landholders their percentage is listed in the table (5.11).

Table 5. 11: Community members Landholding Size

NO	Landholding Size	Qala-e-Mirha (Percentage)	Qala-e-Mirza (Percentage)	Sample Average (Percentage)
1	Small/Landless (0-1 Jerib)	28.6	14.3	21.3
2	Medium (1-5 Jerib)	57	42.8	49.9
3	Large (morethan 5 Jeribs)	14	42.8	28.4

5.7 People participation in CDCs Activities

5.7.1 Participation of Community members in CDC meetings
Participation in council was assessed through asking respondents if they participated in any meetings of CDC, 85.7 percent of the community members reported that they have participated in all meetings of the CDC, 14.3 percent of the community members reported no participation in any meetings held by CDC.

5.7.2 Participation of people in elections
The first important forms that pave the ground for community to participate in CDC activities is elections of councils, because participation in elections is strongly correlated with positive attitude for establishing democracy in the local level.

When CDCs were first introduced in 2003 the enthusiasm of the people for the council was too low, according to Mr. Khawar Sr. program officer of NSP, who was the informant, less than 60 percent of the Community members have participated in first election of the CDC, afterwards the performance of the CDC in the first phase has atoned the attention of community people and in the second election the enthusiasm of the people for the council increased. The study also shows that a significant majority (78.55 %) participated in CDC elections. See table (5.12)

Table 5. 12: Community members' Participation in CDC Election in 2007.

Responses	Qala-e-Mirza (%)	Qala-e-Mirha (%)	Average (%)
Yes	85.7	71.4	78.55
No	14.3	14.3	14.3
Don't remember	0	14.3	7.15
Total	100	100	100

If we compare the participation of people in Qala-e-Mirza and Qala-e-Mirha villages, we see that 85.7 percent of the respondents participated in elections which show that the enthusiasm of people for council's election was remarkably higher in Qala-e-Mirza.

5.7.3 Opinion of People in CDC Elections
Dependence and existence of elite (Malik/ Warlord commanders) unity in the village level, politics hinder the possibility those belonging poor groups election. It leads the assumption that rural elite is governed through a despotism system, whereby the rich and powerful people have almost full control over their villages and the dominant elites can thus force their fellow community members to act in a fashion which suites to their interest.

Table 5. 13: Community members' Opinion in CDC Elections

Considerations	Qala-e-Mirha (%)	Qala-e-Mirza (%)	Average (%)
Malik/ Warlord Commander of the Village	57.1	42.8	49.95

Tribe Supporting	28.6	28.6	28.6
Candidate's characteristics, Education and services for community	14.3	28.6	21.45
Total	100	100	100

If we look at the table (5.13), we see that the Maliks/warlords consideration in election was evident from the villages (49.95 %, tribe consideration in election shows from the responses (28.6 %).

Candidate's characteristics, education and services received some consideration from the community members (21.45 %). Although CDCs are elected bodies through secret ballots, but beside this precedence the fact remains that the warlords/ Maliks preference coloured the selection of CDC members (head, deputy, cashier and secretary)   .

From the above information we conclude that elites (Maliks/warlord commanders) and tribes support were the two major factors that influenced the elections.

5.7.4 Contact of Community members with CDC members:

Communication services as a bridge between the CDC and the community members, for the CDC is necessary to know the needs of community members and the they should be encouraged to participate in development activities, according to Khan 2004:

> "Communication is a two way process where initiatives and feelings can be transmitted from elite to non- elite and vice versa"

Based on this theory people should have easy access to CDC members in order to communicate their demands and feelings with them. The researcher firstly tried to find the upward communication and then downward communication from the respondents respectively.

So starting with general participation, respondents were asked firstly about their contacts with the CDC members and then they were asked about CDC members' contacts with them.

Looking to data on figure (5.2) shows that 64.4 percent of the respondents have the view that the all people do not have contacts with CDC. As mentioned by the respondents the reason behind that is, there are no projects running in the community, also the CDC members don't have anything to offer to the village and its people. So contacting them is waste of time as a matter of fact, it is also due to poverty where community members are daily struggling to find their basic bread and shelter to survive themselves and their families.

