PROJECT ASSESSMENT

–FOR–

SERBIA CRDA

COMMUNITY DEVELOPMENT PROGRAMMING

2001–2004

Acknowledgments

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Summary

Scope & Methodology: This report is one in a series of assessments undertaken to evaluate the activities of the Serbia Community Revitalization through Democratic Action (CRDA) program. This report covers four key aspects of the Community Development phase of CRDA from 2001-2004: i) Results & Outputs, ii) Community Mobilization Approaches, iii) Group Impact & Sustainability, and iv) M&E Record Keeping. Projects implemented are covered in a separate report by consultant Linde Rachel, completed in January 2007. The methodology for this assessment includes the analysis of project documents, interviews with current and former staff members, and three weeks of focus groups (20 CDCs), phone interviews (7 CDCs) and interviews with local government officials (11) responsible for coordination with Mercy Corps.

Community Development Approach: From 2001-2004, prior to the strategic change by USAID toward economic development programming and the transition of CRDA to CRDA-E, Mercy Corps' primary vehicle for community mobilization and project implementation was *Community Development Councils* (CDCs). CDCs operated primarily on the Mesne Zajednice (MZ) level, the lowest administrative level of governance in Serbia; MZs in turn mobilized the support and resources of their respective municipalities for project implementation. In 2003 Mercy Corps undertook a second component, *Community Fairs*, to increase community involvement in urban areas. Community Fairs provided community groups, NGOs and institutions with a forum to present their project ideas to the broader community, who then voted on the projects; winning projects received financial support from CRDA.

Projects Implemented & Match: The most visible impact of CRDA is the projects implemented: 475 projects valued at $23.77 million were completed through CDCs and Community Fairs. The vast majority of these projects, especially those identified through CDCs, involved the improvement and rehabilitation of basic civil infrastructure. Community Fair projects, by their nature, typically consisted of providing institutions and clubs with technology or other special equipment. Despite citizens' initial skepticism and the economic hardship that challenged Serbia, Mercy Corps mobilized nearly 50% of the project cost ($12.67 million USAID; $11.10 million match) from communities and municipalities. The primary reason for this high level of contribution was the trust that Mercy Corps, and CRDA in general, earned in the communities.

CDC Results & Impact: By autumn 2004, when CRDA transitioned to CRDA-E, 76 CDCs had been formed, implementing 312 projects. Furthermore, over the three years of community mobilization activities, new communities (MZs) joined the program through already-formed CDCs; as a result, by 2005, 300 MZs in 18 municipalities participated in CRDA. Capital improvement projects were implemented in 135 different communities. CDC members identified the most significant changes in their communities as a result of CRDA; in popularity cited: improved work organization, increased local participation, benefit from a specific project, revitalized community, improved democratic practices, motivated future investment, readiness to work with donors, improved municipal-MZ relations, and increased citizen willingness for financial contributions.

CDC Evolution: CDC activities underwent three phases of evolution. In Phase I, due to USAID pressure for a rapid startup, CDCs operated at the MZ level and generally consisted of MZ presidents and their councils. Phase II increased citizen participation in decision-making and project implementation, improved transparency, and strengthened linkages between citizens and authorities by establishing more strict voting rules, expanding membership (especially for women), and forming internal supervisory and financial control bodies. Phase III was marked by geographic expansion to include more communities, competitive elements for project selection on a regional level, and added input from technical experts to improve and facilitate project implementation.

CDC Regional Office Differences: Due to a high level of autonomy, Mercy Corps' three regional offices enjoyed considerable flexibility in their approaches. Differences between the offices were philosophical in nature: Krusevac and Prokuplje teams believed that by creating regional CDCs and making communities compete for resources, they would improve community planning and provide greater community-orientation of projects; in these AORs, mature CDCs were expanded to include new communities. On the contrary, the Novi Pazar team believed that by opening the project application to a majority of MZs, Mercy Corps could broaden the impact; therefore, the team continued to form independent CDCs for each new community added. While Krusevac and Prokuplje AOR CDCs began to compete on a regional level for projects within their AOR, Novi Pazar allocated fixed budgets to each CDC. As a result, while Novi Pazar formed significantly more CDCs, they implemented fewer projects overall than in Krusevac or Prokuplje. Both approaches had respective strengths and weakness: Krusevac and Prokuplje teams mobilized more communities; however, by expanding CDCs, organization became more challenging. As a result, the municipality, rather than communities, often became the driving force behind the projects. In Novi Pazar, the communities were the main agents; however, with their fixed budgets, CDCs became less engaged in project selection, resulting in more shallow and poorly justified proposals.

Rural & Urban CDCs: While urban CDCs generally reflected Mercy Corps' recommendations regarding the representation of special interest groups, the majority of rural CDCs were composed primarily of MZ representatives and their close associates. Rural CDCs, however, did demonstrate a significantly stronger sense of ownership of CRDA and the projects, validating 2003 observations that CDCs did not have sufficient appeal in urban areas (resulting in the birth of Community Fairs). While women represented at least 30% of the *official* CDC membership, evidence shows that in both urban and rural CDCs most of the women representatives were either already active in their communities or were included only to satisfy Mercy Corps' requirements.

CDC Organizational Sustainability: No CDC officially registered as a civil society group with the arguable exceptions of one which became an agriculture association and six informal groups that existed prior to CRDA; only one continued to meet, and it did so under the auspices of an ongoing CRDA project. It can therefore be concluded that the goal of CDC institutional sustainability was not achieved. This should not be taken as a failure of Mercy Corps' program, as it was at least partly due to the rapid transition to CRDA-E, the pressure to implement the new strategy, and the essential abandonment of CDCs in lieu of Municipal Economic Councils.

Community Fair Results: From 2003-2005 Mercy Corps organized 29 Community Fairs, at least one in each of the 18 municipalities. In total, 604 civil society groups participated and competed for projects in the fairs. Over 75,500 citizens (17% of Mercy Corps' urban population) voted for projects, selecting 152 groups to receive CRDA support. Over three years, significant increases were observed both in the number of participating groups and voter turnout, demonstrating the success of community fairs as a tool for urban community mobilization.

Community Fair Regional Differences: The offices also had different strategies for Community Fairs: in the Krusevac AOR the primary responsibility for organization laid with the municipality with substantial support of Mercy Corps staff. In Novi Pazar, CDCs organized the fairs, with substantially less assistance from Mercy Corps. Although the number of participating groups was not significantly different between the AORs, this assessment concludes that the Krusevac approach was more effective in mobilizing the broader community, which impacted both attendance and the ultimate success of the fairs.

Community Fair Impact: Focus groups identified the key impacts of Community Fairs: increase community mobilization and participating stakeholders, bring people together and increase solidarity, identify problems faced by the community, and increase representation of neglected groups. Although Community Fairs had high social impact, they were extremely high maintenance and problematic initiatives for Mercy Corps staff. Procurements of highly diverse, specialized equipment for recipients that tended to be particular about branding often resulted in delays and procurement problems. Moreover, some groups that proposed projects were created solely for the purpose of participating in the fair, often resulting in unstable financial and logistical commitments to the projects.

Lessons Learned & Recommendations: The following recommendations are offered based on the findings of this assessment:

- Complete small, quick-start projects during program startup.

- Choose partners and individuals who hold high respect in their communities.

- Provide intensive training on methodologies throughout the project life cycle. Explain procedures thoroughly and repeatedly, not only to community leaders, but to their members and constituencies.

- Assure that team members are well-educated and aware of local conditions, issues and actors.

- Provide flexible program design, taking into account regional differences and conditions (rather than stressing uniformity) especially when the AOR covers economically and socially distinct regions.

- Respect established commitments throughout the program. Avoid abrupt transitions in program strategy; if such transitions are necessary, first bring to a systematic closure all previous commitments.

- Provide the necessary support and training to institutionalize groups to assure the sustainability of civil society groups and democratic institutions.

- Establish effective relationships between the donor, contractor and client that actively involve clients in monitoring and oversight of the contractor.

- Increase staff visits to the field and intensify their interaction with citizens.

- Staff a full-time M&E Coordinator from the start to assure the quality and standardization of management systems and performance data.

- Increase efforts to document experiences, challenges, plans and commitments with respect to specific communities and projects to smooth transitions due to staff turnover.

Introduction

CRDA Overview: Mercy Corps' longest single-donor project to date is the Serbia Community Revitalization through Democratic Action (CRDA). The USAID-funded program spanned six years (2001 through 2007) and underwent a number of refinements and transitions during its life. The CRDA program itself is a six-year, $200 million USAID program; the program is implemented by five partners, each with a geographic AOR and funding in the amount of $40 million.

Purpose of Assessment: Due to length of the project and the diversity of activities implemented, evaluating CRDA represents an opportunity to assess different development approaches and identify the conditions necessary for success of development assistance. As such, in addition to the assessment of the Serbia CRDA program itself, the evaluation findings will enhance Mercy Corps' capacity to effectively target key areas and groups over the long-term and for self-sustainable growth in the countries where we work.

CRDA Goal & Four Pillars: Commencing in 2001, at the onset of the democratic transition in Serbia, CRDA's goal was to promote citizen participation in and between communities and clusters of communities to address their priority needs for the economic and social revitalization.

Through citizen participation, communities identified and prioritized projects in four pillars: i) civic participation, ii) economic development, iii) civil infrastructure and iv) environment. Within these, community mobilization was the foundation of all programs and activities.

USAID Strategic Framework: The CRDA program was implemented under USAID Strategic Objective (SO) 2.1, Increased Citizen Participation in Political & Economic Decision Making. Within this SO were five Intermediate Results (IRs). In the analysis conducted in this report, these IRs are considered as the primary criteria under which impact and success is measured.

> I.R. 2.1.1 Increased Citizens Participation in Community Development Activities
>
> I.R. 2.1.2 Increased Inter-Community, Inter-Ethnic Cooperation in Community Activities
>
> I.R. 2.1.3 Improved Social & Economic Infrastructure
>
> I.R. 2.1.4 Increased Incomes & Job Opportunities for Low-Income families
>
> I.R. 2.1.5 Improved Environmental Conditions and Practices

Mercy Corps Community Development Approach: From 2001-2004 Mercy Corps' primary vehicle for community mobilization and project implementation was newly-formed *Community Development Councils* (CDCs). CDCs operated primarily on the Mesne Zajednice (MZ) level, the lowest administrative level of governance in Serbia. MZs in turn mobilized the active support and involvement of their respective municipalities, who contributed most of the financial matching contribution toward project implementation. In 2003 Mercy Corps began organizing *Community Fairs* as a way of increasing community involvement in urban areas. Community Fairs were events where community groups, NGOs and institutions presented their project ideas to the broader community, who voted on the projects; winning projects received financial support from CRDA.

Mercy Corps Operations: Upon commencement of the program Mercy Corps divided its AOR into three regions of roughly equal geographic area, each covered by a separate office. The three regional offices in Krusevac, Prokuplje and Novi Pazar covered the 18 municipalities as shown in the diagram above.

Community vs. Economic Investments: Beginning almost immediately on startup Mercy Corps rapidly identified and implemented community projects. At the same time, the Economic Opportunity pillar, implemented by partner Deloitte-Touche-Thomatsu (later Emerging Markets Group) conducted assessments then designed, refined and gained USAID approval for its strategy of investments (typically $30,000-$50,000) in agricultural processors, primarily in the fruit and dairy sectors. From 2001-2004 $12.67 million of USAID funds was invested in "community" projects while $4.06 million were invested in the "economic" component. (Note that numerous
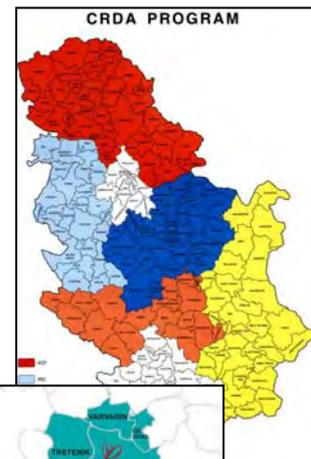
projects in both categories carried over into 2005 and beyond; therefore, it is more accurate to say that this value in projects was approved or initiated, but not necessarily completed.)

CRDA Transition to CRDA-E 2005: In 2005, USAID and the US Embassy changed strategy and shifted programming priorities to focus almost exclusively on economic development. As a result, CRDA underwent a significant change from its prior emphasis on community development and civic participation to job growth and creation through Local Economic Development (LED), agriculture and MSME development. At that time Mercy Corps discontinued activities implemented through Community Development Councils (CDCs) while continuing Community Fairs for one additional year (nine fairs, 36 projects, $252,000 in 2005).
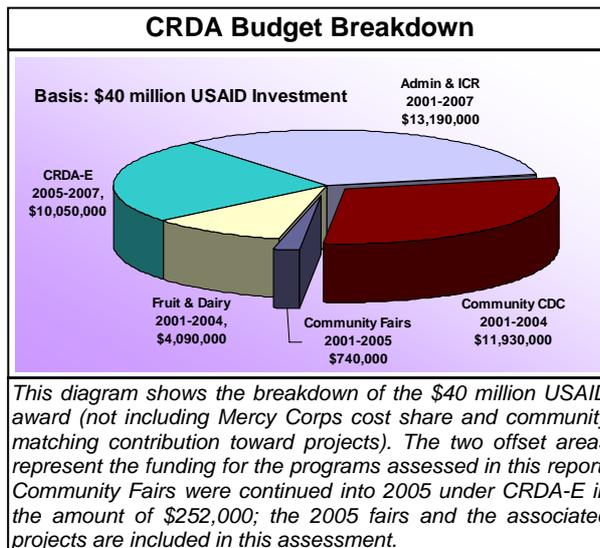
Mercy Corps AOR Description: Mercy Corps covers the 18 municipalities of southern Serbia shown in the map above; in the years covered by this assessment, they did so from three offices located in Krusevac, Prijepolje and Novi Pazar. (The Prijepolje office was later consolidated to Krusevac.)

