UNOPS' Afghanistan Community Resilience and Livelihoods (CRLP)

First Component (Tool 1) Analysis Report

Executive Summary

This report provides a structured analysis of the UNOPS Afghanistan Community Resilience and Livelihoods (CRLP) Tool 1 dataset, focusing on verification and profiling of Community Development Council (CDC) members. The analysis examines data quality, response distribution, and key patterns to support reliable monitoring, reporting, and programmatic decision making.

Context & Purpose:

This analysis was conducted as part of the UNIOPS Afghanistan Community Resilience and Livelihoods Project (CRLP) to support verification and profiling of Community Development Council (CDC) members using Tool 1. The primary purpose of the analysis is to assess the Completeness, consistency, and reliability of CDC members data collected during field verification exercises, and to identify updated, replaced, or missing members, including the availability of contact information. The findings aim to inform program monitoring, reporting, and decision making by providing a clear and evidence-based overview of CDC membership status across sampled communities.

Key Findings:

- A total of **1,787** CDC members interviews were conducted across **236** Community Development Councils (CDCs) as part of the CRLP Tool 1 verification process.
- The dataset demonstrates broad geographic coverage, with data collected from **21** provinces, representing approximately **62%** of CDCs in Afghanistan.
- CDC membership shows a near-balanced gender distribution, comprising **962** male (**54%**) and **825** female (**46%**) respondents.
- The largest concentration of sampled CDCs was observed in Nimroz (**12%**), Baghlan (**11%**), and Kapisa (**8%**), reflecting areas with higher program coverage.

Introduction

The Afghanistan Reconstruction Trust Fund (ARTF) is a multi-donor trust fund administered by the World Bank, supporting stabilization and reconstruction efforts in Afghanistan since 2002. As part of its governance framework, ARTF relies on independent monitoring

arrangements to verify the physical implementation of projects and ensure compliance with fiduciary and safeguard requirements.

Following the change in government in August 2021, ARTF has continued to prioritize monitoring and oversight through existing mechanisms while new projects addressing Afghanistan's urgent needs are developed in partnership with UN agencies. Within this framework, UNOPS implements the Afghanistan Community Resilience and Livelihoods (CRL) Project, which is subject to Monitoring Agent verification to support portfolio-level oversight and accountability.

- **Background:** Community Development Councils (CDCs) are a central component of the Afghanistan Community Resilience and Livelihoods Project (CRLP). Each CDC represents a community-based structure composed of members holding defined roles, including Chairperson, Vice Chairperson, Treasurer, Secretary, and general members. CDCs play a key role in community-level decision-making, including identifying sub-project priorities, selecting local labor, and supporting beneficiary identification for cash distribution under the project's livelihood component. To ensure the integrity and effectiveness of these processes, a verification and profiling mechanism was established through CRLP Tool 1. This tool is used to collect data for confirming CDC membership, validating roles and availability, and profiling CDC composition across communities, forming the basis for monitoring and oversight activities.
- **Objectives:** The objective of this report is to document and describe the analytical process applied to the CRLP Tool 1 dataset, including data auditing, cleaning, descriptive analysis of response distributions, identification of key patterns, and data visualization. The report presents the main findings derived from the dataset and highlights important patterns relevant to CDC member verification and profiling. Based on these findings, the report also provides recommendations to support data quality improvement and inform future rounds of data collection and monitoring under the project.
- **Analytical Objectives and Key Evaluation Questions:** This analysis was conducted to address key verification, governance, and data quality questions relevant to monitoring and oversight of Community Development Councils (CDCs) under the CRLP. The following questions guided the analytical approach and interpretation of results:
    - Do the Community Development Councils (CDCs) listed under the project exist and represent real community structures?
    - Are CDC members identifiable, reachable, and available for verification interviews?
    - Are CDC roles (Chairperson, Treasurer, Secretary, etc.) clearly defined and filled within each CDC?

  - Are CDC members currently active, inactive, or replaced, and is this status properly documented?
  - Are reasons for CDC member inactivity or replacement consistently and correctly recorded?
  - Is the CDC member data complete, consistent, and reliable enough for monitoring and donor reporting?
  - Are there duplicate records, missing values, or inconsistencies that pose data quality risks?
  - Does the verification sample provide sufficient geographic coverage across provinces and districts?
  - Is the gender composition of CDC members reasonably balanced across the sample?
  - Are there patterns in responses that indicate strong consensus, polarization, or uniform reporting?
  - Are there operational risks, such as high non-availability or missing contact information, that require follow-up?
- **Scope of the Analysis**: This analysis covers CDCs sampled from **21** provinces during the first round of data collection under the CRLP in Afghanistan. The dataset includes CDCs that were randomly selected from the full list of CDCs established under the project. The scope of the analysis is limited to data collected through CRLP Tool 1 and focuses on CDC member verification and profiling within the sampled communities.

Data and Methodology

Data Source and Description:
The analysis is based on data collected through **CRLP Tool 1**, which is designed to support the verification and profiling of Community Development Council (CDC) members under the Afghanistan Community Resilience and Livelihoods Project (CRLP). The dataset includes individual-level records of CDC members across sampled communities and captures information on member demographics, CDC roles, geographic location, and responses to verification and availability questions. Data were collected during the first round of CRLP field verification activities and represent a cross-sectional snapshot of CDC membership status at the time of data collection.

Data Audit and Cleaning:

- **Audit Process:** An initial data audit was conducted to assess the overall quality and structure of the dataset prior to analysis. This process involved reviewing the dataset structure and variable types, assessing data completeness, and identifying potential data quality issues. Key audit check included the identification of missing values and calculation of missingness levels across variables, detection of

duplicate records, and verification of data consistency. The steps provided a clear understanding of the dataset's condition and informed subsequent data cleaning decision to ensure the reliability of the analysis.