	1	2
■ Qala-e-Mirza	57.2	71.5
■ Qala-e-Mirha	71.5	43
■ Total	64.35	57.25
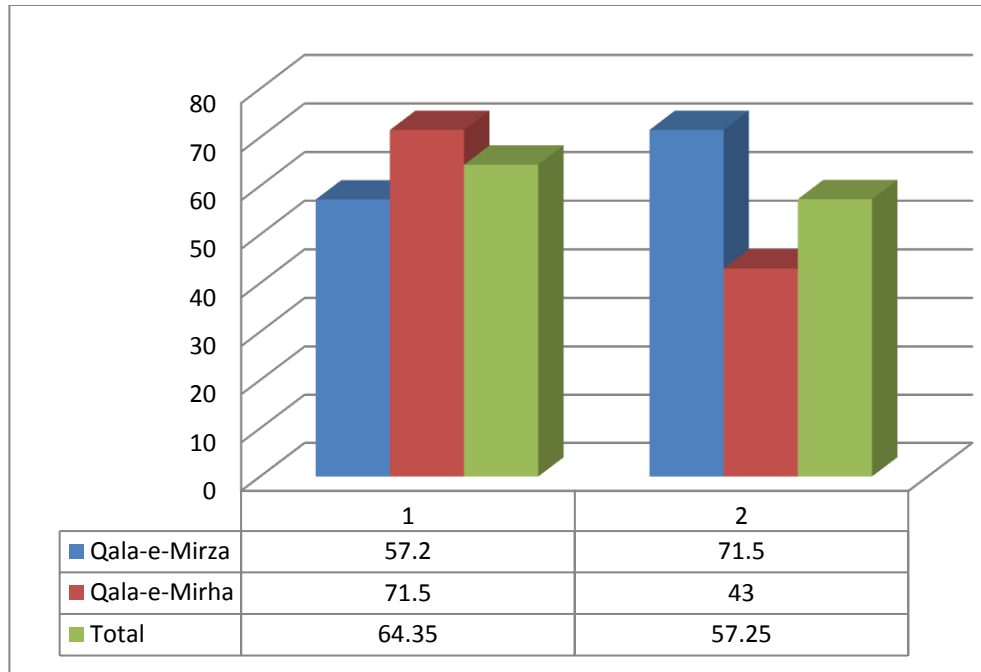
Figure 5.2: The Initiative Contacts of Community members and Vice Versa

Keys:

1: community members contact with council members

2: council members' contacts with Community members

In contrast the contact of CDC members is 71.5% higher than peoples' contact with CDC members this is because, community members have the concept that the CDC members are not struggling to find/bring any project for them, the percentage of community members' contact with the CDC members is shown in the figure (5.2)

5.8 Councils Services Evaluation by Community members

Community members were asked how they assessed the overall performance of their CDC. 28.65% of the community members were unsatisfied, 35.8% of the community members were less satisfied from the performance of their CDC and 21.45% were moderate satisfied, eventually 14.3% of community members were satisfied from the performance of their CDCs. In the comparison we see that in Qala-e-Mirza 28.6% were satisfied as compared to 14.3% in Qala-e-Mirha village. It is not surprising that levels of popular disillusionment and dissatisfaction with the performance of the two CDCs are different. See table (5.14).

Table 5. 14: The Overall Performance of CDCs Assessed by Community members

Village	Unsatisfied (%)	Less Satisfied (%)	Moderate Satisfied (%)	Satisfied (%)
Qala-e-Mirza	14.3	28.6	28.6	28.6

| Qala-e-Mirha | 43 | 43 | 14.3 | 0 |
| Average of sample | 28.65 | 35.8 | 21.45 | 14.3 |

From the above illustrative data it gets obvious that Qala-e-Mirza CDC is more active compared to the Qala-e-Mirha CDC in provision of services. Because of the following reasons: The head of Qala-e-Mirza CDC is a competent, trustworthy person and he is elected by the community members. Furthermore, struggles a lot in getting supports and funds from national/international donors and provincial and central government which the community members are satisfies from his performance. While, the head of Qala-e-Mirha CDC is a warlord and he got this position by force and has power at the community and higher level. According to the Sayed Mahmood the Malik of the village;

> *"The head of CDC who is a warlord commander had been removed from this position by Community members, but unfortunately due to his power he became again the head".*

So from the above words, it is concluded that low performance is the result of a warlord commander as head of the CDC.

5.9 Participation of Community in Development

The concept of CDC was initiated thus the development projects should be developed, implemented and supervised/administered with the maximum active involvement/ participation of the CDC members and residents of the area, in order to find out the gross roots in this regards different questions in the interview from the community members were asked about the involvement of the locals in the development projects, the information about general participation were asked from the CDC members and officials of the development agencies in the area , while specific participation information (involvement of community members in the identification of needs, implementation and evaluation) were asked from the community members.