CRDA Budget Breakdown

Basis: $40 million USAID Investment

Admin & ICR 2001-2007 $13,190,000

CRDA-E 2005-2007, $10,050,000

Fruit & Dairy 2001-2004, $4,090,000

Community Fairs 2001-2005 $740,000

Community CDC 2001-2004 $11,930,000

This diagram shows the breakdown of the $40 million USAID award (not including Mercy Corps cost share and community matching contribution toward projects). The two offset areas represent the funding for the programs assessed in this report. Community Fairs were continued into 2005 under CRDA-E in the amount of $252,000; the 2005 fairs and the associated projects are included in this assessment.

The AOR includes the six municipalities of Sandzak, an ethnically mixed region of Serbia consisting mostly of Bosnijaks and Serbs. The municipalities of Kursumlija, Prokuplje and Krusevac have high populations of IDPs from Kosovo (Kursumlija is highest with a population of 28% IDPs). The official population of the entire AOR is 660,000; Krusevac is the largest city and municipality, with a population of 131,000. The entire AOR can be characterized as mostly rural with little comparative economic advantage and heavily reliant on the agriculture sector; most former state enterprises are either closed or operating at significantly reduced levels.

M&E Overview: Due to the involved and complex nature of CRDA and the associated transitions, a comprehensive evaluation of the program is an arduous undertaking. To accomplish the task, the country team felt that the evaluation would be best served by breaking the assessment into discrete programmatic areas and periods. In broad terms, the series of assessments are:

1. Community CRDA 2001-2004
2. Dairy & Fruit Sector Impact Assessments 2001-2007
3. Micro, Small & Medium Enterprise (MSME) Programs 2003-2007
4. Local Economic Development (LED) 2005-2007

Community CRDA 2001-2004 Assessment: The first of these assessments includes the CDC and Community Fair activities and is further broken down into two separate evaluations. This evaluation presents the results and findings of four key aspects of CRDA: i) Results & Outputs, ii) Community Mobilization Approaches, iii) Group Impact & Sustainability, and iv) M&E Record Keeping. This assessment is supplemented by a second evaluation that covers Project Implementation & Impact, performed by consultant Linde Rachel in January 2007 wherein she assessed the $12.67 million in CRDA community project investments. A summary overview of the entire CRDA assessment is presented below; the highlighted area is the subject of this assessment and the separate assessment completed by Linde Rachel. The Scope of Work for these assignments is presented in Annex 1.

CRDA Assessment Overview

CRDA Assessment

Community CRDA 2001-2004	Dairy & Fruit Sector Assessments 2001-2007	MSME Development 2003-2007	Local Economic Development (LED) 2005-2007
Activities: Community Development Councils Community Fairs	**Activities:** Dairy Processors & Producer Associations Fruit Processors & Producer Associations	**Activities:** Refugee & IDP Small Grants Income Generation Grants Employment Expansion Program	**Activities:** LED 2005 LED 2006 LED Surplus Funding Programs
Assessment: 1. Outputs & Achievements 2. Community Mobilization Approach 3. Group Impact & Sustainability 4. Management & Organizational Issues 5. Project Implementation & Impact	**Assessment:** 1. Production Situation 2. Sales & Marketing 3. Collection & Distribution 4. Quality Control 5. Investment & Finance 6. CRDA Impact	**Assessment:** 1. Business & Job Sustainability 2. Program & Process 3. Training Programs & Services 3. Application & Selection Process	**Assessment:** 1. LED Process 2. LED Projects 3. LED Institutionalization 4. Municipal Capacity Index

Evaluation Methodology: This assessment was conducted in three key phases.

Phase 1:   Collection, synthesis and analysis of existing program data and reports.

Phase 2:   Interviews with key program staff about the project, activities and organization of the Community phase of CRDA.

Phase 3:   Focus groups and interviews with communities, CDC members, and municipal officials, including supporting field work and data collection.

Sample Methodology: Focus groups and interviewees were surveyed though a list of standardized questions and issues for discussion. This guide is presented in Annex 2. The sample for CDC focus groups in this assessment was chosen both randomly and by designated selection. All CDCs were divided into three groups according to the number of projects implemented:

- CDCs with fewer than two projects were surveyed via telephone. It was intended to contact all 17 of those CDCs; however, only seven were completed since the rest of the CDC presidents were either inaccessible or our local staff were unable to find their present contact information.

- For CDCs that implemented between two and eight projects, random sampling was used. However, in order to ensure that all three regions were equally represented, the CDCs were first divided according to their office AOR, then CDCs within each were randomly chosen in Excel, weighted according to the number of municipalities covered by the regional office. The sample size included five CDCs from Krusevac, three from Prokuplje, and four from Novi Pazar.

- The four CDCs that had more than eight projects were chosen as follows: *Aleksandrovac East* (12 projects) was the pilot community for the first focus group. The CDCs from the three towns where Mercy Corps had regional offices were automatically included (Krusevac with 13 projects, Novi Pazar with 12, and Prokuplje with 21.) The automatic inclusion of these CDCs was justified by their capacity to provide accurate information about the methodology employed by each of the offices since they had the most intimate contact with the project and team.

Focus Group Participants

The unanticipated representatives from three CDCs that joined the planned focus groups turned out to be very beneficial for the assessment. In addition to allowing the team to obtain information concurrently from multiple CDCs at one time, they also provided interesting examples of regional cooperation among CDCs. Also, in each of the three cases, the uninvited participants were members of CRDA-E Municipal Economic Councils (MECs), which provided an opportunity to discuss their insights into CDC sustainability and the relationship between CDCs and MECs.

Sample Size: From August 3 though September 15, 2006, beginning with the pilot *Aleksandrovac East* CDC conducted under the guidance of Joe Dickman, Mercy Corps Senior Program Officer for DM&E, 16 focus groups and 17 interviews with key contact persons were conducted in 13 municipalities. Through these sessions, the team assessed 18 CDCs (representatives from additional 3 CDCs joined the team in the discussions). In total, 27 CDCs (36%) were reached through one of the aforementioned M&E tools. Although this represents only a third of the total CDCs, the results obtained can be considered indicative of the entire sample size due to these reasons:

- CDC selection was random for the majority of the sample, but took into account the geographically distinct areas within the Mercy Corps' AOR.

- Both rural (7) and urban (9) CDCs were initially randomly selected. The number of rural CDCs later increased to 11 when counting the attendance of other CDC members in focus groups and making one data correction.

- Differences between CDC formations were observed on a regional (office AOR) level, and not within an individual office AOR. Responses

CDC Population & Sample Size

Number of CDCs

- Population
- Sample

| 0-1 Project: Population 17, Sample 7
| 2-8 Projects: Population 52, Sample 15
| >9 Projects: Population 7, Sample 5

Number of Projects Implemented

and information obtained from CDCs within the same AOR regarding their experiences were very similar, indicating a high degree of statistical validity.
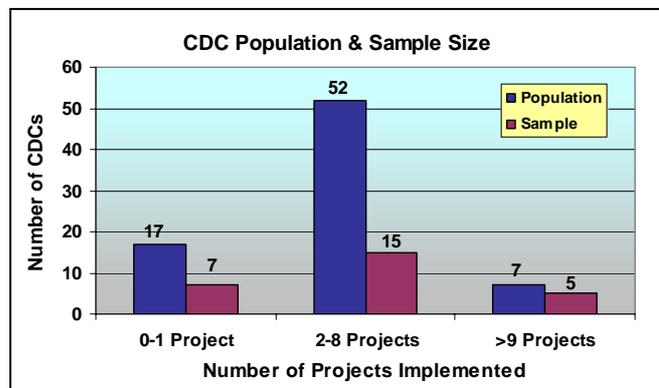
Results & Outputs

Overview: This section presents the *quantitative* outputs and achievements of the Community Development activities of the CRDA program from 2001-2004. Among the greatest successes of CRDA are the many examples of increased and improved dialogue between communities and municipal government, the development of individual community leaders, budget input by individuals and local leaders, and other actions described in the fieldwork findings section of this report. These achievements are, however, difficult to quantify and document aside from anecdotal evidence, and impossible to attribute solely to CRDA. This section, therefore, focuses only on results that are quantitative in nature, which can be attributed to CRDA, and which likely were core causes for the successes such as those cited above. These include: i) Groups Formed & Served, ii) Communities Served, iii) Projects Implemented, and iv) Resources Mobilized.

Groups Formed & Served

Community Development Councils: From 2001-2004, CRDA Community Development activities focused mainly on rehabilitating and constructing social and economic infrastructure priorities identified by communities according to their most pressing development needs, with little or no Mercy Corps guidance on the type of projects that should be selected. In order to achieve the "*Democratic Action*" goal of CRDA through an efficient and transparent decision-making process, Mercy Corps assisted communities in forming Community Development Committees (CDCs) as local decision-making bodies (locally referred to as GRZs, or Grupe za Razvoj Zajednice). CDCs were

OUTPUTS

Project Inputs
$12.67 million USAID Project Funds
$7.5 million admin & overhead

Groups Formed & Served
Community Development Councils:
  76 CDCs Formed
Community Fairs:
  442 participating groups
  162 groups financed

Communities Served
300 communities participating
135 communities implementing projects
97 rural communities
18 towns (municipal urban centers)
20 communities in cluster projects

Projects Implemented
475 total projects
312 CDC projects
152 Community Fair projects
11 projects through other means

Resources Mobilized
$11.39 million match contribution
$8.53 million municipal match
$2.86 million community match
$10.02 million cash match
$1.36 million in-kind match

the primary decision making vehicles and intermediary bodies between Mercy Corps and the citizens and were responsible for:

- mobilizing communities for project identification and selection;
- collecting and ensuring community and municipality matching contributions;
- monitoring and overseeing project implementation quality and schedules.

CDC Results: By autumn 2004, when CRDA transitioned to CRDA-E, 76 CDCs had been formed representing 300 MZs spread roughly equally throughout the 18-municipality AOR. During the three years from 2001-2004, the 76 CDCs identified and implemented 312 projects.

Community Fairs: Beginning in 2003, Mercy Corps diversified its community mobilization methodology and established *Community Fairs*, interactive events aimed at increasing citizen participation in urban areas where CDC and citizen participation was generally lower than in rural (village) MZs. Community Fairs provided an opportunity for schools, sports and other clubs, special interest groups (such as handicapped persons), and other civil society groups to present their project ideas to the broader community. Citizens attending the fairs then had the opportunity to vote for their favored project. In three years (Community Fairs continued through 2005) Mercy Corps organized 29 Community Fairs, organizing at least one in each of the 18 municipalities. In total, 604 civil society groups participated and competed in the fairs; 152 (25%) of these groups received funding for their CRDA project. (This figure does not include 11 projects selected but subsequently cancelled due to lack of feasibility or other issue preventing implementation.)

Communities Served

CDCs Formed & Communities Represented: Mercy Corps' approach to community mobilization evolved over the first three years of CRDA, shifting from a strategy of cooperation with individual communities at the MZ level to one of fostering cooperation among neighboring MZs. As a result, with each year additional MZs began
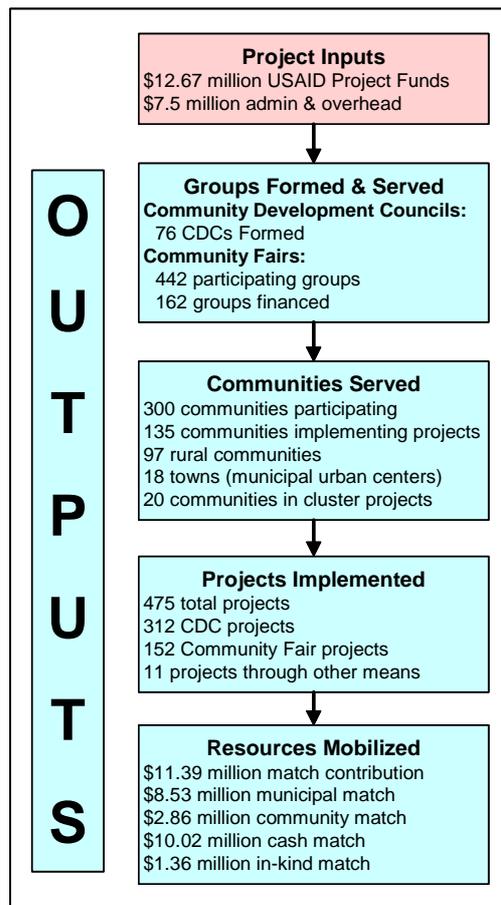
participating in CRDA; however, instead of forming new CDCs, in the majority of cases new communities joined CDCs already operated in their nearby vicinity. Consequently, by 2005 the 76 CDCs formed represented the interests of 300 MZs, representing far greater outreach by the approach than is immediately evident by examining only the number of CDCs formed.

Communities Participating in Projects: Due to limited budgets and competition for projects, plus the large number of represented MZs, not all of the 300 MZs actively participated in project implementation. While representatives of each of these MZs had the opportunity to vote at CDC meetings, projects were actually implemented in 135 communities (45% of the 300 represented). Of these, 117 were rural communities, 97 being individual communities and 20 being rural cluster groups where a project served multiple MZs (counted as 20 communities for the purposes of this report); the remaining 18 are the municipal urban centers. In summary, one would likely argue that the CRDA project impacted 135 communities with capital improvement projects, while increasing democratic participation in 300.

Projects Implemented

Projects Implemented: The primary output of CRDA in the eyes of the communities, as well as the bulk of the USAID financial resources, was clearly the projects. In total, 475 projects valued at $23.77 million ($12.67 million USAID resources) were implemented through CDCs and Community Fairs from 2001 through 2005. The vast majority of projects implemented were community infrastructure improvements of various types, as shown in the table below. (These figures do not include those implemented under the Economic Pillar by partner Deloitte-Touche-Thomatsu, which was a separate strategy di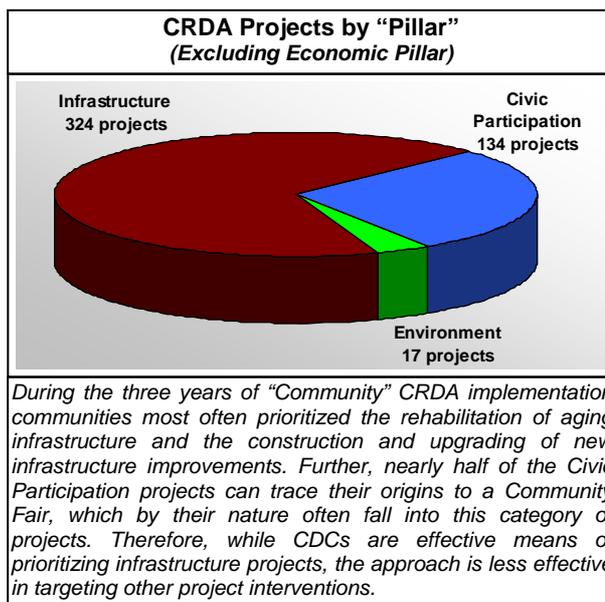rectly targeting private enterprises, primarily processors in the fruit and dairy sectors. For comparison purposes, there were 76 such projects with a CRDA investment of $4.09 million of USAID resources.)