- **Cleaning Steps:** Following the data audit, a structured data cleaning process was implemented to improve data consistency and analytical readiness. This process included standardizing column names, removing empty and duplicate records, and harmonizing key categorical variables such as gender and yes/no responses.
  Additional cleaning steps focused on validating CDC identifiers and contact information, including basic CDC code checks and phone number standardization. Logical consistency rules were applied to ensure alignment between related variables, particularly with respect to membership status and inactivity reasons.
  After completion of the cleaning process, the final analytical dataset consisted of **1,787 records** with **37 standardized variables**, and was used for all subsequent analyses presented in this report.
- **Tools Used:** Sampling activities, data auditing, cleaning, descriptive analysis, pattern identification, and visualization were performed using **R**, ensuring a structured and reproducible analytical workflow.

Analysis Approach

- **Analytical Methods:** This study applies a **descriptive, cross-sectional analytical approach** combined with **data quality assessment**. Descriptive analysis is used to summarize response distributions for each question by calculating frequency counts and corresponding percentages. Percentages are derived using appropriate denominators for each question to ensure accurate representation of response distributions. The resulting summaries provide a clear and standardized basis for interpreting CDC member verification data across the dataset.
- **Visualization and Presentation:** Data visualization was implemented using R to support clear and consistent presentation of results. For each survey question, summary tables displaying response categories, counts, and percentages were generated. Corresponding **horizontal bar charts** were produced alongside each table to visually represent response distributions and facilitate comparison across categories. This standardized format ensures clarity and improves the interpretability of findings for reporting purposes.
- **Assumptions & Limitations:** The analysis assumes that data collected through CRLP Tool 1 accurately reflects the information provided by CDC members at the time of field verification. It is assumed that respondents answered verification questions truthfully and that CDC identifiers and member roles recorded in the dataset correctly correspond to the intended CDC structures. The analysis further assumes that each record represents a unique CDC member interview.

Analysis Results and Key Findings

This section presents key findings derived from the analysis of CRLP Tool 1 data, focusing on the geographic distribution of verified Community Development Councils (CDCs) and members verification. The results support the assessment of coverage and representativeness of CDC verification across provinces.

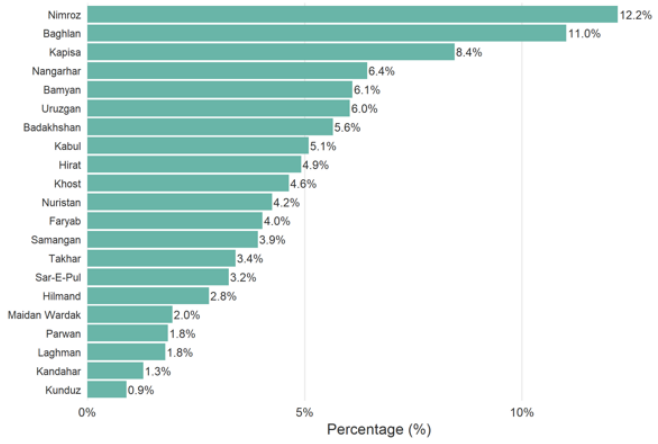
Sample Distribution and Coverage:

The analysis shows that the survey covered **21 provinces**, with the highest concentration of CDCs observed in **Nimroz (12.2%)**, **Baghlan (11.0%)**, and **Kapisa (8.4%)**. These provinces together account for a substantial share of the verified CDC membership, indicating higher sampling density or program presence in these areas. The distribution across provinces demonstrates variability in coverage, which is important for understanding geographic representation and for informing future sampling and monitoring strategies.

Figure: (01)

Province

Response Category	Count	Percentage (%)
Nimroz	218	12.20
Baghlan	197	11.02
Kapisa	151	8.45
Nangarhar	115	6.44
Bamyan	109	6.10
Uruzgan	108	6.04
Badakhshan	101	5.65
Kabul	91	5.09
Hirat	88	4.92
Khost	83	4.64
Nuristan	76	4.25
Faryab	72	4.03
Samangan	70	3.92
Takhar	61	3.41
Sar-E-Pul	58	3.25
Hilmand	50	2.80
Maidan Wardak	35	1.96
Parwan	33	1.85
Laghman	32	1.79
Kandahar	23	1.29
Kunduz	16	0.90
Total	**1787**	**100**

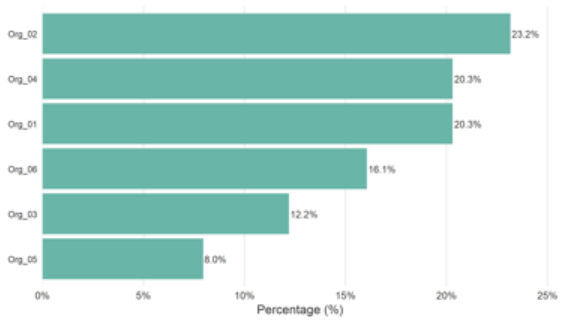


A total of 58 districts were included in the survey. The highest concentration of CDCs monitored was observed in Jalrez (**8.0%**), followed by Khak-e-Jabbar (**5.7%**) and Dasht-e-Qala (**5.6%**). The survey findings also indicate that six Facility Partners (FPs) were actively engaged in the implementation of CRLP project components across the surveyed communities. This distribution reflects the operational coverage and contribution of Facility Partners supporting UNOPS in project delivery.

Figure: (02)

Facility Partner

Response Category	Count	Percentage (%)
Org_02	414	23.17
Org_01	363	20.31
Org_04	363	20.31
Org_06	287	16.06
Org_03	218	12.20
Org_05	142	7.95
Total	**1787**	**100**



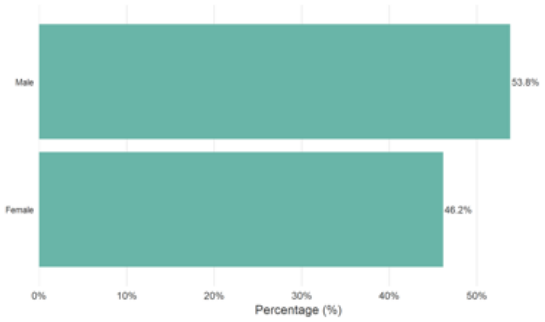
Member Characteristics and Status:

A total of **1,787 CDC members** were interviewed as part of this survey. Among the respondents, **962 (53.8%) were male** and **825 (46.1%) were female**, indicating a relatively balanced gender representation across the surveyed CDCs.