5.9.1 Participation in Development Process

One of the central aims of establishing CDC in the village was to encourage the community members to initiate, participate and implement the development projects in village level such as the construction of pipe schemes, roads, schools, hospitals and protection wall. community members were presumed to participate and contribute what they could; cash, materials or labour.

The community members were asked whether they think that they should participate in development of the villages or not, majority of the respondents had the view to participate in the development activities if they have to benefit from this development- as shown in the figure (5.3)

	Yes	Don't Know	No
Qala-e-Mirza	85	9	6
Qala-e-Mirha	90	4	6
Total	87.5	6.5	6
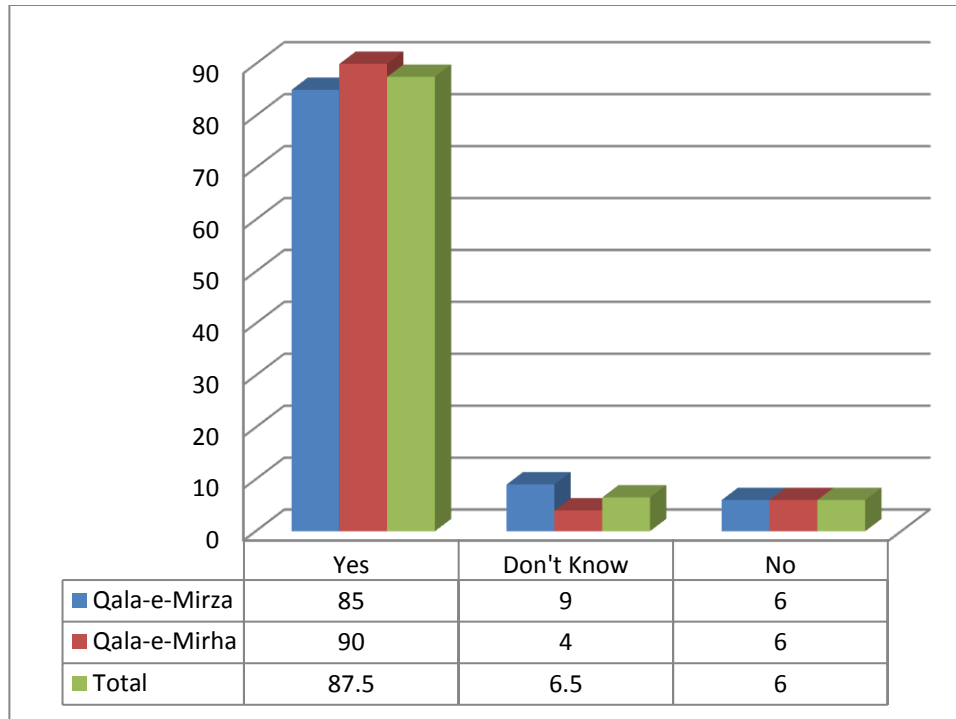
Figure 5.3: Community member's Opinion on Participation

As in the figure we can see large majority (87.5%) of the community members believe that they should participate in the development activities. They asserted that if they don't participate there won't be any project to implement, because unless baby cries mother doesn't feed her milk.

The community members who found out they should participate in the development of village attributed the participation aim to tow main reasons as seen in the table (5.15)

Table 5. 15: Shows the Participation Reasons

Reasons	Percentage
Participation promotes village development	85.7
As village development is a joint process, therefore we must participate	71.4

After understanding the motives/reasons for participation of people in development projects the researcher enquired the main areas of people participation. This participation was considered for various aspects from Identification of problems to provision of inputs (labour, money and material contribution) and implementation. The respondents' participation in the different stages of development projects have been shown in the following table (5.16)

Table 5.16: Community members Participation at Different Stages of Development Project

Villages	Community members participation at different stages of development project				
	Problem Identification	Planning	Decision Making	Provided inputs	Implementation
Qala-e-Mirha	60	90	50	40	80
Qala-e-Mirza	70	100	60	50	70
Average	65	95	55	45	75

Participation in CDC development projects was assessed through asking the respondents in village which 65% involved in identification of problem. 95% of the total respondents were participated in the planning, 55 % and 45% reported that they were involved in decision making and input provision. While from total respondents 75% were involved in the implementation of the projects. Minimum contribution in the implementation of the development projects by community members must be 10%.

