Case study Afghanistan

Summary of the working group results (Khalid & Ahmad)

From the CDC to the civil society in Afghanistan

1. Present situation

Civil society is disaggregated by 30 years of war. Government wants to fill the gap through introducing of new entity in village level by the name of Community Development Council (CDC). CDCs are elected in democratic way through the villagers and they received registration certificate from Ministry of Rural Rehabilitation and Development (MRRD). In some districts District Development Assembly (DDA) is elected through CDCs but their rule and responsibility is not clear yet.

Afghanistan’s population is estimated to be about 30 million people, of which 75% or thereabout live in rural areas. Surveys conducted by UNICEF in 2004 reveals that only 11% of the rural population are using improved drinking water and in a large proportion of households people typically walk 4 hours to these water points. Only 12% and 10% respectively of urban and rural populations use adequate sanitation facilities. It is therefore, no surprise that mortality rates for children (under-5) is as high as 25%, half of which is caused by preventable waterborne diseases. Household economy surveys (AREU 2004) indicate that spending on health care is second only to food – an indicator of levels of morbidity in rural households.

Provision of water and sanitation facilities to rural communities in Afghanistan has been and continues to be one of the primary activities of the government, UN agencies and NGOs. As a first and important step, MRRD has developed a national policy framework for the Rural Water and Sanitation sector. It incorporates successful approaches and practices currently used by the key implementing agencies including relevant UN agencies and non-government organisations (NGOs).

Helvetas Afghanistan has been Implementing Watsan O&M Project in Samangan province since late 2006. also helvetas has implemented 52 shallow wells out of 82 wells (6 ongoing and 24 failed) and 65 latrines out of 226 through ARTF project in four district of Samangan Province since 2006. This project reached to an end on July 2008. Beside of that helvetas has been Implementing Hardware component of Improving the Livelihood in Rural Communities in Khamard District of Bamyan Province and Tala wa Barfak district of Baghlan District since late 2007. Consequently beside of other infrastructure projects, Construction of 6 wells are implemented and work of 14 wells and 20 latrines are ongoing.

Helvetas is working with CDCs and using Community Management Model. In this type of model community is involved in all process of project cycle management as planning, implementation, supervision, Monitoring and Operation & maintenance.

2. Objectives

- Rebuilding the confidence among the community
- Facilitating access to safe water
- Reduce water born disease

3. Ideas for improvement
• Mobilization around CDC to serve the community
• Capacity building
• Hygiene Promotion (marketing strategies)
• External support (technical and financial) (NGOs)
• Operation and maintenance

4. First Ideas on implementation

• Citizen conscience stimulation
• Capacity Building (Planning, management, technical and good governance)
• Hygiene education
• Water project implementation
• Training for Area mechanic
• Training for hygiene promoters

5. Question?

• How to mobilize a disaggregated society?

6. Special Experience

Through construction of 6 shallow wells in Banaq bala CDC of kahmard district we could apply successfully Community Management Model; through community mobilization the community introduced the water point care takers and couple of hygiene promoters. We will conduct training for area mechanic after implementation of 10 additional wells.

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