Figure: (03)

Member Gender

Response Category	Count	Percentage (%)
Male	962	53.83
Female	825	46.17
Total	**1787**	**100**

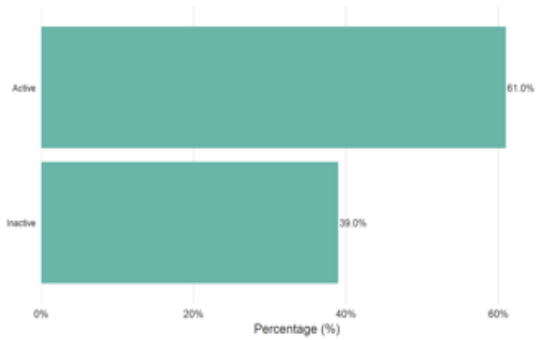


Member activity status was assessed to better understand the level of participation within CDCs. The results show that **61.0% of members were active**, while **39.0% were inactive** at the time of the survey. This distribution highlights a notable proportion of inactive members, which may have implications for CDC functionality, participation, and effective community engagement.

Figure: (04)

Member Status

Response Category	Count	Percentage (%)
Active	1090	61.00
Inactive	697	39.00
Total	**1787**	**100**



Findings / Results section:

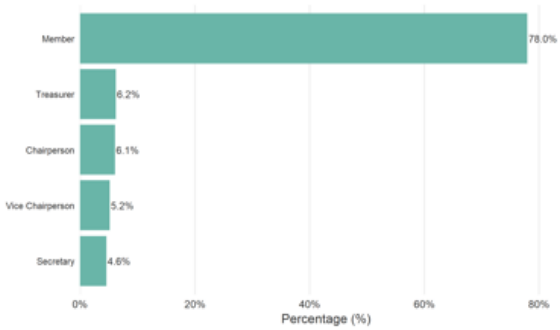
Community Development Councils (CDCs) are structured community-level bodies with defined governance roles that support local decision-making and implementation of project activities. Analysis of CDC member roles indicates that the majority of recorded individuals are listed as **general members**, accounting for **77.9%** of all respondents.

Leadership and administrative roles represent smaller proportions of the dataset, including **Treasurers (6.2%)**, **Chairpersons (6.1%)**, **Vice Chairpersons (5.1%)**, and **Secretaries (4.6%)**. This distribution is consistent with the expected composition of CDCs, where a limited number of leadership positions are supported by a larger group of general members. The results confirm that key governance roles are present across sampled CDCs, supporting their functional structure for community-level coordination and decision-making.

Figure: (05)

Member Position

Response Category	Count	Percentage (%)
Member	1393	77.95
Treasurer	111	6.21
Chairperson	109	6.10
Vice Chairperson	92	5.15
Secretary	82	4.59
Total	**1787**	**100**



One of the core verification questions in CRLP Tool 1 assesses whether respondents recognize the listed CDC member ("Do you know this member?"). The results show a **highly concentrated response pattern**, with **95.2%** of respondents confirming

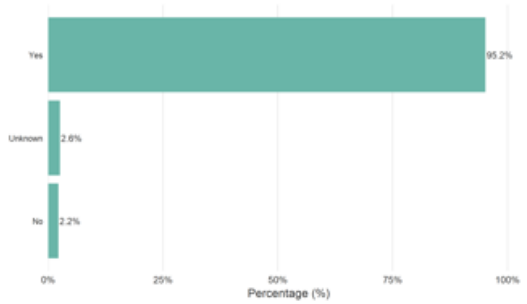
recognition of the member. A small proportion reported **“Unknown” (2.6%)**, while **2.2%** indicated that they did not know the member.

This strong dominance of affirmative responses suggests that the majority of listed CDC members are recognizable within their communities, supporting the validity of CDC membership records. The limited share of “No” and “Unknown” responses highlights a small subset of cases that may warrant follow-up verification to confirm member status or update records.

Figure: (06)

Do you know this member?

Response Category	Count	Percentage (%)
Yes	1701	95.19
Unknown	46	2.57
No	40	2.24
Total	**1787**	**100**



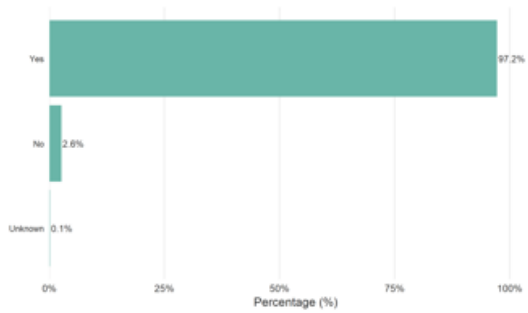
Among respondents who confirmed recognition of a CDC member, a follow-up verification question assessed whether the individual is **currently an active CDC member**. The analysis indicates that **97.2%** of respondents confirmed that the individual is an active CDC member. A small proportion reported that the individual is **not currently a member (2.6%)**, while **0.1%** of responses were recorded as **unknown**.

These results suggest a high level of alignment between recognized CDC members and their current membership status, reinforcing the reliability of CDC member records. The limited share of negative or unknown responses highlights a small subset of cases that may require further validation or record updates.

Figure: (07)

Is selected currently a member cdc?