Hence, participation means people's share in the benefits. The researcher asked the community members if they had received from any of development projects since establishment of CDC (2003), most of the community members acknowledged projects general benefits, but they complained that they had not received individual benefits. One of the respondents said "the overall improvement in the village such as road construction and installation of pipe schemes for drinking water is outstanding, although some of the respondents reported that all the people have been benefited from projects in the village.

To conclude it seems appropriate that CDCs have been able to develop widespread participation of community members in development. What then there were some reasons for those who have not participated in development activities?

From the respondents when the researcher asked, they (majority) out rightly replied "poverty".

Some of the respondents' replies are best presented in the translated words of community members themselves.

"To work free for a day was equivalent to lose his meals of the day"

"Free labour means letting our children go to bed without support"

Thus the data suggested that the people's socio-economic status had direct relation with nonparticipation of some community members.

5.9.2 Participation and Development

In this part of research, the researcher assessed different way of participation for example contact with CDC, voting and participation in community development projects, in order to assess the connection between development and participation the research was conducted in tow different villages.

Table 5. 17: Community members Participation in Different Development activities

Participation Mode	Qala-e-Mirza (%)	Qala-e-Mirha (%)	Average (%)
Participation in CDC member elections	85.7	71.4	78.55
interaction between CDC member and community people	64.3	57.2	60.75
Community members' participation in development projects from inputs provision to implementation.	33.3	33.4	33.35
Average of sample	61.1	54	57.55

If we look at the sampled data in the table (5.17) that more developed village people's (Qala-e-Mirza) have higher level of participation, while participation is lower in the less developed village. It can thus be concluded that non-involvement of poor people in such activities are due to the existing of a warlord commander which affected negatively on the interest of poor people to participate in the development activities, but in Qala-e-Mirza is vice versa.

In Qala-e-Mirha where infrastructure is poorly developed, its inhabitants must participate in development activities in order to get more services for eg. Roads, pipe scheme for themselves, same like developing countries including Afghanistan, if they don't demand development, services will not be provided. But unfortunately due to existing of a warlord commander the villager's interest for participation in the development activities is decreasing day by day.

5.10 Community Contribution　　　　`

NSP program important element is 'community contribution', which those villages participating in NSP mandates to contribute 10% of the project costs selected for the NSP funding. According to BRAC NSP program manager Eng. Mujiburahman the minimum amount of CDCs contribution in the implementation of projects of NSP funding is 10% of the project cost. But we are the witnesses that many of the CDCs contributed to more (20%) of the project costs. He indicated that communities' contribution directly relates to the economic and need level of the communities. If the economic level of the community is high the community contributes more in both cash and in kind such as goods, materials and labour (if the actual cost of the project increases from the block grant amount+10% community contribution). And also if the project is mostly needed and the actual cost of the project is increasing from the black grant+10% of community contribution, in such cases the community contributes more than 10% (15-20%) of the project cost, in order to achieve the project and accomplish their prior needs.

Eng. Suliman NSP program manager of CARE International indicated to the researcher while interviewing that it is not altogether rare for communities to contribute in excess of the community minimum mandatory contribution and project selection procedures impact this. especially, it is supposed that still every single inhabitants in referendum villages will shows high levels of satisfaction from selected projects for which funded by NSP. It is also presumed that

every single inhabitant in referendum villages will, on average contribute more than the 10% costs of the selected projects. In Olken (2007) this hypothesis is more suggested, that community members claim to contribute for the project which are selected directly by community peoples

Chapter Six

Conclusion and Recommendations

6.1 Introduction

This chapter provides conclusion from the findings/results of the study and offers some major possible recommendations which are based on findings. The conclusion is answering to the research questions**.**

6.2 Conclusion

MRRD established the NSP with the two major objectives; to lay the foundations for strengthening community level governance and to support community – managed subprojects comprising; construction and development that improve the access of rural communities to social and productive infrastructure services. To achieve the aforementioned objectives NSP initiated CDCs in the grassroots levels.

CDCs are representative institutions of government in the community level to plan, manage, monitor and implement their development projects with the active participation of their respective community people's.

In terms of development participation, both CDC members and community members are more inclined that all the community members should participate in the development activities, however, giving the hope for the better participation in the future. The linkages of the CDCs with other NGO's and GO's were still weak, both psychologically and physically.