Project Breakdown by Pillar: CRDA community projects were classified into one of three pillars (excluding the fourth economic pillar):

- **Civil Infrastructure (324 projects):** Social and economic infrastructure projects, including basic utilities (electricity and water) and facilities (e.g. schools, health centers, community centers).

- **Civic Participation (134 projects):** Projects aimed at increasing citizen participation in local initiatives. Nearly half of the projects in this category were identified through Community Fairs, which by nature fall into this category since they are proposed by local special interest groups, clubs, institutions and schools. It is worth noting, however, that of these 134 projects, 49 of them were actually infrastructure improvements to sports, recreation and social infrastructure objects or facilities.

- **Environment (17 projects):** Projects that aim to increase environmental awareness and protection. Similarly as above, however, most of these projects were also in fact infrastructure improvements for water treatment, erosion control and other environmental infrastructure.

CRDA Projects by "Pillar"
(Excluding Economic Pillar)

Infrastructure 324 projects

Civic Participation 134 projects

Environment 17 projects

During the three years of "Community" CRDA implementation communities most often prioritized the rehabilitation of aging infrastructure and the construction and upgrading of new infrastructure improvements. Further, nearly half of the Civic Participation projects can trace their origins to a Community Fair, which by their nature often fall into this category of projects. Therefore, while CDCs are effective means of prioritizing infrastructure projects, the approach is less effective in targeting other project interventions.

Project Types: The table below summarizes the projects implemented in various categories identified through CDCs and Community Fairs. As one would expect, CDCs generally selected infrastructure projects with broad community benefit such as roads, electrical transmission, and school and facility renovation. Community Fair projects on the other hand, again by virtue of the fact that the projects are proposed by special interest groups, included education, parks, health and "other" special initiatives. In general, CDC projects were more construction or facility-oriented while Community Fair projects tended to provide institutions and clubs with technology or other special equipment. Projects implemented by "Other" means include special initiatives identified and selected due to a particular, high priority community need supported by Mercy Corps.

CRDA Community Projects Implemented

Project Type	Project Types	Projects Implemented			
		CDC	Community Fair	Other	Total
Education	Kindergarten, Primary & Secondary Schools, Special Education, University	63	63		126
Transport	Bridges, Roads, Traffic Safety	75	2		77
Water	Water Distribution, Supply, Systems, Treatment	51	2		53
Parks & Recreation	Parks, Playgrounds, Sports Facilities	19	25		44
Health	Health Services & Training, Health Centers	20	21	1	42
Community Development & Participation	Community Centers, Theaters, Museums, Libraries, Urban Planning	20	13	3	36
Electricity	Electric Distribution, Transmission	31			31
Miscellaneous/Other	Information Boards, Civic Organization Support, Heating Systems, Other	13	12	5	30
Social Welfare	Elderly, Handicapped, Refugee Programs	5	8		13
Environment	Clean-Up/Remediation, Environmental Awareness, Flood Control & Drainage	8	2	2	12
Communication	Radio, Telephone	3	3		6
Solid Waste	Solid Waste Collection & Disposal	3	1		4
Wastewater	Wastewater Treatment & Systems	1			1
TOTAL:		**312**	**152**	**11**	**475**

Project Status: At the time of this writing (April 2007) 343 of 475 community projects (72%) are totally complete; additionally, 112 projects are in *finalization* status (generally meaning that only collection of match documentation remains); 20 projects still remain incomplete and roughly $50,000 remains in outstanding payments for incomplete projects. During the rapid transition from CRDA to CRDA-E, and the focus on new economic programs and activities, closing the existing CRDA community projects has been delayed. The country team is currently closing out the remaining CRDA obligations along with the CRDA-E projects.

Community Project Assessment: The projects implemented through CDCs and Community Fairs were assessed by an external consultant Linde Rachel in January 2007; the report was finalized and released in March 2007. The scope of Ms.

Community Project Status	
Project Status	**Number**
Complete: Project implementation complete & all documentation collected.	343
Finalization: Project complete; typically only collection of matching documentation remains.	112
Work in Progress: Construction or implementation ongoing.	15
Tender: Construction or procurement is currently being tendered.	2
On Hold: Progress held up, typically due to circumstances beyond Mercy Corps control, such as permit pending or other issue surrounding implementation in the community.	2
Approved: Project is approved but no procurement has been started. This may be due to action pending either on the part of the community or Mercy Corps.	1
Cancelled: Project cancelled, typically due to lack of adequate documentation on the part of the applicant, unresolved legal issues, inability to obtain necessary permit or license, or lack of willingness of community or beneficiary to collect pledged matching contribution. In most cases no financial resources were provided.	32
TOTAL: (excluding cancelled projects)	475

Rachel's assignment was designed to be an external, unbiased assessment on how the financial resources of CRDA were invested. This report is intended to complement the findings of Ms. Rachel's report.

Resources Mobilized

Match Summary: Perhaps one of the greater achievements of CRDA is manifested in the amounts of matching contributions and changes in public perception in contributing financial resources toward realizing priority projects. Mercy Corps far exceeded budgeted requirements for matching documentation:

> **Minimum Match (25%):** $4.22 million (based on $12.67 million CRDA contribution)

> **Actual Match:** $11.10 million

Match Policy: Mercy Corps CRDA handbook postulated that in order for a project to be approved, the community needed to demonstrate its capacity to collect at least 25% of the total cost for each project. For 15 projects valued at greater than $100,000 Mercy Corps typically required a contribution of up to 50% (a dollar-for-dollar arrangement).

Early Challenges with Match: Community matching contribution was one of the most controversial aspects of the CRDA approach in the early years. Besides the obvious financial burden, Serbian communities were historically used to a system in which the government, and later foreign donors in the aftermath of the wars of the 1990s, would assume 100% of the financial responsibility for local development efforts. As the first CRDA report and focus group data demonstrate, the majority of the public was suspicious and hesitant to contribute financially in 2001-2002. Mercy Corps staff members faced a difficult challenge in convincing citizens to participate financially. These opinions changed rapidly, however, as projects were successfully completed and USAID/Mercy Corps earned a reputation for honoring commitments.

Match Results: As shown in the diagram, while the majority of matching contribution came from municipal governments, the communities and stakeholders themselves contributed nearly $3 million, $2.39 million in cash. After the startup year, Mercy Corps generally required that communities themselves contribute at least 5%, while the municipality was expected to contribute the remaining 20%. However, communities contributed close to 12% of the total project cost, accounting for 25% of all match. Of further interest is the fact that of the $11.1 million in total matching contribution by all parties, $9.83 million (89%) was in cash.

**Project Implementation Resources
Mercy Corps & Community Match**

Mercy Corps $12.67 million 53.3%
Community In-Kind $388,000 1.6%
Community Cash $2.39 million 10.0%
Municipality In-Kind $883,000 3.7%
Municipality Cash $7.44 million 31.3%

Mercy Corps overcame early challenges regarding project matching contribution as citizens soon realized that their priority projects would be completed. Nearly 50% of the cost for all community projects was provided by local governments and communities, demonstrating the leveraging power of the USAID funds. Of all match, 88% was contributed in cash. (These figures include match collected plus outstanding, uncollected match; final documented match may therefore be lower depending on current collection efforts. All USAID budget obligations regarding match have been exceeded.)

Community & Municipal Contributions: Focus groups conducted with CDCs and other community partners reveal that the reason behind the high contributions was the trust Mercy Corps and the CRDA program in general enjoyed in the communities. Very soon after the beginning of the program, people realized that the selected projects would indeed be implemented; communities and citizens therefore quickly mobilized themselves to find the means to honor their commitment despite often having to undergo short-term economic hardships. In the majority of cases, however, the municipality remained the key contributor on CRDA projects.

Results & Output Analysis

Municipality Investment & Key Statistics: The table below provides a summary of CRDA investments, *pledged* matching contribution, and key municipal statistics for the municipalities in Mercy Corps' AOR. The highlighted rows are the municipalities hosting Mercy Corps field offices.

Municipality	Population	HDI*	Unemployment	Projects	CRDA Investment **	CRDA Per Capita Investment	CRDA Input %	Match %
Krusevac AOR				**164**	**$4,580,000**	**$16.59**	**35.2%**	**49.7%**
Aleksandrovac	29,389	122	32.75%	33	$1,197,000	$40.73	9.3	42
Cicevac	10,755	145	31.53%	20	$342,000	$31.80	2.6	35
Ivanjica	35,445	111	30.83%	24	$500,000	$14.11	3.9	55
Krusevac	131,368	37	35.41%	45	$1,411,000	$10.74	10.6	59
Trstenik	49,043	105	28.16%	18	$502,000	$10.24	3.9	49
Varvarin	20,122	177	38.73%	24	$628,000	$31.21	4.9	36
Novi Pazar AOR				**161**	**$4,247,000**	**$16.18**	**34.4%**	**49.8%**
Nova Varos	19,982	100	38.72%	14	$236,000	$11.81	1.9	40
Novi Pazar	85,996	167	39.24%	48	$1,467,000	$17.06	11.7	41
Priboj	30,377	146	48.53%	24	$631,000	$20.77	5.1	44
Prijepolje	41,188	158	46.57%	20	$426,000	$10.34	3.4	53
Raska	26,981	108	37.91%	19	$472,000	$17.49	3.7	55
Sjenica	27,970	207	55.89%	15	$436,000	$15.59	4.0	68
Tutin	30,054	203	64.76%	21	$579,000	$19.27	4.6	49

Municipality	Population	HDI*	Unemployment	Projects	CRDA Investment **	CRDA Per Capita Investment	CRDA Input %	Match %
Prokuplje AOR				**140**	**$3,824,000**	**$31.64**	**29.9%**	**45.4%**
Blace	13,759	151	33.00%	32	$883,000	$64.18	7.0	42
Brus	18,764	188	48.60%	20	$741,000	$39.49	5.8	54
Kursumlija	21,608	189	30.75%	19	$410,000	$18.97	3.1	46
Prokuplje	48,501	135	36.01%	45	$1,307,000	$26.94	10.6	45
Zitoradja	18,207	184	54.70%	24	$483,000	$26.53	3.7	34

Human Development Index (HDI): Higher figures refer to a lower level of development. The most economically developed municipality in the AOR is Krusevac (with an HDI of 37) while the lowest are the Sandzak municipalities of Sjenica and Tutin, both which suffer from high unemployment and a general lack of developed infrastructure and utilities.

*** CRDA Investment figures shown in this table differ slightly (by $250,000 total) from those presented elsewhere in the report; this is due to USAID Reproductive Health earmark funds, how they were counted, and when they were invested.*

Municipalities Hosting Mercy Corps Offices: The three municipalities hosting Mercy Corps offices obtained the largest share of CRDA funding between 2001 and 2004. While they are also the most populous municipalities (Trstenik without an office being, however, more populous than Prokuplje) there probably is a relationship between investment levels and the municipalities' proximity to Mercy Corps offices. This is likely attributed at least in part to the fact that two of the AORs, Krusevac and Prokuplje, had the highest number of communities. Further related to this, citizens and municipal officials likely had more opportunities to build stronger relationships, gain trust, and share ideas given the proximity of the offices.

AOR Budgets: According to interviews with current and former staff members, municipal and community budgets were determined primarily by their responsiveness and ability to meet program and financial obligations. In 2002-2004, allocations were also driven by the HDI, but also continued to rely heavily on the responsiveness of municipalities and communities. The reality of the situation, however, was that budgets were often reallocated based on the capacity of the offices to implement projects within the timeframe requirements of the work plan. The Novi Pazar AOR in particular reportedly fell behind a number of times causing management to shift funds to other office AORs to keep spending on schedule. (It was also noted, however, that the Sandzak municipalities covered by the Novi Pazar office were often less responsive and more difficult to work with, so the spending delays were not necessarily a reflection on the program staff or management of the Novi Pazar AOR.) This provides a reasonable explanation why the less-populous municipalities covered by the Prokuplje AOR may have received the considerably higher per capita CRDA investment.

CRDA Budget by "Pillar"
(Excluding Economic Pillar)

Infrastructure $10.30 M

Environment $380 K

Civic Participation $1.99 M

The majority of CRDA funds for CDC and Community Fair activities were invested in infrastructure. Not represented in this diagram, however, is the fact that even much of the Environment and Civic Participation investments were actually infrastructure as well, as they included water treatment, erosion control and sports facility projects. For comparison, $4.09 million was invested in the separately-managed economic component implemented by Deloitte-Touche-Thomatsu, and not covered by this assessment.

Per Capita Investment: Three municipalities stand out with respect to per capita CRDA investment: Aleksandrovac, Blace and Brus. (Again, all of the Prokuplje AOR municipalities had a considerably higher per capita investment.) Aleksandrovac, with relatively high economic indicators, ranks fourth overall in CRDA investment behind only the three municipalities with Mercy Corps offices. The small municipality of Blace, however, far exceeds all other municipalities in per capita CRDA investment.

Municipal Matching Contribution: It was postulated by several staff members and focus group participants that municipalities with a greater capacity to meet matching contribution requirements might logically be awarded with higher CRDA funding levels. According to the data, however, this did not prove to be the case as there is little correlation between CRDA funding and matching contribution levels (though Krusevac, as might be expected, did provide the highest overall match as well as one of the highest percentages). Anecdotally, however, staff members overwhelmingly indicate greater ease in working with the larger municipalities and their corresponding higher budgets allocated by the republic government. Surprisingly, Sjenica, generally considered to be the most

impoverished municipality in the AOR (and having the highest HDI) provided the highest percentage of matching contribution, almost all of it from the municipality and not community. This is attributed to the generally low investment level overall, however, and certainly not the ease with which Mercy Corps was able to cooperate with partners in that municipality.