Response Category	Count	Percentage (%)
Yes	1694	97.24
No	46	2.64
Unknown	2	0.11
Total	**1742**	**100**



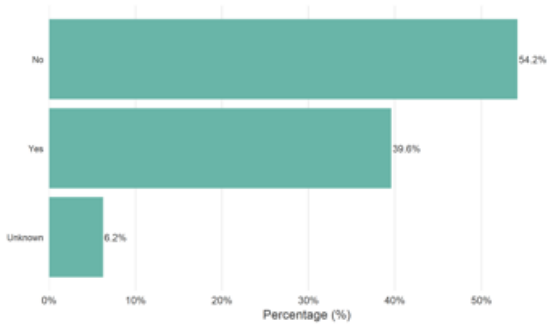
For respondents who indicated that the individual is **not currently a CDC member** or whose status was **unknown**, an additional follow-up question assessed whether the individual had **previously been a CDC member**. The analysis shows that **54.2%** of these individuals had **not been CDC members from the outset**, while **39.6%** were reported to have been **CDC members previously**. The remaining **6.3%** of cases were recorded as **unknown**.

These findings help distinguish between individuals who were incorrectly listed as CDC members and those who may have left or been replaced over time. This differentiation is important for maintaining accurate CDC membership records and for identifying cases that may require updates or further verification.

Figure: (08)

Was member before?

Response Category	Count	Percentage (%)
No	26	54.17
Yes	19	39.58
Unknown	3	6.25
Total	**48**	**100**



For individuals identified as **no longer being CDC members**, a follow-up question was included to capture the primary reason for leaving the CDC. The results indicate that the most commonly reported reason was **leaving the community**, accounting for **42.1%** of responses.

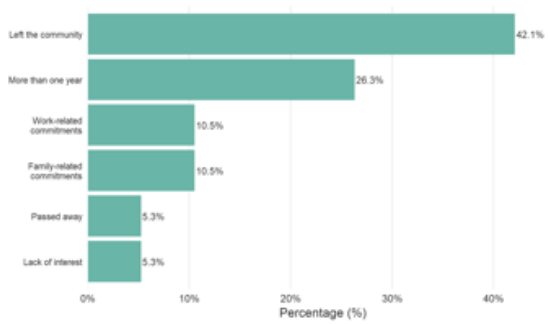
Other reported reasons included **being inactive for more than one year (26.3%)**, **family-related commitments (10.5%)**, **work-related commitments (10.5%)**, **passed away (5.2%)**, and **lack of interest (5.3%)**.

These findings suggest that CDC member attrition is primarily driven by mobility and changes in residency rather than governance or performance-related factors. Understanding these reasons is important for maintaining up-to-date CDC membership records and for planning future verification and replacement processes.

Figure: (09)

Why no longer a member?

Response Category	Count	Percentage (%)
Left the community	8	42.11
More than one year	5	26.32
Family-related commitments	2	10.53
Work-related commitments	2	10.53
Passed away	1	5.26
Lack of interest	1	5.26
Total	**19**	**100**



Following on-site verification of CDC members, an additional question captured the **role of the member within the CDC based on enumerator observation during field visits**. This assessment provides an independent confirmation of CDC member roles beyond self-reported information.

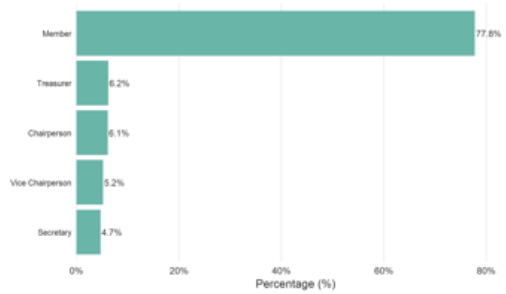
The results indicate that **77.8%** of verified individuals were identified as **general members**, while leadership and administrative roles accounted for smaller proportions, including **Treasurers (6.2%)**, **Chairpersons (6.1%)**, **Vice Chairpersons (5.2%)**, and **Secretaries (4.7%)**.

This role distribution aligns with the expected structure of CDCs, where a limited number of leadership positions support a larger membership base. Enumerator-verified role identification strengthens confidence in the accuracy of CDC governance records used for monitoring and decision-making.

Figure: (10)

Role of member in this cdc onsite view

Response Category	Count	Percentage (%)
Member	1332	77.76
Treasurer	106	6.19
Chairperson	105	6.13
Vice Chairperson	89	5.20
Secretary	81	4.73
Total	**1713**	**100**



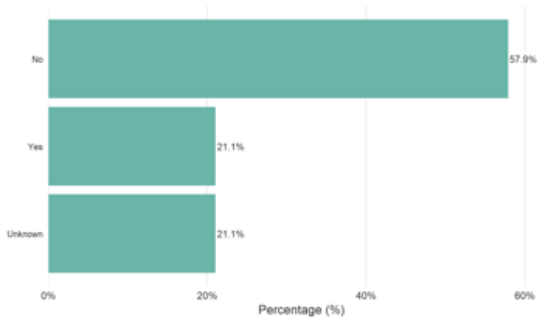
For cases where individuals were identified as **no longer being CDC members** or were **absent due to leaving the community**, an additional verification question assessed whether the vacant CDC position had been **filled by another individual**. The analysis shows that **57.9%** of vacant positions **had not been replaced** at the time of data collection. In contrast, **21.1%** of positions were reported as **filled**, while **21.1%** of cases were recorded as **unknown**.

These findings indicate that a substantial proportion of vacant CDC positions remain unfilled, which may have implications for the functionality and decision-making capacity of affected CDCs. The presence of unknown replacement status in some cases further highlights the need for follow-up verification and updated record management.

Figure: (11)

Is position filled by someone else?

Response Category	Count	Percentage (%)
No	11	57.89
Yes	4	21.05
Unknown	4	21.05
Total	**19**	**100**



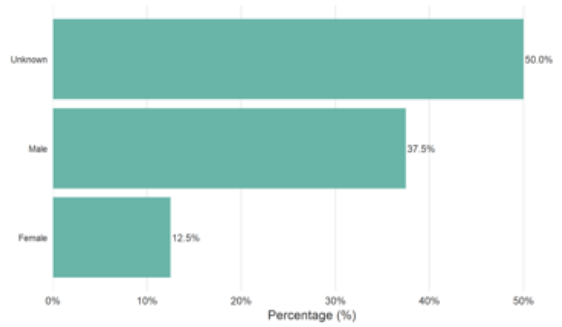
To support verification of **new or replacement CDC members**, an additional question captured the **gender of newly identified members**. Among the eight new members recorded, **50.0%** were reported as **unknown**, **37.5%** as **male**, and **12.5%** as **female**.