CDC members and community members clearly recognize the benefits of involving the public in development projects, especially in terms of improving services and decision making. Although involving of the community members in the decision making was low. Also lack of financial sources influenced on both CDC members and community members and hampered their participation in development projects. As those who are economically strong and sound participated more than those who are economically weak/ depressed in the development activities.

Dependence and existing of the warlords and Maliks in the village level have been also influenced on the community members, and resulted to low participation of them in the development activities, also the low level of CDC members and community members leaded to low participation.

Performance of the CDC members in the community was also one of the issues that affect on the community members to encourage them to participate in the development activities, which overall performance of the both CDC in the district level was average, in comparison to the Qala-e- Mirha the Qala-e-Mirza CDC's performance was better, which leaded to peoples' of Qala-e-Mriza participated to the wider expand than the Qala-e-Mirha.

Although the linkages of CDC members with the other development agencies were weak and as well the participation level of CDC members and community members in the development activities was depressed, beside that recently some participative approaches (Community Participatory Monitoring from NSP and Joint Projects form CDCs) have been initiated and introduced from them to each other.

In general, the ideologies of CDC members and community members for participation in planning, decision making, monitoring and implementation for the development activities are still at an underdeveloped stage, which is, as yet, not fully working and the attitudes of most CDC members and community members towards participatory development is generally not passive.

6.3 Recommendations

These recommendations are based on the findings of the research and discussions that have been presented herein. They are recommended to the NSP, MRRD, FPs and other organizations supporting CDCs in a situation or country like Afghanistan.

Income-Generating Projects: There is need for special attention to the issue of projects, which much needed income and employment can be generated in the community. This includes projects for both men and women. Such projects which generate incomes should be financially viable, in order to yield a feasible income for the participants, and as well as involve contributions to a revolving funds thus other people's of the community can benefit from having access to loans and/or funds for generating income. CDCs will be furthermore sustained by creating sustainable income generating projects. These income generating projects would necessitate to;

- Viable project activities will be identified in the broader range, particularly for the women, with the idea to a new and sustainable market potentials, and

- Training should be provided for the FPs staff, as well as male and female CDC members in simple business planning, to make them capable in assessing the viability and market potential of the proposed schemes.

Management Capacity and Systems Approach: Management and business trainings should be organized to the CDC members in general with particular focus to the management board. Moreover, most of the CDC members are illiterate, so it is better to organize trainings on basic education (literacy numeracy) in order to at least be able to read and write. Additionally, their communication skills needs to improved, and a systematic communication combined with monitoring and evaluation processes will assist the CDC to better serve community, facilitate decision making processes and promote learning from doing and experiences.

Management Structure: Organizing communities into CDCs was newly introduced in Afghanistan. These CDCs are responsible, in general for development activities in their areas. The existing organization structure of CDCs does not fit or responsive to all development sectors; such as agriculture, health, education etc. Therefore, a re-structuring of the CDCs is

required, under the general board of directors; different committees have to establish who took the responsibilities of different development sectors.

Inter Institutional linkages: NSP organized CDCs as independent development organization to raise the voice of the communities and act as a bridge between the community and the development agencies. These CDCs should not rely on the NSP supports and funds only, while they have to look broader and contact and develop linkages with development agencies existing in their district, province and/or in the nation level. This will enable the CDCs to become respected and influential development organization in all developmental sectors. Regular roundtables attended by the representatives of CDCs and the representative of the development agencies will help and facilitate communications and information flow.

References

Akinsorotan,O. and Olujide, G. 2007. Community Development Associations, Contributions in self help projects in Lagos state if Nigeria. Department of agric. Extension and Rural Development, University of Ibadanm Nigeria.

Asian Development Bank.1999. A study of NGOs Nepal. The NGO Community in Nepal.

Australian Government, 2001. Afghanistan. Avialable at: http://www.ausaid.gov.au/country/country.cfm?CountryID=27886219&Region=AfricaMiddleEast Accessed on 4 Sep 2011.

Bergdall, D. Terry, 1993. Methods for Active Participation: Experience in Rural Development from East and Central Africa 'Nairobi': Oxford University Press.

Buller, H. and Wright, S. 1990. ' Rural Development: Problems and Practices' Hants, England: Avebury.

Casely, D, J. and Lury, D. A. 1987. 'Data Collection in Developing Countries' Oxford: Calemdon Press.

CDCs, By law. 2006. National Solidarity Program. MRRD.