Documented Match: The table below shows the matching contribution *collected* to date by Mercy Corps field office. (At the time of this writing, $3.1 million in pledged match remains uncollected; hence the difference from the figures discussed above.)

Matching Contribution Collected
By Contributor and Mercy Corps AOR (collected only; not pledged)

Match Provider	Office – AOR			Total
	Krusevac	**Prokuplje**	**Novi Pazar**	
Community	$816,000	$259,000	$505,000	**$1,580,000**
Municipality	$1,329,000	$1,611,000	$1,776,000	**$4,716,000**
Beneficiary	$338,000	$169,000	$114,000	**$621,000**
Republic	$133,000	$74,000	$101,000	**$308,000**
Electric Company	$228,000	$47,000	$281,000	**$556,000**
Other	$27,000	$20,000	$169,000	**$216,000**
Total	**$2,871,000**	**$2,180,000**	**$2,946,000**	**$7,997,000**

Community Matching Contribution: Many focus group participants stated that collecting match was a sensitive and difficult issue because of the economic hardships in the communities. As expected, the least developed municipalities had the lowest *community* match rates. The highest *documented, municipal* matching contribution is surprisingly the Sandzak municipalities in the Novi Pazar AOR, contrary to the expectation of most staff members. The higher municipal match in Novi Pazar is an indicator of success for the team's cooperation with the municipality in a region where local politics often interferes with cooperation with any form of government.

Community Mobilization Approaches

Community Mobilization: From 2001 to 2004 Mercy Corps' community development approach relied on the identification of community projects through local channels with little guidance on what communities should identify as their local priorities. In order to facilitate this process, Mercy Corps helped communities form Community Development Councils (CDCs) as local decision-making bodies. The CDCs functioned as the primary intermediary bodies between Mercy Corps and citizens, serving to:

- mobilize community input for project identification, prioritization and selection;
- collect and document matching contributions;
- monitor progress and project implementation.

Community Fairs: Beginning in 2003, Mercy Corps diversified its portfolio by adding *Community Fairs*, interactive events aimed at increasing citizen participation in urban areas where CDC and citizen participation was generally lower than in rural (village) MZs. Community Fairs provided opportunities for schools, clubs, special interest groups, and other civil society groups to present their project ideas to the broader community; citizens attending the fairs voted for their favored project, which were subsidized by Mercy Corps. In three years (Community Fairs continued

CRDA Community Project Selection

CDC 312 Projects

Community Fairs 152 Projects

Other 11 projects

The majority of CRDA community projects were identified through the 76 CDCs. The 29 Community Fairs resulted in an additional 152 projects implemented. In addition 11 projects were identified through other means, including projects implemented in partnership with other USAID projects (SLGRP), plus some identified by Mercy Corps, such as a number of computer labs in schools, implemented in part to meet investment goals.

through 2005 after the transition to CRDA-E) Mercy Corps organized 29 Community Fairs, organizing at least one in each of the 18 municipalities.
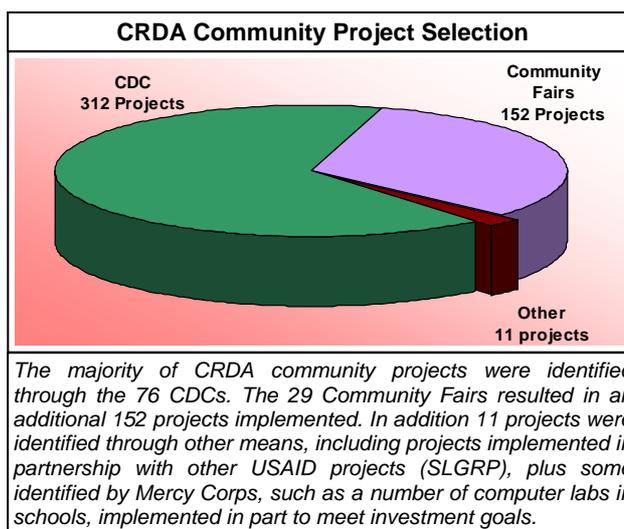
Community Development Councils

Community Definition: At this point it is important to note that the five CRDA implementers defined "community" in different ways. During this first phase, Mercy Corps defined community in terms of the existing mesne

zajednica (MZ), the lowest administrative level of governance in Serbia. Rural MZs are traditional villages, while in an urban town or city, MZs represented the various neighborhoods. To illustrate the differences in methodologies, some CRDA implementers chose not to work in all of the municipalities in their AOR, while others attempted to cover the entire population within specific municipalities by defining "community" in various ways.

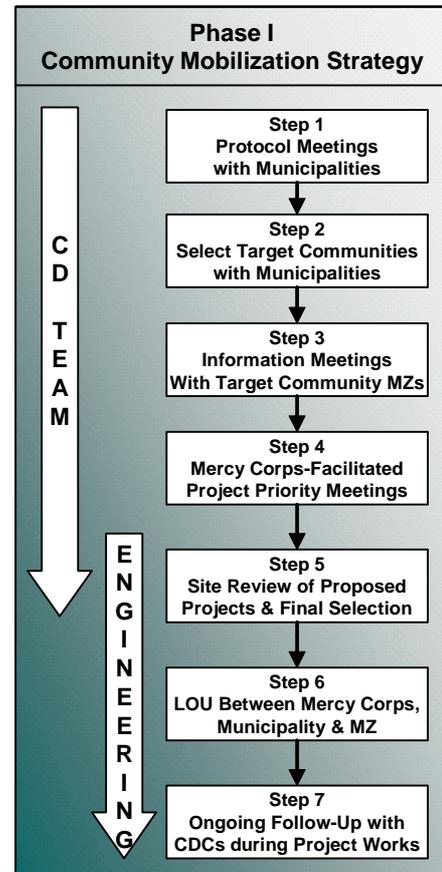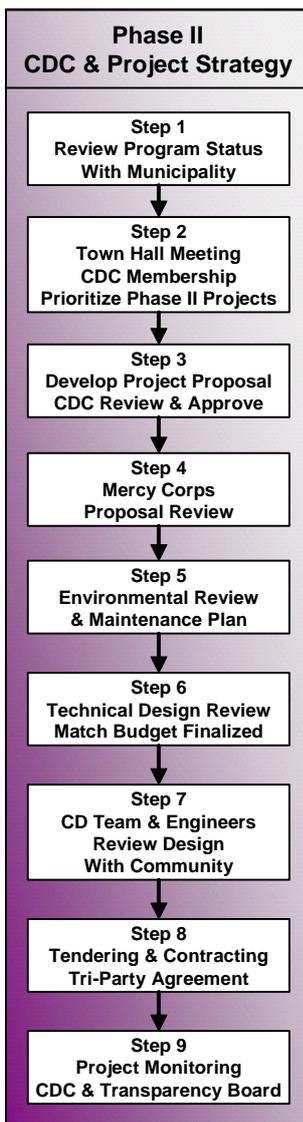**CDC Phase I:** Program reports from 2001-2004 give an account of a three-phase strategy for CDC formation and project selection over the period. The first phase (July 2001 through early 2002) was characterized by a rapid process of group formation and project identification. As requested by USAID, Mercy Corps and the other CRDA partners identified 60 communities, and identified at least one project in each during the first 90 days of CRDA. (Mercy Corps selected 61 projects valued at nearly $1.5 million in 17 of the 18 municipalities.)

Selection Criteria: During this phase Mercy Corps selected partner communities by: i) reviewing relevant statistical data, ii) completing field visits to assess the readiness of communities to promptly identify priority projects, and iii) relying on the recommendations of municipal officials regarding their most needy communities. Although these criteria were applied in all three AORs, it is important to note that the three offices prioritized the criteria differently:

- **Krusevac:** The team attempted to include all communities wishing to take part in CRDA.
- **Novi Pazar:** The approach was guided by the municipalities' lists of priority communities.
- **Prokuplje:** Communities were identified independently from input by municipal officials.

Phase I
Community Mobilization Strategy

C D T E A M — **E N G I N E E R I N G**

Step 1 Protocol Meetings with Municipalities

Step 2 Select Target Communities with Municipalities

Step 3 Information Meetings With Target Community MZs

Step 4 Mercy Corps-Facilitated Project Priority Meetings

Step 5 Site Review of Proposed Projects & Final Selection

Step 6 LOU Between Mercy Corps, Municipality & MZ

Step 7 Ongoing Follow-Up with CDCs during Project Works

Phase II
CDC & Project Strategy

Step 1 Review Program Status With Municipality

Step 2 Town Hall Meeting CDC Membership Prioritize Phase II Projects

Step 3 Develop Project Proposal CDC Review & Approve

Step 4 Mercy Corps Proposal Review

Step 5 Environmental Review & Maintenance Plan

Step 6 Technical Design Review Match Budget Finalized

Step 7 CD Team & Engineers Review Design With Community

Step 8 Tendering & Contracting Tri-Party Agreement

Step 9 Project Monitoring CDC & Transparency Board

CDC Representation: After identifying the 60 MZs Mercy Corps facilitated the formation of CDCs. CDC membership prescribed the inclusion of the following groups and individuals: official MZ representatives, women and minorities (minimum 30%), local business representatives, youth, local NGOs and/or individuals active in civil society. However, since Mercy Corps operated under a very strict schedule and a need for quick delivery of tangible results, the selection of members was rather simplified and focused primarily on local MZ officials to represent their constituencies. The MZ officials, in turn, mobilized the active support and involvement of their respective municipal officials.

CDC Budgets: In both Phases I and II, the budgets for CDCs (and municipalities) were pre-established; therefore, CDCs had fixed budgets within which to identify and manage project implementation.

CDC Phase II: After reaching the 60-projects-in-90-days target, in early 2002, the Mercy Corps team refined its community mobilization approach. The new approach was modified so as to increase citizen participation in decision-making and project implementation, improve transparency in the process, and strengthen the linkages between citizens and authorities. In terms of the CDCs themselves, Phase II aimed at increasing CDC responsibility in project implementation and strengthening their organizational capacity. A detailed, 22-step project selection and implementation strategy was developed; a condensed summary presenting only the steps involving CDCs is shown in the Phase II diagram. Specific changes included:

a) establishing more strict voting rules for project selection;

b)   revising and expanding CDC membership, especially to increase inclusion of women;

c)   forming internal CDC supervisory and financial control bodies.

Project Design & Matching Contribution: During Phase II, Mercy Corps' engineers also became more actively involved in the project design process, securing higher quality and better-prepared design documentation. Lastly, in order to reduce the still pervasive reliance of MZs on the municipalities in securing their match, the portion of match that comes directly from the communities was increased.

Geographic Expansion & Inclusion: In the latter stages of Phase II, the team observed that because of the intensity of the original 90-day start-up, the initially-selected communities were primarily rural settlements, which often had less than 2000 inhabitants. As a result, the team decided to expand CRDA communities geographically to include representatives from surrounding villages with whom they shared common infrastructural and economic interests. The change both increased the number of project beneficiaries and decreased the instances of communities feeling "neglected" in the process. Phase II lasted through mid-2003.

CDC Phase III: The desire to include even more communities to existing CDCs resulted in the transition to Phase III in mid-2003, after most of the originally-selected communities had completed several basic infrastructure projects. The team observed that after CDCs had completed projects that included the additional communities identified in Phase II, new projects proposed in those MZs became more individually focused, no longer targeting the broader interests hoped for. At the same time, Mercy Corps had strong feedback that new communities were eager to join CRDA and implement projects in their communities. To respond to this situation, Mercy Corps fundamentally changed the CDC project selection procedure and made the individual CDCs compete for project funding on a regional level within Regional Cluster Committees (RCCs), which consisted of old CDC members and newly-targeted MZs' community leaders. RCCs were intended to train new MZs in community mobilization and assist them in forming local CDCs, which would then be in charge of local project selection; afterward, all CDCs would compete on a regional basis. Phase III meetings also included representatives of public utility companies, municipal officials and regional leaders. Phase III lasted through 2004 and the transition to CRDA-E.

Project Selection: Project selection also became more complex, based on a scoring system where points were awarded for the number of beneficiaries, amount of matching (and especially non-municipal community) contribution, maintenance plans and durability of the project.

CDC Budgets: In Phase III the budgets for CDCs (and

**Phase III
RCC & CDC Expansion Strategy**

Step 1
• Existing CDCs meet with new targeted MZs.
• Outcome: Form RCC.

Step 2
• RCC trains new targeted MZs in Community Mobilization.
• Outcome: Form CDCs in new targeted MZs.

Step 3
• Local CDCs meet individually.
• Outcome: Identify local development priorities.

Step 4
• Local CDCs present priorities to RCC.
• Outcome: Select three regional priorities.

Step 5
• Local CDCs with selected priority projects organize Town Hall Meeting in their MZs.
• Outcome: Mercy Corps check project; MZs given deadline for full proposal.

Step 6
• All approved and completed proposals submitted to Mercy Corps.
• Outcome: Mercy Corps scores proposals. Fixed budgets for CDCs no longer allocated; funding decisions made regionally based on project quality.

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municipalities as well) were no longer pre-allocated, but all CDCs from each AOR were supposed to compete for funding on the RCC level, based on project quality. Each of the three offices was provided a budget to manage so that on an AOR-basis, budgets were pre-established. Competition, therefore, occurred only within the office AOR and not between projects in the three different AORs.