The high proportion of unknown gender reflects incomplete information for newly added members at the time of data collection and highlights the need for improved completeness in future verification rounds. Given the small number of new members identified, these findings should be interpreted with caution.

Figure: (12)

Gender of new member?

Response Category	Count	Percentage (%)
Unknown	4	50.00
Male	3	37.50
Female	1	12.50
Total	**8**	**100**



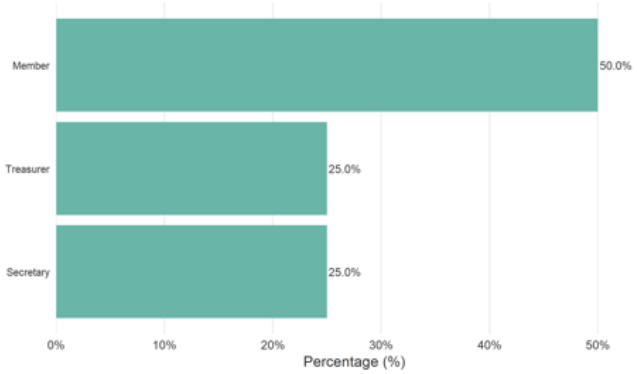
To further verify the integration of **new or replacement CDC members**, an additional question assessed the **CDC positions filled by newly identified individuals**. Among the four new members recorded, **50.0%** were reported as **general members**, while **25.0%** were assigned the role of **Treasurer** and **25.0%** the role of **Secretary**.

These findings indicate that replacement members were assigned to both general and key administrative roles within CDCs. However, given the **small number of new members identified**, the distribution should be interpreted with caution. The results nonetheless provide useful insight into how vacant CDC positions are being filled following member attrition.

Figure: (13)

Position of new member?

Response Category	Count	Percentage (%)
Member	2	50.00
Treasurer	1	25.00
Secretary	1	25.00
Total	**4**	**100**



Availability of CDC members for on-site interviews is a key indicator of verification feasibility and data completeness. The analysis shows that **72.1% (652 members)** were

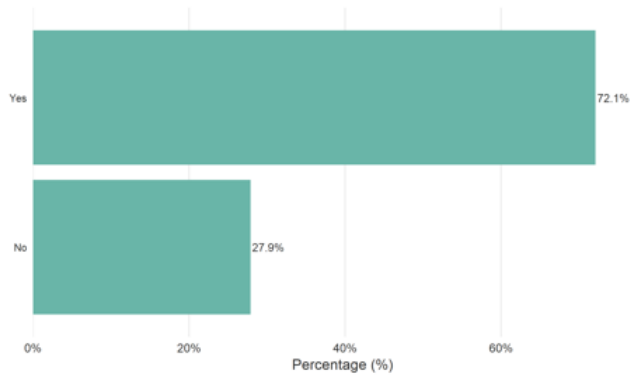
available for interview at the site, while **27.9% (252 members)** were **not available** at the time of data collection.

The relatively high proportion of available members supports effective field verification; however, the share of unavailable members represents a notable constraint for complete on-site verification. These cases may require follow-up visits or alternative verification approaches to ensure comprehensive coverage.

Figure: (14)

Available for interview for at this site

Response Category	Count	Percentage (%)
Yes	652	72.12
No	252	27.88
Total	**904**	**100**



For CDC members who were **not available for on-site interviews**, a follow-up question captured the primary reason for their absence. The results indicate that the most frequently reported reasons were **traveling (35.3%)** and **work-related commitments (30.6%)**.

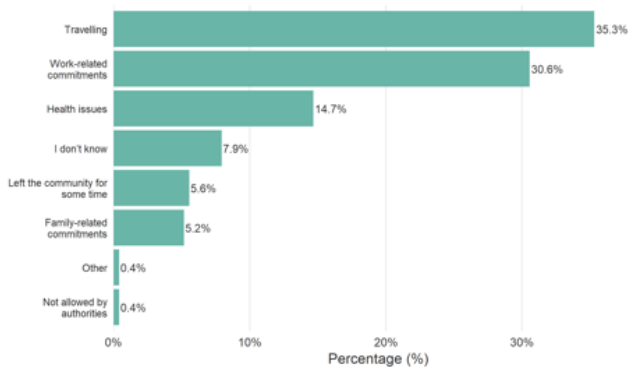
Additional reasons included **health issues (14.7%)**, **temporary absence from the community (7.9%)**, and **family-related commitments (5.6%)**. A smaller proportion of cases were recorded as **unknown (7.3%)** or attributed to other reasons, including restrictions or miscellaneous factors.

These findings suggest that member unavailability is largely driven by temporary and logistical factors rather than systematic disengagement, which has implications for planning follow-up verification activities and scheduling future field visits.

Figure: (15)

Do you know why member is not present for interview today at this site?

Response Category	Count	Percentage (%)
Travelling	89	35.32
Work-related commitments	77	30.56
Health issues	37	14.68
I don't know	20	7.94
Left the community for some time	14	5.56
Family-related commitments	13	5.16
Not allowed by authorities	1	0.40
Other	1	0.40
Total	**252**	**100**



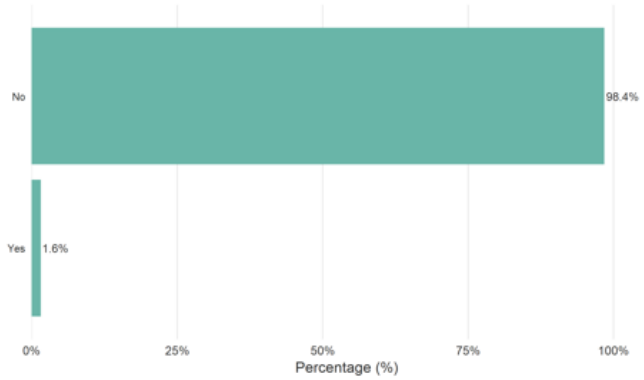
Among the CDC members who were not available for interviews, an additional question assessed whether it was possible to trace and interview the member in a new location. The analysis indicates that for the vast majority of cases, **98.4% (248 members)** could not be trac elsewhere. Only **1.6% (4 members)** were reported as traceable in another location.