Central Statistics Organisation , Statistical Year Book 2008-09 (2008) http://www.cso.gov.af/. Cited 3 June 2011

Cohen, L., and Manion, L., (1989) (3rd Edition), *Research Methods in Education,* London: Routledge

Grindle, M. 1980. 'Introduction' in M. Grindle Politics and Policy Implementation in the Third World, Princeton University Press.

Inayatullah, 1974. Approaches to Rural Development in Asia ' Kaula Lampur: ACDA.

IFAD. 2009. Sustainability of rural development projects: Occasional Papers, Knowledge for development effectiveness.

Jain, N.C and Jain, K. 2002. Social Capital in Community-based Institutions: Trends and Emerging Lessons from Western India.

Keith, R. Emrich. 1984. Legal Dissemination in Rural Areas: The International Perspective. Thailand Conference. Bangkok.

Khan, Shadiullah, Bahadar Shah and Gohar Zaman, 2004. Revising the link between Development and Participation: An Empirical Study Asian Review of Public Administration.

Kidder and C.M. Judd. 1986. Research Methods in Social Relations. International Edditions.

Leeuwis, C. & Van den Ban, A. 2004. Communication for Rural Innovation: Rethinking Agricultural Extension. 3rd ed. London: Blackwell Publishing.

Lele, Uma, 1975. The Design of Rural Development: Lessons from Africa Baltimore: Johns Hopkins Press.

Mansuri, Ghazala and Rao V. 2004. Community based and Driven development: A Critical Review' the World Bank Research Observer, vol. 19, no.1.

Maps of world, 2011. Afghanistan Map. Available at: http://www.mapsofworld.com/afghanistan/afghanistan-political-map.html. Accessed on 4 Sep 2011

McKechnie A (2003) Humanitarian Assistance, Reconstruction and Development in Afghanistan: A Practitioners' View. Conflict Prevention and Reconstruction Unit Working Papers 4

NABDP, 2010. Summary of District Development Plan. MRRD. Afghanistan.

National Open University of Nigeria. BHM664: Rural Development. Available at: www.nou.edu.ng/.../BHM%20664%20RURAL%20DEVELOPMENT.pdf. Accessed on 05 May 2011.

National Risk and Vulnerability Assessment 2007/8 (2008) http://nrva.cso.gov.af/NRVA%202007-08%20Report.pdf. Cited 3 June 2011

Nelson, Joan. 1979. Access to Power: Politics and Urban Poor in Development Countries. Princeton University Press.

Nepal, C. 2009. LOCAL ORGANIZATIONS: VIABLE MECHANISM FOR ENSURING PARTICIPATION IN RURAL DEVELOPMENT. Tribhuvan Multiple Campus, Tansen, Palpa, Nepal.

NSP. (2009. National Solidarity Programme, Operational Manual.

Oakley, P. 1987. State or Process, Means or End? The Concept of Participation in Rural Development' Reading Rural Development Communications Bulletin 21, University of Reading.

Oakley, P. and Marsden, D. 1984. 'Approach to Participation in Rural Development' Geneva: ILO.

Olanipekun, J.M.1998. LOCAL GOVERNMENT IN NIGERIA. Oyo State, Nigeria.

Odindo, M. 2009. Capacity Needs of Community Based Organizations in Kenya to apply for Global Fund Grants. A study conducted for STOP MALARIA NOW!

Parry, G. Moyser, G. and Day, N. 1992. Political Participation and Democracy in Britain, Cambridge University Press.

Pretty, N, J. Guijt, I. Scoones, I. Thompson J. (2002). Participatory Learning and Action: a Trainer's Guide. 2nd ed. London: IIED.

Rural Development. *"India lives in its villages" - Mahatma Gandhi.[online] Available at: http://www.tn.gov.in/spc/tenthplan/CH_3.PDF. Accessed on 24 Jun, 2011.*

Shortall, S. 1994. 'The Irish Rural Development Paradigm an Exploratory Analysis' The Economic and Social Review, vol. 26. No. 3.

SHIGETOMI, S. 2006. Organizational Capability of Local Societies in Rural Development: A Comparative Study of Microfinance Organizations in Thailand and the Philippines. Institute of Developing Economies.

Sidorenko A. (2006). Empowerment and Participation in Policy Action on Ageing. International Design for All conference, Rovaniemi, Finland.