Regional Office Differences: From 2001 through 2004, Mercy Corps facilitated the formation of 76 CDCs, which implemented 312 projects in the 18 municipalities in the AOR. The approaches between the three regional offices were different, however, resulting in differences between the results. While exactly half of the CDCs were formed in the Novi Pazar AOR, there were fewer projects implemented in that AOR than either of the other two AORs. Further, the Phase III CDCs on average implemented more projects in both the Krusevac and Prokuplje AORs than in Novi Pazar. These differences in CDC output are likely a result of the strategic differences in the approaches between the offices. This observation was endorsed by staff interviews and focus groups during the assessment.
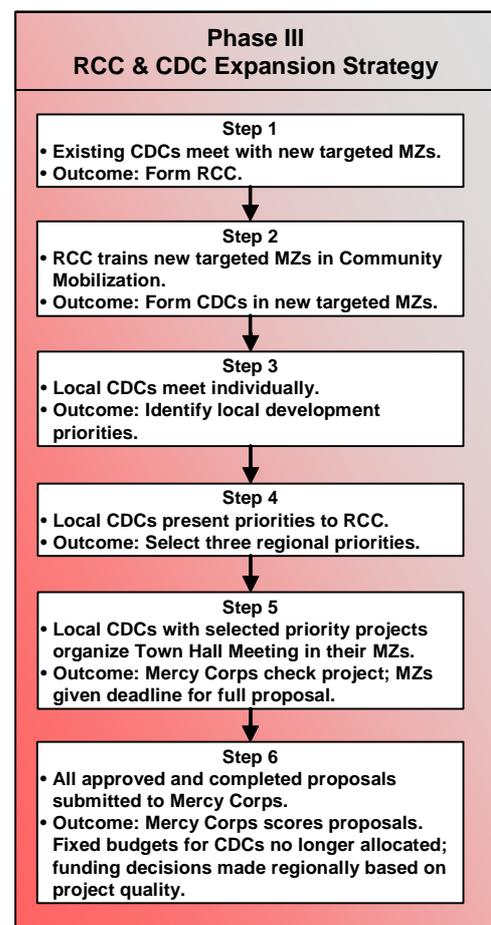
Krusevac Phase II Regionalization: Aside from the different criteria applied when selecting communities in Phase I, differences between methodologies became even more evident during the geographic expansion to neighboring MZs in Phase II. During this period, the Krusevac AOR seemingly responded to the changing CDC scope of work in the most organized manner. Any new MZ included was added to the geographically most appropriate existing regional CDC. As a result, these regional groups became fixed, unlike in the Novi Pazar AOR (which never adopted the regional approach) and Prokuplje AOR (whose CDCs seemingly never fully identified with the approach). During the assessment focus groups Krusevac AOR CDC members always referred to their former groups in the post-2002 regional context.
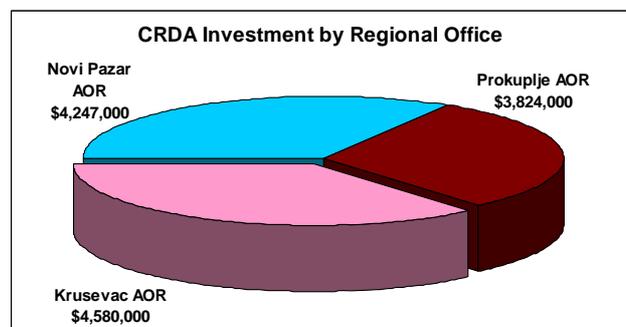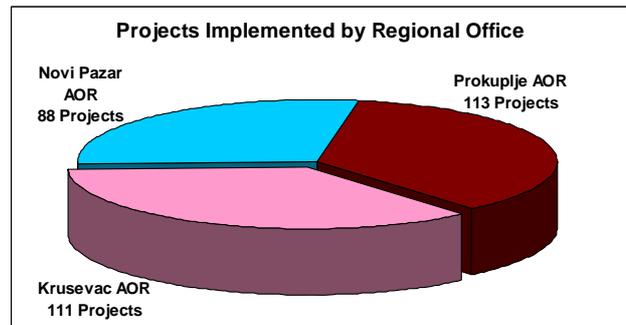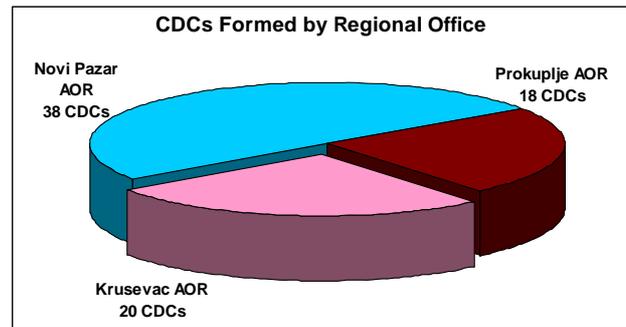
Krusevac Phase III Regionalization: In Phase III the Krusevac AOR continued the regional decision-making process, however they did not follow the plan for forming new local CDCs. Instead, new communities joined existing CDCs; hence, the expanded CDCs were competing for project resources. The CDCs never met as RCCs; instead the expanded CDCs independently established priorities, which Mercy Corps staff then scored based on Phase III evaluation criteria.

Prokuplje Phase II Regionalization: The methodology was similar to Krusevac in the Prokuplje AOR during Phase II; however, there seemed to be a less methodical decision on how to expand the existing CDCs. There, new communities were selected based on the quality of their project proposals rather than geographical proximity to existing CDCs. As a result, although the documentation refers to a cluster division of CDCs in the Prokuplje AOR, focus groups and municipal officials (in Blace, Kursumlija and Prokuplje) indicated a process led from a few centers, rather than a regional approach. Zitoradja was an exception in the PK AOR; there, both the focus group and municipal representative identified CDCs in their regional forms from their inception. The working method described there also portrayed a regionally-representative decision-making process.

Prokuplje Phase III Regionalization: The Prokuplje AOR also continued regional decision making in Phase III, but more in line with the planned strategy than in Krusevac (though here also there were no new local CDCs formed via the RCC vehicle). The CDCs selected their priorities locally with the highest priorities advancing to the RCC level; there the RCC, together with Mercy Corps staff, ranked all projects within the AOR. During these meetings, the local representatives were divided into several groups within which they ranked all but their own projects. Mercy Corps staff gave their own evaluation of the projects and the sum of the two determined the winners. Thus, it can be said that the selection procedure in the Prokuplje AOR was more direct and open.

Regional AOR Performance Comparison

CDCs Formed by Regional Office

Novi Pazar AOR 38 CDCs — Prokuplje AOR 18 CDCs — Krusevac AOR 20 CDCs

Projects Implemented by Regional Office

Novi Pazar AOR 88 Projects — Prokuplje AOR 113 Projects — Krusevac AOR 111 Projects

CRDA Investment by Regional Office

Novi Pazar AOR $4,247,000 — Prokuplje AOR $3,824,000 — Krusevac AOR $4,580,000

While the Novi Pazar AOR accounted for exactly half of the CDCs formed, they actually implemented the lowest number of projects. The differences in CDC output are a result of the strategic differences in the approaches between the offices. While the Novi Pazar AOR formed new CDCs each year, in Krusevac and Prokuplje, existing CDCs were expanded to include new communities.

Novi Pazar Regionalization: The regionalization of CDCs in Novi Pazar seems never to have become accepted as a strategy. Consequently, while the number of CDCs in Krusevac and Prokuplje AOR remained fixed at the numbers dating from Phase II in 2002, in Novi Pazar the number of new CDCs continued to increase throughout CRDA. This continued to carry over into Phase III when, compared with Krusevac and Prokuplje, each of the new communities in Novi Pazar AOR became its own CDC. In the end, this explains the resulting disproportionately high number of Novi Pazar CDCs (50%) shown above.

Krusevac & Prokuplje Approach Strengths: The fieldwork conducted during this assessment reveals that the lack of a singular, uniformly-evolving strategy embraced by all three offices was the result of fundamental differences in community mobilization strategy, rather than the result of administrative differences. The Krusevac team's decision to create regional clusters was based on the premise that such a strategy would make Mercy Corps' work more transparent and would increase the number of mobilized communities. Moreover, the team believed that by merging new with existing communities they would constantly introduce a competitive element to CRDA, resulting in better community planning and greater community-orientation of the projects. The team reckoned that, as a result, CDCs and local communities would need to remain alert to broader community needs in order to secure a new round of funding, thereby increasing the level of mobilization within the community.

Krusevac & Prokuplje Approach Weaknesses: By attempting to cover as many MZs as possible, the Krusevac AOR team often merged geographically distant MZs into a single CDC; these communities rarely shared common problems and opportunities. As a result the RCC rarely met outside of required meetings with Mercy Corps. Thus, the CDCs never developed institutional capacity to become focal points for regional development.

Krusevac AOR Reliance on Municipal Support: Moreover, most of the CDC meetings in the Krusevac AOR were conducted in the municipal buildings, compared to Novi Pazar where CDCs met in a local MZ setting. (All four CDCs in Aleksandrovac, in the Krusevac AOR, did hold meetings in one of the represented MZs.) As a general rule, the public agency for city planning and/or representatives of public utility companies was often very active during CDC meetings in the Krusevac AOR. Although these are examples of very effective municipal support to MZs, focus groups conducted during this assessment indicate that, as a result of this practice, Krusevac CDCs became very much reliant on municipal support. The *Ivanjica East* Case Study in the text box presents a key example of how CRDA sometimes did *not* succeed in making an impact on the communal organization of the targeted MZs, but instead relied on centralized municipal support during most steps of the project implementation cycle. This leading role of the municipality was justified by more efficient project implementation and a lack of institutional capacity within MZs. A similar situation was cited by focus groups in several other municipalities in the Krusevac AOR.

Krusevac & Prokuplje AOR Geographic Proximity: An additional problem in the regional approach in both the KS and PK AORs was that in some cases, Mercy Corps merged too many geographically distant MZs into a single group. As a result, as noted by the *Aleksandrovac West* CDC focus group and municipal contact interviewee, the CDC rarely met outside of required meetings with Mercy Corps representatives. In that particular case, the CDC never developed institutional capacity to become a focal point for regional development. Instead, it became a forum where local communities advocated for the realization of their own development priorities.

> **A Case of Centralization & Improper Representation**
>
> *The* Ivanjica East *CDC visited during this assessment represents a key example of CRDA not succeeding in reaching the targeted local communities, but succeeding only on a centralized, regional level. In the case, ten CDC members were supposed to represent five MZs. However, for reasons that were not clear, the focus group revealed that only three of the five MZs were actually represented. In place of the remaining two MZs Mercy Corps allowed two female municipal officials whose families were originally from those MZs to serve on the CDC.*
>
> *The presidents of the three MZs that were represented, plus three young teenagers representing youth, did not show up for the focus group meeting. The two female municipal officials, who did attend the focus group, testified that they were surprised they were selected to represent those MZs. In their words, "We left our old MZs long ago; hence, we never really identified with their local problems, which made representing their interests challenging. Since we wanted to make something good happen for our ancestor land, we accepted and voted positively for the projects." It was further noted that the youth representatives rarely showed up for meetings.*
>
> *The focus group also noted that the CDCs in Ivanjica were only responsible for project selection, while the municipality played the key role in writing proposals, preparing documentation and implementing projects. Several other focus groups conducted in the Krusevac AOR (Cicevac, Varvarin, Trstenik) revealed that the case of* Ivanjica East *was not unique and that municipal officials were, for the most part, predominantly driving the process.*

Novi Pazar Approach Strengths: The Novi Pazar team believed that by opening the project application eligibility to a majority of MZs, Mercy Corps would be merely scratching the surface in those communities without making a real impact on them. Instead of increasing community mobilization, this would in turn reduce CRDA mobilization efforts to short-term organization merely in order to obtain donor financial assistance. Due to this fear of leaving no permanent impact on the communities, Novi Pazar management was reluctant to change its mobilization methodology.

CDC Capacity Development: This assessment found that the Novi Pazar strategy was largely successful; however, the degree of institutional capacity was not uniform in all CDCs. Those that joined CRDA in Phases I and II, and hence had more time to practice decision-making and project implementation, had significantly higher institutional capacity. Those established in Phase III did not benefit from this experience to the same degree, as they did not have time to improve their learning curves and establish durable organizational legacies. However,

this should not be cited as a weakness in the Novi Pazar strategy, but rather a consequence of the abrupt transition from CRDA to CRDA-E soon after the Phase III transition.

Novi Pazar Approach Weaknesses: The Novi Pazar approach inherently resulted in more locally-centered initiatives than in the Krusevac and Prokuplje AORs due to its lack of a regional expansion strategy. Another hindrance observed in the mobilization efforts of the Novi Pazar AOR was the fact that management retained annual funding guarantees for each CDC throughout the duration of the program. Consequently, as one local staff member observed, "the existing CDCs became very lazy, drafting very shallow and poorly justified project proposals, a majority of which we were forced to finance to meet our spending obligations." This practice was the primary contributor to the fact that the Novi Pazar office implemented the fewest number of projects, despite having the most CDCs. The question remains whether it would have been more beneficial to, rather than invest resources into forming new CDCs, expand the investment to new MZs under the tutelage of existing CDCs.

Approach Unification Efforts: Beginning in 2004, management attempted to reconcile the strategic differences between the AORs. While the Krusevac and Prokuplje offices already had relatively similar approaches, unification was fully achieved when, in April 2004, the Prokuplje office was closed and merged with Krusevac. The differences in approaches with Novi Pazar remained unresolved at the end of 2004 when CRDA transitioned to CRDA-E and Mercy Corps essentially abandoned the CDC approach altogether.

Community Fairs

The Motivation: The idea of Community Fairs was created in 2003 by the Novi Pazar team as a way of increasing community participation in urban areas. The team determined that in the first two years of CRDA, rural areas had achieved a much higher level of community mobilization than urban areas. Mercy Corps had found it difficult to attract urban citizens to town meetings, even though many citizens and groups involved in civil society had individually approached Mercy Corps requesting support for small projects to support their group or special interest. Hence, a new venue was needed for urban citizens to address priorities relevant for the development of their communities. The result was the innovative Community Fair concept, events where different community groups, NGOs and institutions were able to present their project ideas to the community. Community Fairs were piloted in eight communities in 2003; after the initial successes, all three AORs embraced the method, making Community Fairs the second prevalent community mobilization and project selection method in CRDA.

Community Fair Indicators for Success: The Community Fair Manual, prepared in 2004, defines the key objectives of the activity; these are presented in the table to the right. This assessment is based on the evaluation of three of the six objectives and corresponding quantitative indicators identified by the author, as well as the findings from focus groups with CDC members.