This strong concentration of negative responses highlights a significant constraint on achieving complete verification for unavailable members. The findings suggest that absence from the site is, in most cases, associated with limited feasibility for follow-up verification, underscoring the importance of maximizing on-site interview coverage during initial data collection

Figure: (16)

Is possible to trace the mem in another location?

Response Category	Count	Percentage (%)
No	248	98.41
Yes	4	1.59
Total	**252**	**100**



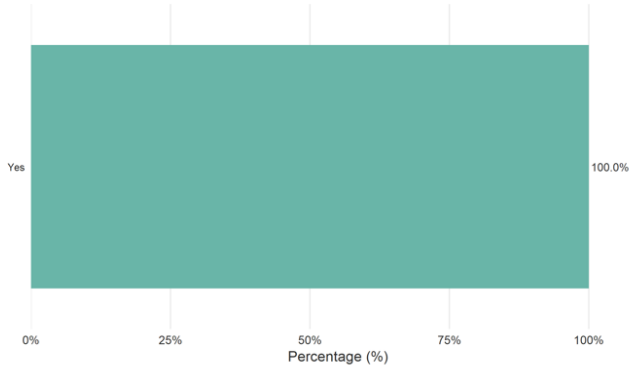
For CDC members who identified as traceable to alternative location, an additional follow up question assessed whether **valid contact information** was available. The analysis shows the **100%** (**4 out of 4**) of traceable members had a contact number available.

Although the number of traceable cases is very small, the complete availability of contact information among these members indicates that, where tracing is feasible, follow-up verification through alternative contact methods is possible.

Figure: (17)

Can you give member contact number?

Response Category	Count	Percentage (%)
Yes	4	100.00
Total	**4**	**100**



Survey Response Patterns and Insights

This section examines response patterns across key CRLP Tool 1 survey questions to assess the consistency, reliability, and operational relevance of CDC member verification data. By analyzing the distribution of responses and identifying dominant and atypical patterns, the section highlights areas of strong alignment as well as potential verification gaps that warrant attention. These insights support interpretation of CDC functionality and inform decisions related to follow-up verification, data quality improvement, and future data collection rounds.

Overall Response Overview: As part of the CDC member verification process, respondents were asked a structured series of questions related to member recognition, availability, current membership status, and role verification. These questions were designed to confirm the existence and functionality of CDCs and to assess the feasibility of on-site verification. At an aggregate level, the response patterns across key questions show a strong concentration of affirmative and consistent responses, indicating a high degree of alignment between reported CDC membership records and field verification outcomes. A limited proportion of negative or unknown responses highlights specific cases requiring follow-up or data updates. Table 01 provides a summary of dominant responses and response distributions across the main verification questions, offering a high-level overview of survey outcomes before detailed question-level analysis.

Dominant Responses: Across key CRLP Tool 1 verification questions, response patterns show a strong concentration around a limited number of dominant answers, indicating high consistency in CDC member verification outcomes. Recognition and membership

verification questions demonstrate particularly strong consensus. The question *"Do you know this member?"* shows a dominant **"Yes" response (95.2%)**, while confirmation of current CDC membership similarly records a dominant **"Yes" response (97.2%)**, indicating broad alignment between CDC records and community-level recognition. Availability-related questions also display clear dominant patterns. A majority of members were **available for on-site interview (72.1%)**, while among unavailable members, the most frequently cited reasons were **traveling (35.3%)** and **work-related commitments (30.6%)**. Furthermore, the feasibility of tracing unavailable members elsewhere is strongly skewed toward **"No" (98.4%)**, highlighting a key operational constraint in follow-up verification. Structural and compositional questions show similarly consistent patterns. **General members** constitute the dominant role category across CDCs (approximately **78%**), with leadership roles collectively accounting for a smaller, stable proportion. Gender composition shows a dominant but balanced distribution, with **male members (53.8%)** slightly exceeding **female members (46.2%)**. For cases involving member exit or replacement, dominant responses indicate that most vacant positions **have not been replaced (57.9%)**, and the most common reason for leaving CDC membership is **departure from the community (42.1%)**, followed by prolonged inactivity. Overall, the presence of dominant responses across multiple verification dimensions suggests a high level of internal consistency in the dataset, while also clearly highlighting specific operational bottlenecks related to availability, tracing, and replacement of CDC members.

Question	Response value	Count	Denominator	Result	total_count_q	within_q_pct	response rank	cumulative_pct
Do_u_know_why_mem_is_not_present_for_interview_today_at_this_site	Travelling	89	252	35.32	252	35.31746	1	65.87301587
Do_u_know_why_mem_is_not_present_for_interview_today_at_this_site	Work-related commitments	77	252	30.56	252	30.555556	2	30.55555556
Do_u_know_why_mem_is_not_present_for_interview_today_at_this_site	Health issues	37	252	14.68	252	14.68254	3	88.49206349
available_for_interview_for_at_this_site	Yes	652	904	72.12	904	72.123894	1	72.12389381
available_for_interview_for_at_this_site	No	252	904	27.88	904	27.876106	2	100