Singapore government 2009. Community Development Councils. [Online] Available at: http://www.pa.gov.sg/our-network/community-development-councils.html. Accessed on 27 Jun 2011

Southern Africa Institute for Environmental Assessment (SAIEA). The International Association for Public Participation (IAP2), 2005. A Training course-Public Participation in Environmental Assessment in Southern Africa. 1st ed. Namimbia: SAIEA Calabash Project.

Sudman, S. and Bradburn, N.M. (1982), *Asking Questions: A Practical Guide to Questionnaire Design*, Jossey-Bass, San Francisco, CA.

UN (2010) Afghanistan Humanitarian Action Plan, pp. 7.

United Nations Educational, Scientific and Cultural Organization, (2010-2011). UNESCO Country Programming Document (UCPD) – Kabul, Afghanistan.

UNHCR, 2002. Sub-office Central Region. District Profile. Available at: http://www.aims.org.af/afg/dist_profiles/unhcr_district_profiles/centra/kabul/farza.pdf. Accessed on 12 Aug, 2011.

UNESCO, 1979. Meeting of Experts on the Institutional Problems of Participation in the Strategies of Integrated Rural Development.

Verba, S. Nie, N. and Kin, J. 1980. 'Participation and Political Equality: A Seven Nation Comparison' Cambridge University Press.

Viriya, C. 2009. NGO's Approach to Community Development in Rural Cambodia. Cambodian Institute for Cooperation and Peace. Available at: www.cicp.org.kh/.../CICP%20Working%20Paper%20No%2030_NGOs%20Approach%20to%20Community%20Development. Accessed on 05 June, 2011.

Wanyande, P. 1986. 'Grass root Participation in Development: The Case of Rural Women Groups in Kenya' Paper presented in the 2th training congress of OSSREA held in Eldoret, Kenya.

World Bank. 1994. 'The World Bank and the Participation' Washington D.C: The World Bank.

Annexes

Annex 1

1.1 Check List for CDC members/ Officials

Date   -------/------/ 2011

 Name of the CDC   ---------------------

A.   CDCs Backgrounds Questionnaire
    a.   Age group:
             21---30   -----
             31---40   -----
             41---50   -----
             51---60   -----
             Above 60   -----
    b.   Sex
             Male   -----
             Female   -----
    c.   Marital Status:
             Single   -----
             Married   -----
             Divorced   -----
             Widowed   -----
    d.   Education Background:
             Illiterate   -----
             Primary education   -----
             Secondary education -----
             High school education   -----
             University degree   -----
             Others   -----
    e.   Position in the CDC   --

B. Contribution in Development Projects

1. **CDCs Participation in Development Projects**
    f.   Who usually initiates the development projects for the village?

g. What was the role of CDC in the development?
h. How does CDC select the casual labor for the project implementation?
i. What are their views of how they have participated in the development process at village level?
j. Should people be involved in development activities? If 'Yes' elaborate.
k. Advantages and purposes of people involvement they perceive, and problem if any, in people involvement.
l. What the CDCs do at the closure of the project implementation and inauguration of the project?
m. What is the role of CDC in monitoring of development project?
n. What is the role of CDC in Evaluation of the project after completion?
o. How much do CDCs do interact with the development agencies representatives during the implementation of the project?

2. **Relations between the CDCs and community inhabitants**
p. Do the CDC contact with villagers for their priorities and needs?
q. How do they hear from and communicate with villagers?
r. Whom they usually contact?
s. What participative initiative have been considered or introduced by them?
t. Do you think lack of contact with villagers undermines rural development?

3. **CDCs and Development**
u. What major rural development projects are operating in your community?
v. Which development agencies are operating such program?
w. How they rate the performance of the CDCs in rural development projects?
x. Are they satisfied or not satisfied?
y. If not satisfied, what do they think is responsible for such state of affairs?
z. What you consider the essence of local government in the development projects?
aa. What sorts of things they like CDCs to do for rural development?
bb. How much influence do they think a CDC can have on the development projects in the village?
cc. What do they consider to be the major problems facing their CDC today?
dd. What do they consider to be the source of such problem?
ee. Are they putting the village problems across to the higher authorities? If yes, how?
ff. What changes they feel are needed and how it can be brought about?
gg. What CDC would recommend fro betterment of projects after completion?
hh. What is the CDC role if someone misuses the system?
ii. What are your main problems?
jj. Additional comments in the contribution of the CDCs and suggestions for other questions that should be asked?

1.1 Interview Questionnaire for Community members

Name ....   Contact No.........................

Name of District, ...   Name of Village, ...