Community Fair Goals	Indicators
• Mobilize urban communities. • Increase diversity of decision makers. • Identify projects. • Increase organizational/group visibility. • Educate the public about issues and problems. • Build capacity in communities.	• Number of participating groups & organizations. • Number of projects implemented. • Number of citizens voting for projects.

Average Participating Groups (per Community Fair)

2003: 12.9
2004: 21.0
2005: 26.6
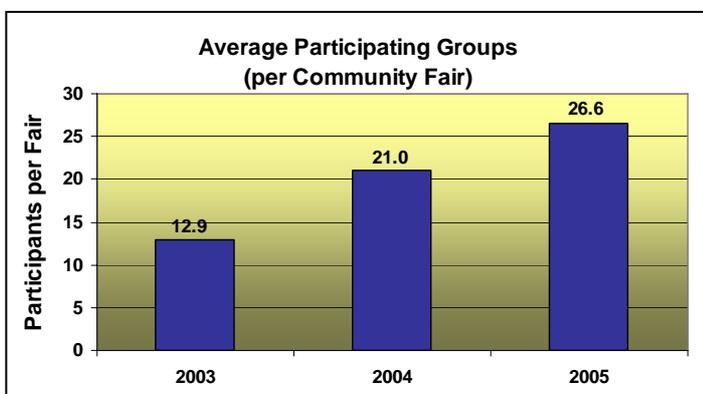
From 2003 to 2005 the average number of participating groups per Community Fair more than doubled, indicating the success of the fairs in mobilizing urban communities. Since each participating group came prepared to present their project idea, these figures show both a high level of community mobilization and a diversification of interest among local decision makers.

Participating Groups: In 2003 Mercy Corps organized eight community fairs, seven in the Novi Pazar AOR. Although the idea was new, citizens responded enthusiastically, proposing 103 projects through the eight fairs. Following this positive response, Mercy Corps expanded Community Fairs to include all AORs. In 2004, twelve fairs were organized and the number of participating groups (each with its own proposed project) more than doubled to 252. In 2005, after the transition to CRDA-E Mercy Corps retained the Community Fair component and organized nine more fairs; 239 groups participated in the nine fairs, an average of nearly 27 project proposals per fair.

Novi Pazar Participating Groups: While increase in participants was a general trend, in the Novi Pazar AOR the number slightly decreased in 2004 compared with 2003. In three municipalities (Novi Pazar, Prijepolje, Tutin) the fairs were cancelled due to low participation; according to a staff focus group this was at least partly due to local elections and increased political tensions during that period which made it difficult to adequately publicize and garner participation in the fairs.

Voter Turnout: Mercy Corps succeeded in organizing at least one fair in each of its 18 municipalities. In the first year alone, nearly 11,000 people turned out to vote for the new events. Over the three year period Community Fairs were held, over 75,500 citizens, or 17% of Mercy Corps' urban population voted for 602 projects, of which 152 received financial support. (Eleven projects were later cancelled; therefore, the original figure was 163.) The annual increases in voter turnout for Community Fairs indicate their growth in popularity and their success as a tool for community mobilization in the hard to reach urban communities.
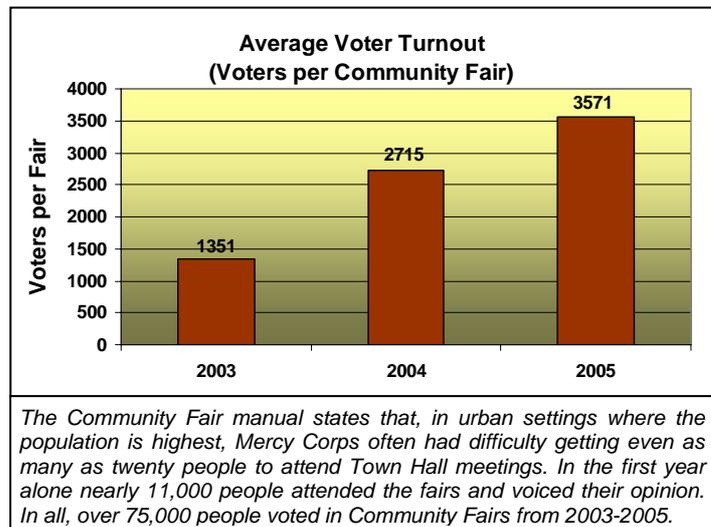
Projects Implemented: The number of projects implemented is only partly valuable as an

**Average Voter Turnout
(Voters per Community Fair)**

The Community Fair manual states that, in urban settings where the population is highest, Mercy Corps often had difficulty getting even as many as twenty people to attend Town Hall meetings. In the first year alone nearly 11,000 people attended the fairs and voiced their opinion. In all, over 75,000 people voted in Community Fairs from 2003-2005.

indicator since Mercy Corps offices limited the number of projects per fair. For example in 2005, projects financed from the nine fairs were limited to four per fair – two for organizations and clubs (maximum $4,000) and two from schools and institutions (maximum $10,000). In 2004, however, the number of projects financed at each fair was flexible and depended on the quality of the fair's organization, the participants' creativity and presentation of their projects, and voter turnout. (The required match for Community Fair projects was typically 20%.) The table below summarizes the results of Community Fairs over their three years of implementation.

Community Fair Results 2003-2005

Year	Community Fairs	Participating Groups	Average Participants Per Fair	Projects Selected	Voters	Average Voters Per Fair
2003	8	103	12.9	40	10,806	1,351
2004	12	252	21.0	77	32,585	2,715
2005	9	239	26.6	36	32,138	3,571
Total	**29**	**594**		**153**	**75,529**	

Focus Group Results: To obtain qualitative feedback from communities regarding the impact of Community Fairs, focus groups were held with former CDC members and key staff members involved in the events. Respondents provided original responses, not selecting from a pre-developed list. Based on the results and discussions, the key areas of impact from Community Fairs were as follows (ranked in order most often cited).

1. Increased community mobilization and number of participating stakeholders. Improved transparency in the project selection process, decreasing citizens' suspicions about financial support and encouraging them to take a more active role in local development (93% of respondents).

2. Bring people together, increase solidarity, enhance the community atmosphere, and improve the competitive and playful spirit in the community (50% of respondents).

3. Identify the main problems faced by the community, and in particular allow the representation of small, neglected groups and their development needs (42% of respondents).

Problems & challenges: Despite the positive impacts, Community Fairs faced several organizational and implementation problems:

- Mobilizing local groups of people willing to assume the primarily responsibility for organizing and advertising fairs. Throughout all three years, Mercy Corps continued to play the key role in organizing and staffing fairs with minimal (albeit increasing) support from the local community.

- Dealing with ad hoc groups created solely for the purpose of participating in the fair to receive a project. This often resulted in unstable financial and logistical commitments to the proposed projects.

- Routine delays on the part of Mercy Corps in implementing the selected projects due to the great number of very small and diverse procurement needs necessitated by these specialized projects. Delays were often caused by both program and procurement staff: from the program side, there was often little time to prepare specifications since new fairs were continuously being organized; from the procurement side, the small value of the fair projects made them less of a priority as procurement staff needed to meet their higher spending targets.

- Difficulty in implementing the projects often resulted, as the groups proposing them were often not able to receive permits, projects were infeasible, project values were underestimated, and the groups were not able to meet financial obligations.

Regional Office Differences: The two Mercy Corps regional offices (Prokuplje had already been closed and combined with Krusevac) also had different approaches and philosophies toward Community Fairs. In the Krusevac AOR the primary responsibility in organizing the fairs lied with the municipality and their identification of the group of people in charge of the event, with strong support from of Mercy Corps local staff. In Novi Pazar, on the other hand, CDCs were entrusted with organizing the fairs, with substantially less assistance from Mercy Corps staff. In 2005 all fairs were organized by a single Mercy Corps staff member with local support from the municipality and/or an organization charged with a supporting role.

Projects & Investments of CRDA Activities

CDC 312 Projects
Community Fairs 152 Projects
Other 11 projects

Basis: $40 million USAID Investment

Admin & ICR 2001-2007 $13,190,000
CRDA-E 2005-2007, $10,050,000
Fruit & Dairy 2001-2004, $4,090,000
Community Fairs 2001-2005, $740,000
Community CDC 2001-2004 $11,930,000

Though Community Fairs were positive events from a community mobilization perspective, they were extremely high maintenance and problematic initiatives for Mercy Corps and the staff involved. This can be easily represented by comparing the two figures previously presented regarding the number of projects implemented and their associated value. Aside from the obvious fact that the high number of projects accounted for only a small monetary value, the projects were much more difficult to implement as they often required very diverse procurement of specialized equipment for recipients that tended to be very particular about quality and branding. In the face of the high spending targets of CRDA, Community Fairs often strained management, program and procurement staff and resulted in frustration by the groups involved due to the inevitable delays.

Observations on Regional Office Differences: Focus group discussions indicated that due to the municipal officials' direct inclusion in the process in Krusevac, fair organization was less of a burden on Mercy Corps, as this practice facilitated permitting, advertising, and reservation of space, all of which were problematic in Novi Pazar. Hence, although the number of participating groups was not significantly different between the two AORs, it seems that the Krusevac approach was more effective in mobilizing the broader community, which impacted both attendance and the ultimate success of the fairs. It can be further noted that the average voter turnout per fair was 10% higher in Krusevac than in Novi Pazar (though this figure may not be significant and could easily be attributable to other causes).

Recommendations & Lessons Learned: From the findings of this assessment and the above discussion, a number of recommendations can be made:

- Mercy Corps should assure that groups selected to organize the fairs have broad public appeal and active support, if not direct participation, from municipal officials.

- A more strict process of project and organizational pre-screening would help ensure the selection of genuine priority projects and organizations able to lead the project through its completion.

- Mercy Corps assistance should be limited to procurement (not construction, which often resulted in permitting challenges) which would facilitate tendering and procurement. Further limiting the number of different items for procurement would result in additional efficiencies.

- Community mobilization could be further increased from its already high level by adding a reward system in the process, such as special prizes (standard and procured in advance for the fair) for best presented projects.

Group Impact & Sustainability

Assessment Scope: This section of the assessment focuses on the impact and sustainability of groups formed in the Community Development era of CRDA from 2001-2004. In the community development efforts, Mercy Corps mobilized the formation of three different groups: i) CDCs and their successor RCCs, ii) Community Fair (in Krusevac and Prokuplje AORs), and iii) Special Interest Groups (SIGs). Community Fair groups were merely ad-hoc organizational teams that as such never developed a particular work dynamic or organizational capacity; as a result, they are not discussed in this report. SIGs were developed in 2004 in an effort to increase participation from groups that did not generally attend community meetings and other events organized in the communities. SIGs, however, were never realized, likely due to the lack of time. Thus, the focus this section of the report is the analysis of CDC impact and sustainability. The data presented was collected from community visits, focus groups with CDC members, interviews with current and former municipal officials and community leaders, and staff interviews, all conducted in August and September 2006. The fieldwork research conducted in this assessment includes:

1. CDC Membership & Representation
2. CDC Organizational Sustainability
3. CDC Impact

Assessment Challenges: The main challenge faced by the evaluator in assessing CDCs was the lack of readily available data on the CDCs. Since the process was handled from three different offices and led by constantly changing staff members, even basic information on the working dynamics and profile was missing. For example, there were little or no records on even very basic levels, such as the number of CDCs formed, their membership lists, frequency of meetings, the number of projects proposed and implemented, and their current status. Thus, an entire month was essentially spent compiling this level of data. This information is tabulated in Annex 3.

CDC Membership & Representation

Basis of Assessment Findings: Due to the nature of the focus groups surveyed and the fact that the focus groups were not always completely representative of the CDCs, the findings regarding representation of the various interests of the local communities are based primarily on the evaluator's observations and participants' comments during the focus groups, specifically:

- the turnout of non-governmental and underrepresented groups at focus groups sessions;
- their participation in the discussions during the sessions;
- references to the main and participating actors in CRDA activities.

Urban CDCs: All of the urban CDCs assessed included in their membership a representative of the public institute for Urban Planning; most also included representatives of public utilities companies, such as sanitary control or water supply; and most included representatives of education and/or health sectors. Most of these members were, however, on the public payroll and closely connected to the municipal government, thereby reducing or stifling membership diversity and input from civil society. In terms of the frequency of meeting, the CDCs surveyed indicated that meetings were held mostly when required by Mercy Corps; as a result, there were no developed group dynamics observed in any of the urban CDCs. In only two cases surveyed was there effective civil society diversity, and even in these two cases, the initial diversity did not last long.

- The *Kursumlija Town* CDC was the only case assessed where a representative of the business sector was included and who actively participated in the work of the CDCs. The full membership of this CDC, however, met only three times, and as new communities were being added, the CDC was gradually transformed from a fixed-membership development council to a fluid group whose sole purpose was project selection and voting.

- The *Prokuplje Town* CDC was the only CDC which had several locally active citizens plus a representative of a local NGO. However, at the focus group, it was revealed that this CDC had been "reformed" as the "civil society element was too noisy;" the CDC therefore remained primarily in the local government's hands. (This fact was revealed during the focus group discussion for this assessment. Civil society representatives were shocked to learn that the group did not merely stop meeting, as they believed was the case, but that they had been excluded from its work.)

Rural CDCs: In the rural areas, focus group discussions clearly revealed that the main actors in CRDA implementation were the MZ leaders. In a few cases the school directors were also involved. Rural CDC focus groups indicated that the rural CDCs met more frequently and, in addition to official project-selection meetings,

Urban & Rural CDC Membership
The membership of urban CDCs generally reflected Mercy Corps' recommendations regarding the interest groups that should be represented. On the other hand, the majority of rural CDCs were composed primarily of MZ representatives and their close associates. When compared to urban areas, rural CDCs had a significantly stronger sense of common ownership of the CRDA process and projects, validating observations in 2003 that CDCs did not have sufficient appeal in urban areas. Hence, these findings give added justification for the organization of Community Fairs as a more targeted and effective means of urban community mobilization.

other CRDA issues were often discussed during informal meetings and conversations among the community members. These groups seemed much more dynamic and interconnected in comparison with their urban counterparts, probably due to the closeness of the actors leading the process and the fact that most of the rural CDCs covered small geographies. In only one case was the CDC led by an individual other than an MZ leader or official: in the *Kominje* CDC in Novi Pazar, the CDC formation and functionality was led by a local entrepreneur and recently returned Diaspora.