can_u_give_mem_contact_number	Yes	4	4	100	4	100	1	100
do_you_know_this_member	Yes	1701	1787	95.19	1787	95.187465	1	95.18746503
do_you_know_this_member	Unknown	46	1787	2.57	1787	2.5741466	2	97.76161164
do_you_know_this_member	No	40	1787	2.24	1787	2.2383884	3	100
gender_of_new_member	Unknown	4	8	50	8	50	1	87.5
gender_of_new_member	Male	3	8	37.5	8	37.5	2	37.5
gender_of_new_member	Female	1	8	12.5	8	12.5	3	100
is_position_filled_by_someone_else	No	11	19	57.89	19	57.894737	1	57.89473684
is_position_filled_by_someone_else	Yes	4	19	21.05	19	21.052632	2	78.94736842
is_position_filled_by_someone_else	Unknown	4	19	21.05	19	21.052632	2	100
is_possible_to_trach_the_mem_in_another_location	No	248	252	98.41	252	98.412698	1	98.41269841
is_possible_to_trach_the_mem_in_another_location	Yes	4	252	1.59	252	1.5873016	2	100
is_selected_currently_a_member_cdc	Yes	1694	1742	97.24	1742	97.244546	1	97.2445465
is_selected_currently_a_member_cdc	No	46	1742	2.64	1742	2.6406429	2	99.88518944
is_selected_currently_a_member_cdc	Unknown	2	1742	0.11	1742	0.1148106	3	100
member_cdc_name	Community_226	23	1787	1.29	1787	1.2870733	1	33.12814773
member_cdc_name	Community_068	18	1787	1.01	1787	1.0072748	2	16.62003358
member_cdc_name	Community_024	18	1787	1.01	1787	1.0072748	2	19.47397874
member_cdc_name	Community_008	18	1787	1.01	1787	1.0072748	2	37.66088416

member_cdc_name	Community_188	17	1787	0.95	1787	0.9513151	3	4.924454393
member_district	Jalrez	144	1787	8.06	1787	8.0581981	1	35.25461668
member_district	Khak-E-Jabbar	103	1787	5.76	1787	5.76385	2	27.19641858
member_district	Dasht-E-Qala	101	1787	5.65	1787	5.6519306	3	16.45215445
member_fp_name	Org_02	414	1787	23.17	1787	23.16732	1	59.54113039
member_fp_name	Org_01	363	1787	20.31	1787	20.313374	2	20.31337437
member_fp_name	Org_04	363	1787	20.31	1787	20.313374	2	79.85450476
member_fp_name	Org_06	287	1787	16.06	1787	16.060436	3	36.37381086
member_gender	Male	962	1787	53.83	1787	53.83324	1	100
member_gender	Female	825	1787	46.17	1787	46.16676	2	46.16675993
member_position	Member	1393	1787	77.95	1787	77.951875	1	77.95187465
member_position	Treasurer	111	1787	6.21	1787	6.2115277	2	84.16340235
member_position	Chairperson	109	1787	6.1	1787	6.0996083	3	90.26301063
member_province	Nimroz	218	1787	12.2	1787	12.199217	1	53.16172356
member_province	Baghlan	197	1787	11.02	1787	11.024063	2	40.96250699
member_province	Kapisa	151	1787	8.45	1787	8.4499161	3	68.21488528
member_status	Active	1090	1787	61	1787	60.996083	1	60.99608282
member_status	Inactive	697	1787	39	1787	39.003917	2	100
position_of_new_member	Member	2	4	50	4	50	1	50
position_of_new_member	Treasurer	1	4	25	4	25	2	75
position_of_new_member	Secretary	1	4	25	4	25	2	100

role_of_member_in_this_cdc_onsite_view	Member	1332	1713	77.76	1713	77.758319	1	77.75831874
role_of_member_in_this_cdc_onsite_view	Treasurer	106	1713	6.19	1713	6.1879743	2	83.94629305
role_of_member_in_this_cdc_onsite_view	Chairperson	105	1713	6.13	1713	6.1295972	3	90.07589025
was_mem_before	No	26	48	54.17	48	54.166667	1	93.75
was_mem_before	Yes	19	48	39.58	48	39.583333	2	39.58333333
was_mem_before	Unknown	3	48	6.25	48	6.25	3	100
why_no_longer_a_mem	Left the community	8	19	42.11	19	42.105263	1	84.21052632
why_no_longer_a_mem	More than one year	5	19	26.32	19	26.315789	2	42.10526316
why_no_longer_a_mem	Family-related commitments	2	19	10.53	19	10.526316	3	15.78947368
why_no_longer_a_mem	Work-related commitments	2	19	10.53	19	10.526316	3	94.73684211

Chart or Table for Responses: Review of survey responses across all verification questions reveals a high degree of consistency and concentration around dominant response categories. Questions related to member recognition, current membership status, and role verification show strong alignment between reported CDC records and field-level verification outcomes.

Operational questions related to availability and follow-up feasibility highlight clear constraints. While most CDC members were available for on-site interview, a notable proportion were unavailable, primarily due to temporary and logistical factors such as travel and work-related commitments. The limited feasibility of tracing unavailable members in alternative locations underscores the importance of maximizing on-site verification during initial data collection rounds.

Replacement and exit-related responses indicate that member turnover is largely driven by mobility and prolonged inactivity, with many vacant positions remaining unfilled at the time of verification. Together, these patterns suggest that while CDC membership records are largely accurate and recognizable, operational challenges related to availability and replacement management remain key areas for programmatic attention.

Interpretation of Patterns: The observed response patterns across CRLP Tool 1 verification questions indicate a high level of consistency between CDC member records and field-level verification outcomes. Strong dominance of affirmative responses in questions related to member recognition and current membership status suggests that CDC membership lists are largely accurate and well-recognized within communities.

Patterns related to CDC roles and organizational structure further reinforce this finding, as the distribution of leadership and general member positions aligns with the expected governance model of CDCs. This consistency supports the functional integrity of CDC structures used for community-level decision-making and project implementation.