Date of Interview, .../ ..../ 2011

Section A.   General Information

1. Age group:
   - 21---30   -----
   - 31---40   -----
   - 41---50   -----
   - 51---60   -----
   - Above 60   -----
2. Sex
   - Male   -----
   - Female   -----
3. Marital Status:
   - Single   -----
   - Married   -----
   - Divorced   -----
   - Widowed   -----
4. Education Background:
   - Illiterate   -----
   - Primary education   -----
   - Secondary education -----
   - High school education-----
   - University degree   -----
5. Occupation   -----------------------------------

Section B.   The Political and Participative Aspects

6. Do you know about the Community Development Councils?
   - Yes   -----
   - No   -----
7. Why? Give Elaboration about it?

--\

8. Did you vote during the last local elections?

Yes	-----
No	-----
Don't remember	-----

9. If No, generally why did not you vote?

No interest	-----
Involvemen In some personal work	-----
Illness	-----
Not present on the election day	-----
Not in listed on the electoral list	-----
Other reasons	-----

10. Have you ever been contacted the following officials?

	Yes	No
President	-----	-----
Deputy President	-----	-----
Treasurer	-----	-----
Secretary	-----	-----
Others	-----	-----

11. Did any of the following contact you?

President	-----
Deputy President	-----
Treasurer	-----
Secretary	-----
Others	-----

12. What approach does your CDC have for the involvement/ participation of the villagers in the development projects?

----

13. Do you believe villagers should participate in the development activities?

Yes	-----
No	-----

Don't know   -----

14. If yes, why do you think so? Please give reasons. ---
----

15. Personally, did you participate in any village development activities?

Yes   -----

No   -----

Don't remember   -----

16. If no, why not? Specify reasons ---
----

17. If yes, Then how? Specify please --
----

18. Did any of the development projects benefit you personally?

Yes   -----

No   -----

19. Why? What benefits you actually gained from the project? Specify------------------------------
----

20. In your opinion, does the CDC contribute towards ensuring peoples' participation in the development process?

Yes   -----

No   -----

21. Why? Would you please specify the participation mode? Which one increased?
    Electoral participation   -----
    Project Identification, and implementation   -----
    Exchange of Ideas   -----
    Others (specify) --

22. What factors, if any, do you see to encourage or hinder the contribution of CDC in the development projects?---
----

Section B. The social and development aspects of councils

23. What development activities do you think need to happen in your village?
    a.   --

b. ---

    c. ---

24. What major government rural development projects (if any) are operating in your village?

    ----

25. How do you compare the interaction between the CDCs and other development agencies?

    ----

26. What CDCs' facilities and services operate in your village?

    ----

27. In which stages of the development have you participated?

    Problem identification -----
    Planning   -----
    Decision making   -----
    Input provision   -----
    Implementation   -----

28. How you assess the overall performance of your CDC in village development?

    Unsatisfied   -----
    Less satisfied   -----
    Moderate Satisfied   -----
    Satisfied   -----

29. If 'unsatisfied' or 'less satisfied' what do you think is the main reason(s) your CDC did not provide a minimal services to your village?

    Insufficient financial resources   -----
    Shortage of qualified manpower   -----
    Lack of democratic practices   -----
    Lack of interest from the CDC   -----
    Misuse of allocated funds   -----
    Other (specify) ---

30. How much difference do you notice in the development activities in comparison to the village with CDC and without CDC? Please elaborate.

    ----

31. Do you see the CDC approach as an improvement from the previous without CDC for the village development? Please elaborate.

    ----

32. There are no more specific questions that I would like to ask, If you like to express any opinion/ suggestions concerning CDCs please feel free to do so.

Thank you very much for your cooperation.

Annex 2

2.1 Plan of Activities

Sn	Activities	May-20	Jun-05	Jun-25	Jul-10	Jul-25	Aug-10	Aug-25	Sep-10	Sep-25
1	Research proposal	███	███							

2	Literature Review	▓	▓	▓	▓	▓	▓	▓															
3	Data collection							▓	▓	▓	▓	▓	▓									
a	- Collecting data										▓	▓	▓									
b	- Data validation											▓	▓									
4	Data analysis and results												▓	▓	▓	▓						
5	Analysis of the results														▓	▓						
6	Report writing											▓	▓	▓	▓	▓	▓					
a	- Draft report														▓	▓	▓					
b	- Final report																			▓	▓	▓	
7	MSc Thesis defense																						▓