Vulnerable Group Representation: Community meetings organized by CDCs were supposed to include vulnerable and underreported groups, including women, minorities and youth. However, out of 89 former CDC members participating in focus groups, only 12 (13%) were women. Of those, eight can be termed *active* members. There were no representatives of youth or minorities in any of the focus groups. Furthermore, several CDC contact persons confirmed that it was not uncommon for CDC membership lists submitted to Mercy Corps to include the names of individuals who satisfied Mercy Corps' requirements for CDC membership without their active participation. They stated that, in reality, many of the alleged members never attended or actively participated in the CDC, and that implementation of the projects usually fell upon a few very active, overly aggressive and dominant citizens. For these reasons it is very hard to assign any *realistic* figures to the participation of women and vulnerable groups, as required by USAID indicators.

Gender Representation: While it is true that women and minority representatives represented 30% or more of the *official* CDC membership, anecdotal evidence from focus groups suggests that most of the women elected as CDC members were either already active in their communities (hospital or school managers, teachers, etc.) or else they were included only to satisfy Mercy Corps' requirements. Nonetheless, for those already-active female community

Gender Representation on CDCs	
(+) Gender Inclusiveness	**(-) Artificial Gender Representation**
There are several cases where gender ratio requirement as defined by the USAID indicator was not just formally satisfied, but achieved true gender equality and inclusiveness. In Bele Vode *CDC (Novi Pazar) from 4 CDC members who came to the meeting, two were women, both working in the local school. Both women, and in particular the school president were very active in the session, and the president of the CDC continuously made references to their past work, often passing the word to them during the discussions.*	*The president of the* Prokuplje Northeast *CDC cited an example of* formally *assuring the representation of women and vulnerable groups. During one of the town hall meetings organized by their CDC, Mercy Corps staff warned the CDC members that seven more women were needed to meet the 30% requirement for vulnerable group representation, and that if the requirement was not met, Mercy Corps would leave. In order to prevent that from happening, the CDC members present scattered around the city and "dragged several old ladies and school girls" to the meeting. The "missing" women came, and the meeting continued. However the question remains whether their appearance made any difference in the decision-making process organized that day.*

members, CDCs proved beneficial as they provided the women with a venue where they could fight for the development of their communities on equal footing with men. In the CDCs, their vote was assured to be respected and followed. As such, their visibility and activity in their local communities did increase as a result.

Under-Representation Causes: The conclusion that the active membership and participation of women and vulnerable groups was not generally observed by the CDCs can be partially explained by the particularly traditional mentality of the southern Serbia and the relative brevity of the CRDA program. A "structured" approach to CDCs came only with the second phase of CRDA community development activities; as such, it took time to produce the desired effects. Thus, that fact that the requirements for CDC membership were not always achieved should not cast a negative light on the impact of CRDA community mobilization and the program's effect on increased local ownership of development activities. It is very likely that if the program continued, the new practices would have taken root, thereby impacting the representation of the vulnerable groups on a deeper level.
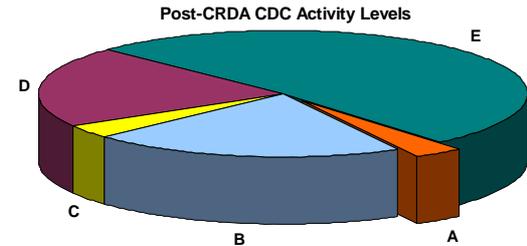
CDC Organizational Sustainability

CDC Sustainability Objective: The primary goal of CRDA was to help citizens to actively affect their communities in a positive manner through democratic participation. One of the *SMART* objectives identified by Mercy Corps in the 2004 logical frame was to *"facilitate 60% of CDCs to become sustainable institutions that*

demonstrate tangible capacity for positive community development by end of CRDA." The planned activities to accomplish this goal included *"training CDC members to legally develop to independent, self-sustainable focal groups for regional development."* However, this activity was not undertaken due to the transition to CRDA-E; as a result of the transition, Mercy Corps effectively abandoned community development activities.

Transition from Community CRDA: During the focus group interviews, it was apparent that Mercy Corps never directly informed the CDCs that the old working methodology was being abandoned and that CDCs would no longer remain the decision-making bodies for Mercy Corps' financial resources under the new CRDA-E program. The failure to inform the members left the CDCs vulnerable and, in many cases, dissatisfied with the transition of Mercy Corps' cooperation.

Transition to CRDA-E: Although the CDC approach was abandoned, under the CRDA-E program Mercy Corps nominated five former CDC members per municipality for membership on the new Municipal Economic Councils (MECs), the new partner bodies for CRDA-E. However, it was left to the municipalities to decide on the final list of members, and in many cases municipalities chose not to include the CDC members nominated by Mercy Corps. The most often cited reason for not including these members was that since MECs were formed in 2005 (after local elections in 2004) some of these members belonged to the former governing political parties and that the new municipal officials wanted to include members with whom they had already cooperated. In other cases, the recommended CDC members were not interested, mostly due to the travel distance between their local MZ and the municipalities where the meetings were typically held. Based on the focus groups interviewed, only 2% of CDC members were included in CRDA-E MECs (based on a sample size representing 20% of all former CDC members). Out of the 27 CDCs surveyed in this assessment, only six (21%) had CDC members serving on a MEC; and of those, each had only one member on the MEC. (MECs were formed in only 15 of the 18 municipalities, meaning that CDCs in three municipalities would inherently not have any members; this of course partly rationalizes the low percentage.)

Post-CRDA CDC Activity Level: This assessment categorizes the activity level of the CDCs post-CRDA into five categories ranging from active to the complete dissolution following the cessation of Mercy Corps' community development activities.

Group (See chart.)	Post-CRDA CDC Activity Level (Based on 27 CDCs surveyed in this assessment out of total of 76)	CDCs	Post-CRDA CDC Activity Level Graphical Representation
A	CDC continued meeting and/or transitioned into new organization to become eligible for other donors and activities.	1*	
B	Former CDC member serving on Mercy Corps CRDA-E MEC and still advocating for development of their community.	6	
C	Parts of CDC continued to exist after CRDA, but solely due to ongoing projects financed by Mercy Corps.	1	
D	An informal group existed before CRDA, and began calling itself a CDC for the purposes of Mercy Corps assistance. After CRDA, the group reverted to its original form.	6	
E	Entirely abandoned CDC approach; local development activities reverted to the MZ.	13	

* In this only example of a CDC registering into an official organization, the CDC transformed into an agricultural association which subsequently cooperated with Mercy Corps under CRDA-E. It cannot therefore be said that this CDC continued activities in line with those it performed in cooperation with CRDA Community Development.

Sustainability Assessment: Since no CDC represented by the focus groups (and no known example exists overall) officially registered as a civil society group (with the exception of the agriculture association and the six that existed prior to CRDA) and only one continued to meet (but only under the auspices of an ongoing CRDA project) it can be concluded that the goal of institutional self-sustainability was not achieved. This, however, should not be taken directly as a sign of failure to increase community mobilization and participation. The predominant sentiment expressed across the focus groups was that the general outcome of CDC sustainability may have been different if CRDA had not transitioned so abruptly. Others expressed regrets in their tardiness in adapting to the new organization required by Mercy Corps. In general, most regretted the end of CDC support, as CRDA was one of the rare, or even the only, venues for underdeveloped rural communities to acquire support for their local development efforts. In the words of one *Krusevac Town* CDC member: *"It is a pity that Mercy Corps*

changed its organization method when we finally got used to this kind of work, when we became trained and more efficient in it."

CDC Impact

Focus Group Results: To measure the impact the CDCs and their activities had in communities, focus groups and interviewees were asked to provide up to five responses (as a group) about what they believed was the most significant change they observed in their communities as a result of CRDA. As seen in the diagram, the most cited impact was a change in the organization of work and consciences of people in the community. Many respondents also cited a particular project in their community, such as a new road or school rehabilitation. The top responses are discussed below and presented in full detail in Annex 4.

- **Improve Work Organization (66%):** A majority of the focus groups said that one of five main areas of CDC impact was to improve the organization of work in the community. In particular, the most important legacy cited was the practical training in presenting community problems and preparing project proposals. Through CRDA communities learned teamwork, the ability to strategically plan ahead, and to professionally complete their work on time and within budget. The *Raska Town* CDC focus group said that, "in the beginning project proposals looked like we were back in school again." They did not understand the system or the need to present their problems in such a manner. Now former members are quick to write a proposal and help secure new funding for their town. In Cicevac, some CDC members

CRDA Impact on CDCs
(Top Responses from Sample of 35)

The results shown in this diagram are taken from a sample group of 35 CDCs: 16 CDC focus groups (representing 20 CDCs), 7 telephone interviews with CDC presidents, and 12 interviews with municipal contact persons who worked with, but were not members of, CDCs. Each group or interviewee was asked to respond to the question, "What was the most significant change observed in your community as a result of CRDA," citing up to five results that they felt were most important. No list of pre-selected responses was provided, so that the responses were original from their side. Focus groups were asked to reach a consensus on their responses and reply as a group. Similar answers were later grouped together by the evaluator for purposes of analysis and presentation.

continue to use Mercy Corps application formats when applying to other donors. All focus groups agreed that as Mercy Corps was among the first (and in many the very first) donors, the experience they acquired was instrumental for their subsequent activities.
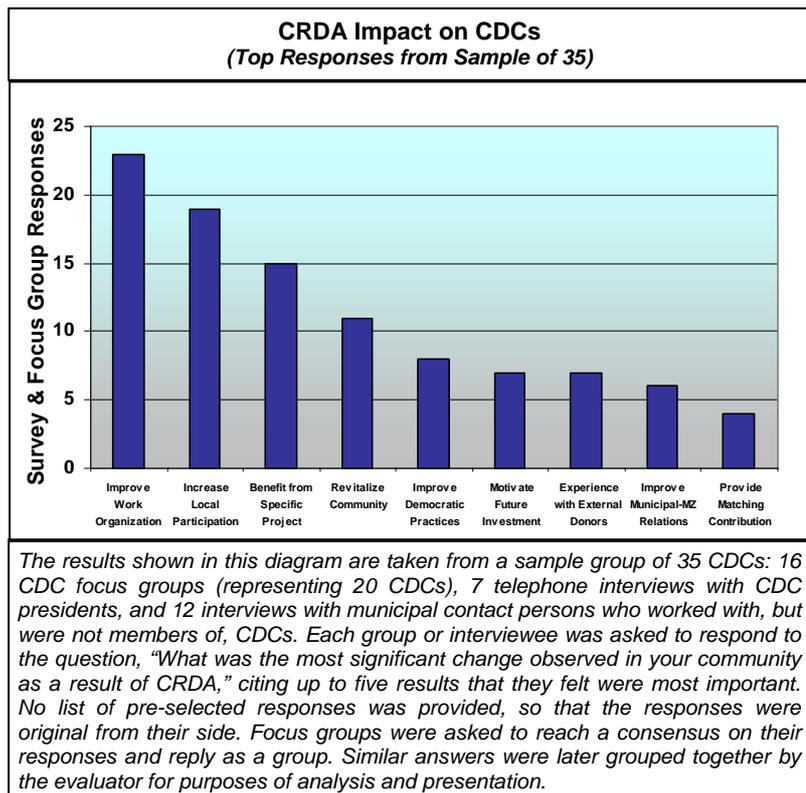
- **Improve Local Participation (54%):** Focus groups routinely stated that the CDCs increased the involvement of citizens in decision-making by creating incentives for communities to take a more active role in their development; 27% testified that the CDC experience helped them to identify the main priorities in their communities. The focus groups also revealed that CRDA investments served as stimuli for dysfunctional or nonexistent community mobilization efforts and succeeded in moving people away from the apathy of the 1990s. In addition, the focus groups revealed that most of the communities that joined the CRDA program in the later stages did so at their own request after observing Mercy Corps' work on other nearby regions.

- **Revitalize Community (31%):** Eleven respondents stated that CRDA contributed to the general revitalization of their community, increased the living standards, invested in the local infrastructure as a precondition for economic development, or a similar response. Of these, one focus group and two former CDC presidents stated that CRDA activities diminished population migration from their communities; all three of these were from Sandzak (two in Novi Pazar and one in Prijepolje).

- **Benefit from Specific Project (43%):** Fifteen of the 35 respondents/groups cited a single, specific project implemented in their community, such as a road, water supply, school rehabilitation, and in one case, a garbage truck.

- **Improve Democratic Processes (23%):** Eight respondents (six focus groups and two municipal contact persons) stated that their experience with CDCs increased the democratic practices in the municipality or community. The CDC methodology of prioritizing and selecting projects was the first experience with democratic decision-making for many interviewees and a rare occurrence of apolitical project prioritization based on objective criteria and community needs.

- **Motivate Future Investment (20%):** Seven respondents argued that their involvement with CDCs motivated their community to increase investments into their community and undertake fundraising initiatives in order to continue school, electricity, water or other infrastructure projects.

- **Experience with External Donors (20%):** Seven respondents stated that their experience with CDCs increased the readiness of both communities and municipalities in working with external donors. Apart from improving their learning curve and increasing municipal preparedness to present their development needs, some municipalities introduced a special budget line item designated for matching contributions for donor funds.

- **Improve Municipal-MZ Relations (17%):** Six respondents (interestingly, three CDC focus groups and three municipal contacts) stated that the CDC improved the attentiveness of municipalities to the needs of the MZs. Mercy Corps investments were dependent on counterpart contributions which, due to their size, could rarely be matched by the MZ or community. Municipal officials therefore realized that the assistance was conditional on their support; as a result, they improved the channels of communications with the MZs. As a result, three municipalities now send priority identification forms to the MZs before finalizing their annual budget plans in order to obtain up-to-date information about MZs' development needs.

- **Provide Matching Contribution (11%):** Four respondents (three of them, however, were municipal representatives) observed an increase in the willingness of citizens to contribute financially to the development of their communities. The requirement for community match changed the perception of citizens that the government or external actors should be responsible for the development of their community. As a result of CRDA, several municipalities implemented a "dinar-for-dinar" investment plan. Under this plan, a separate bank account was opened for each MZ where any contribution paid by the local community is matched by the same amount from the municipal budget. Aleksandrovac municipality adopted this practice at the request of an MZ to finance a local electrical substation.