At the same time, patterns associated with member availability and follow-up feasibility reveal important operational constraints. While most members were available for on-site interviews, the limited ability to trace unavailable members in alternative locations highlights challenges in achieving complete verification coverage. These constraints appear to be driven primarily by temporary factors such as travel, work-related commitments, and mobility rather than systematic disengagement.

Patterns related to member exit and replacement indicate that turnover is a recurring feature of CDC composition, with many vacant positions remaining unfilled at the time of verification. This suggests a need for strengthened mechanisms to track member changes and update CDC records in a timely manner.

Overall, the combination of strong verification alignment and identifiable operational constraints provides a balanced view of CDC functionality: membership records are generally reliable, but data completeness and follow-up capacity remain critical areas for ongoing monitoring and improvement.

- **Structural Breakdowns in Responses:** Examination of survey responses across key structural dimensions reveals meaningful variation linked to CDC composition and verification context. Differences in response patterns are particularly evident when disaggregated by **member role, membership status, and availability for interview**, highlighting how structural position influences verification outcomes. Leadership roles such as Chairpersons, Treasurers, and Secretaries were more consistently recognized and verifiable compared to general members, reflecting their greater visibility and functional involvement in CDC activities. In contrast, general members—who constitute the majority of CDC composition—exhibited higher rates of unavailability and uncertainty in follow-up questions, contributing to gaps in complete verification coverage. Structural breakdowns by membership status further indicate that inactive or replaced members are more likely to be associated with missing or uncertain information, particularly regarding availability, contact details, and replacement status. These patterns suggest that membership

turnover and mobility disproportionately affect data completeness among specific subgroups. Geographic and organizational structures also influence response consistency, with provinces and CDCs showing variation in availability and replacement dynamics that reflect operational and contextual factors rather than data quality issues. Overall, these structural breakdowns underscore the importance of accounting for CDC composition and member roles when interpreting verification outcomes and planning follow-up activities.

Across the verification questions, response distributions show clear and interpretable patterns that support assessment of CDC functionality and data reliability. Notably, a strong majority of respondents consistently confirmed member recognition and current membership status, reinforcing confidence in the accuracy of CDC membership records. However, a smaller but meaningful share of responses indicates operational challenges, particularly in relation to member availability and follow-up feasibility. While most members were available for on-site interviews, cases of unavailability—primarily due to travel and work-related commitments—highlight limitations in achieving complete verification coverage during a single visit. This suggests that observed data gaps are largely driven by contextual and logistical factors rather than systematic data quality issues. Grouping related findings across recognition, availability, and replacement questions provides a coherent view of CDC verification outcomes and supports informed interpretation for both technical and non-technical stakeholders.

Conclusion

This report presents a comprehensive analysis of the UNOPS Afghanistan Community Resilience and Livelihoods Project (CRLP) Tool 1 dataset, focusing on verification and profiling of Community Development Council (CDC) members. The findings demonstrate a high level of consistency between CDC membership records and field-level verification results, indicating that CDC structures are generally well-established, recognizable, and functional across the sampled communities. Membership composition reflects an appropriate balance across gender, roles, and geographic coverage, supporting the representativeness of the verification sample.

Interpretation of response patterns highlights both strengths and operational constraints. Strong consensus in member recognition and current membership status suggests that CDC data is largely reliable for monitoring and reporting purposes. However, limitations related to member availability and follow-up feasibility were observed, primarily driven by mobility and temporary absence rather than systemic data quality issues. In addition, patterns related to member turnover and replacement indicate the need for continued attention to timely updates of CDC records to maintain data accuracy over successive verification rounds.

Overall, the analysis meets its primary objectives by confirming the usability and reliability of CDC member data while identifying specific areas requiring targeted follow-up. The results provide an evidence-based foundation for program monitoring, fiduciary oversight, and decision-making by UNOPS, the World Bank, and other stakeholders. The findings also inform future verification efforts by highlighting operational risks and opportunities to strengthen data completeness and field verification processes in subsequent phases of the CRLP.

Recommendations

Based on the findings from the CRLP Tool 1 CDC member verification analysis, the following recommendations are proposed to strengthen future verification rounds, improve data completeness, and enhance operational effectiveness.

1. Strengthen Member Availability Planning

A notable proportion of CDC members were unavailable for on-site interviews due to temporary factors such as travel and work-related commitments. To mitigate this:

- Verification schedules should be coordinated more closely with community calendars and local availability patterns.
- Where feasible, advance notification of verification visits should be provided to CDCs to maximize member presence during fieldwork.

2. Enhance Follow-Up and Tracing Mechanisms

The analysis indicates limited feasibility of tracing unavailable members in alternative locations.

- Consider introducing structured follow-up protocols, such as secondary visit windows or remote verification options where appropriate.
- Maintain and regularly update contact information to improve the likelihood of reaching absent members in subsequent verification attempts.

3. Improve Tracking of Member Turnover and Replacement

Patterns related to inactive members and unfilled positions highlight the need for more systematic tracking of CDC composition changes.

- Establish clear procedures for recording member exits, replacements, and role changes at the community level.

- Encourage CDCs to formally document and report membership updates to ensure alignment between records and on-the-ground realities.

4. Standardize Data Updates Across Verification Rounds

To preserve data quality over time:

- Implement standardized data validation checks at the start of each verification round to identify outdated or inconsistent records.
- Use cleaned and verified datasets from previous rounds as baseline references to monitor changes and trends in CDC composition.

5. Continue Use of Descriptive Analytics for Monitoring

The current analytical approach effectively highlights dominant patterns and operational risks.

- Maintain the use of descriptive and distribution-based analysis for routine monitoring and donor reporting.
- Complement quantitative verification with targeted qualitative follow-up in cases where uncertainty or inconsistencies persist.

6. Use Findings to Inform Program Oversight and Decision-Making

The verified dataset is suitable for program monitoring and fiduciary oversight.

- Leverage these findings to inform portfolio-level supervision, risk assessments, and reporting to donors.
- Use identified gaps—particularly around availability and replacement—to guide operational adjustments in future phases of the CRLP.