- **Negative Impact (1 CDC):** Only one CDC, *Blace South*, cited negative responses on the impact of the CDCs. The focus group responses ranged from having "absolutely no impact," to the mayor controlling all projects approved, to corruption on the part of Mercy Corps (correctly citing one individual who was fired from Mercy Corps for accepting bribes for project approvals). Though this focus group was very vocal in its criticism of Mercy Corps, it was noted by the assessment team that *Blace South* CDC was comprised of several MZs, and representatives of the MZ with whom Mercy Corps most cooperated were not present at the focus group. Adding to their frustration was that in 2004, the community was awarded an approved project which was never implemented due to the transition to CRDA-E.

M&E Record Keeping in CRDA

Web-PRS M&E System: The key (and only) program monitoring and evaluation tool in use by Mercy Corps and other CRDA partners in Serbia was the USAID-mandated Web-PRS (Project Reporting System), an online database developed, administered and licensed by CHF. (All five CRDA partners were required to purchase a licensing agreement for the life of CRDA.) PRS is a fairly sophisticated tool created to track all community and project data, impact, indicators and events, allowing users to quickly and easily sort and manipulate data and generate reports. However, because of its complexity, it has often proved bulky, challenging and reliant on external maintenance.

Web-PRS Management: The management of Web-PRS varied among the five CRDA partners; while some partners designated a specific person or even team to be responsible for the system, within Mercy Corps it was the responsibility of individual program officers to both enter the data and verify its accuracy. Although from the inception of CRDA, one person was always responsible for "web publishing" the field entries (and in theory was supposed to check for and correct any mistakes made in the data entry process) the PRS managers within Mercy Corps apparently rarely assumed this role. Instead, they published the PRS data, but did not provide any sort of quality check of the entries. Only during the period from October 2002 through April 2005, did the Novi Pazar

Head of Office, Alan Bennett, closely supervise the process; to his credit, his efforts significantly improved the accuracy and completeness of the information in Web-PRS for the Novi Pazar AOR during his tenure.

Web-PRS Problems: As a result of the organizational structure of Mercy Corps Web-PRS management, many serious problems in the efficacy, accuracy and organization of the data and system were revealed in June 2006 when this assessment was initiated. While some problems proved to be technical in nature and were resolved through cooperation with CHF, most of the problems originated within Mercy Corps and required considerable effort to correct, as well as implement changes to internal management and organization. These latter problems are presented in this section.

Content Problems: CHF delivered training for all CRDA partners on the use of Web-PRS; however, since those initial trainings in 2001-2002 the turnover of Mercy Corps staff (and presumably other partners) was high over the years, as is typical with development programs. As a result, new project officers were only briefly introduced to Web-PRS by their tenured colleagues and were often left to resolve the ongoing data issues individually or informally among their immediate co-workers. It is easy to imagine how this problem was allowed to "snowball" through inconsistent data entry among project officers, lack of training for new staff members, apathy on the part of departing staff members, and an almost complete lack of oversight and system maintenance to control or even determine the extent of missing and inaccurate data. As a result, the following problems arose:

- **Inability to generate a report to count community projects.** The ability to process even this most simple of requests, the number of community projects implemented, was not possible due to the irregular, inconsistent, inaccurate and general lack of updating Web-PRS. There were many cases of projects not entered in PRS, project codes entered incorrectly, and inconsistencies with respect to categorizing the project type, not to mention widespread missing data field entries. Resolving this situation required the full-time attention of the M&E Coordinator to review and correct the entries for over 1,000 projects, individually, to determine their status, pillar, category, and means of selection.

- **Inability to perform a search by a CDC or specific project location.** Again, this seemingly simple but important search was impossible to perform to determine how many and which projects were identified and implemented by which CDC. Often program officers entered approximate, instead of actual, project localities if the actual locality was not already included in the pre-defined Web-PRS location menu. (The only individuals who could add localities were the Web-PRS managers in Belgrade; so rather than inform the Belgrade manager to add a new locality and await the result, program officers often just entered the nearest existing locality already in Web-PRS.)

- **Inability to identify projects based on their selection procedure or CRDA component.** It was impossible to distinguish between projects selected by CDCs versus those selected by Community Fairs. All "community" projects bear the same "C" code regardless of whether they are CDC or Community Fair projects. To generate this list, searches were conducted on long text fields (for example to search for "Community Fair" in the project description) and the results counted manually, an obviously very inefficient means to generate this data. (This problem can be traced at least in part to reluctance on the part of the finance team to increase the number of codes available to distinguish project types and means of selection, since these were tied to increased accounting codes. Their reluctance in turn can be traced to a bad practice whereby finance, rather than program managers, assigned accounting codes.) This issue in particular could probably have easily been solved by requiring Program Managers to assign accounting codes for all program expenses.

- **Inability to accurately determine project status.** It was impossible to accurately obtain an update of the project status (i.e. approved, under tender, contract signed, work in progress, finalization, complete) due to lack of updating the status as well as inconsistent understanding among program officers with respect to the definitions. To indicate the extent of this problem, at the time of this writing (April 2007) only 554 out of 1,370 projects undertaken by Mercy Corps during the life of CRDA are "completed" in PRS.

- **Inability to determine whether projects are on schedule.** In addition to the lack of timely updating previously mentioned, target end dates were routinely updated without saving the original date. Therefore, though projects might be allowed to slip indefinitely, no flags were raised since the end date could easily be extended by project officers.

- **Inability to accurately determine CRDA investment:** There were significant inconsistencies between the financial information in Web-PRS and in Mercy Corps' official financial management systems. Once the payment errors in Web-PRS were discovered, an additional problem ensued: there was no

accurate external financial database that could be easily used to correct Web-PRS due primarily to two reasons: i) project codes were not entered in the same format in Web-PRS and in MAS-90, Mercy Corps expense-based accounting system; and ii) the Quicken system used to track Mercy Corps accruals and obligations was also inaccurate, primarily due to procedural failures that did not capture canceled contracts, amendments and any other non-routine contract or payment circumstances. This problem was corrected beginning in November 2006, with the arrival of Frank Francis as Finance & Administration Director, when he organized a thorough check of Mercy Corps entire history of project payments; using these reconciled figures, all payments were subsequently entered in Web-PRS.

- **Inability to accurately determine matching contribution:** It was not possible, and remains so, to accurately determine matching contributions collected. When projects are approved the pledged contribution is entered into Web-PRS; when the obligation is met, the figure is updated with the actual amount collected and documented. However, there is no way to distinguish between whether match is pledged or actually contributed and documented. Furthermore, no reliable and verifiable database was available that could be used to reconcile Web-PRS by project. Instead, a very labor-intensive process of verifying the original hardcopy match vouchers project-by-project was completed.

Web-PRS Reconciliation: Reconciliation of Web-PRS data took six weeks of full-time attention at the beginning of the assignment to correct basic data entries so that searches could provide the data necessary for the Outputs section of this report, and to arrive to a point where the data could be used to begin laying out a strategy and design for the field work. Updating project status and reconciling financial figures took an additional month beyond that. A brief summary of the measures taken include:

- All missing projects were identified through other databases and entered into Web-PRS.

- Each and every project was checked, noting inconsistencies and missing data fields.

- Community projects were systematically re-categorized into standard project categories.

- All Community Fair projects were first identified, then modified to include a "CF" designation in front of the project title.

- A separate database of all community projects was created, where all projects are organized according to their respective CDC.

- Modifying target dates now requires that the prior deadline is recorded as a Web-PRS remark.

- New, centralized data entry policies were introduced to ensure the accuracy of Web-PRS data with weekly managerial oversight by the M&E Coordinator.

- All payment and match vouchers processed by the Finance department are automatically directed to a designated data entry specialist who is responsible for entering them into Web-PRS.

Lessons Learned & Recommendations

Applying Recommendations: On the basis this assessment, the following recommendations are offered for consideration in the design and management of future community mobilization programs. These should also be considered as evaluative conclusions in this assessment.

Program Design & Startup

Startup: Completing small, quick-start projects during the startup period were shown to be very effective as the practice quickly demonstrates that the organization's efforts are serious, genuine and in accordance with the needs of the communities.

Choosing Partners: When deciding on the initial community representatives, assure that these include individuals who hold high respect and esteem in their communities. If held in this regard, the local representatives will have significantly more success in mobilizing their communities; decreasing skepticism about the assistance program; and increasing the level of local participation, including the willingness to provide cash and in-kind matching contributions.

Training Partners: It is crucial to provide in-depth training and education to the local partners at the inception and throughout the project's life cycle. The beneficiary groups that are most often the focus of these types of

projects generally lack the institutional capacity necessary to respond to the new and complex requirements mandated by donors (e.g. prioritization and decision-making procedures, preparing project proposals, and submitting supporting documentation). Mercy Corps' experience in Serbia showed that short, informal seminars on basic proposal preparation and community mobilization are not sufficient to provide local partners with the necessary knowledge and competency, nor do they have desired long-term impact. Instead, there is a need for more intensive, higher impact trainings regarding the methodologies employed throughout the project life cycle.

Ensuring Success & Sustainability

Training & Transparency: The CRDA experience showed that it is necessary to explain and review the policies and procedures thoroughly and repeatedly, not only to the leaders, coordinators and CDC presidents, but to all of their members and constituencies as well. Even when their leaders are highly educated and respected individuals, citizens' unfamiliarity and lack of understanding regarding the project selection process can bring suspicion upon Mercy Corps' transparency and impartiality, potentially harming the organization's image and program appeal.

Earning Local Trust: In the case of CRDA, Mercy Corps earned its current high level of respect and trust not by being a donor and investor at the local level, but by respecting established policies, obligations, budgets and deadlines.

Preparing & Training Staff: Program success depends equally on the clients' commitment as well as on the organization and its staff to design a program and to effectively assist clients in its implementation. Thus, it is necessary that all staff members are aware of the local conditions, acquire detailed information about the main actors in each of the communities and municipalities, know the main problems and challenges facing communities, and understand the legal environment that may affect the outcome of the projects.

Group Institutionalization: In areas with no tradition of civil society and non-governmentally led development, it is unrealistic to expect that informal groups formed by external actors and donors will be sustainable, and that democratic working methods will carry over to future activities unless steps are taken to institutionalize the groups. This is no small matter as the institutionalization process itself requires significant commitments of time and resources by the communities, donor and supporting actors. Even despite this level of commitment, the donor should not expect great statistical results of sustainability as it is likely that successes will be few and far between. Many donor programs claim sustainability through the mere formal registration of groups, but true sustainability lies with changes and improvements in the way people work and their ability to adapt the principles learned so that they succeed in new opportunities and situations.

Flexibility in Design: Program design should be flexible, taking into account the specificities of partners, communities and regions. Considering that CRDA covered several markedly distinct regions in terms of social, ethnic, economic and political development, it should not be assumed that the same program will produce the same results across the different regions. Although uniformity of the approach is desirable to assure an equal treatment of all communities (as well as from a management perspective) without an element of flexibility the approach becomes a rigid imposition of rules onto the communities. In Serbia, Mercy Corps' management should have, perhaps, taken these regional disparities into account and instead of implementing all project types across its AOR, prioritize different programs in different communities.

Changes in Programming: Abrupt changes in the program strategy and implementation should always take into account the previous commitments made by the program, and bring systematic and informed closure to those processes that are crucial to the mission of the program. In CRDA, this includes the implementation and completion of specific projects as well as an informed decision regarding the institutionalization of CDCs and communication, and the open communication of those decisions to the communities and clients.

Project Management and M&E

Field Visits: One of the most important recommendations proposed in this assessment is to increase the number of staff member visits to the field. Organizing more frequent visits to the local communities and holding wider and more open meetings with average citizens is crucial for the success of any community mobilization program, because these visits:

- increase the visibility and the appeal of the organization, resulting in a feeling of trust and openness from both sides;

- demonstrate consistency and enduring commitment to support, increasing the trust in the community about the motivation of the development program, and facilitating the work of the community partners (especially with respect to collecting matching contributions);

- ensure the transparency and inclusiveness of decision-making and project implementation processes through constant monitoring throughout the project life cycle;

- increase the level of local awareness about development issues on the parts of both the community and organization staff members;

- provide the donor with an accurate assessment of the project status, implementation, and quality of work and new ideas for improving its processes and procedures.

Systems Management & Oversight: Staffing a full-time M&E Coordinator from the start of the program, particularly on projects of the size and magnitude of CRDA, is essential to assure the quality and standardization of management systems and performance data, and to assure that any divergences from the goals and objectives, processes, and procedures, both internally and externally, are detected and resolved with the greatest efficiency to the program. While in the end, it can be said that the M&E data in Web-PRS was "salvaged" there still remains inconsistencies in certain project impact data. Plus, through continual maintenance, the Web-PRS system could have been a powerful management tool, particularly when the program strategy was designed for the transition to CRDA-E. (In CRDA this was corrected, albeit late, with the hiring of a full-time M&E Coordinator tasked with the responsibility to train staff on M&E and Web-PRS, coordinate and monitor the accuracy of data across offices, and assure the prompt updating of Web-PRS by the administrator when problems arose.) Since November 2006 Mercy Corps has had a centralized system with a single data-entry officer closely managed by the M&E Coordinator.

Document Progress in the Field: In addition to improving the maintenance and documentation of the official Web-PRS M&E data, more effort should have been made to document experiences and challenges with respect to projects and specific communities, as well as plans discussed and commitments made to communities and municipalities. Aside from the obvious benefit this would have to the overall M&E process, this would have helped assure a smooth transition from one staff member to the next. The staff turnover of CRDA would have been less a hindrance had more of this information been preserved, updated, shared and documented among the staff members. Trying to relearn this information after such a long lapse in time resulted in conflicting accounts of many key actions and decisions taken by the project team.

Project Implementation

Contractor Oversight: The most common problem cited by clients during this assessment was with respect to contractors; in particular, the lack of adequate supervision of their work, which was Mercy Corps' responsibility. (This is covered in much greater detail in Linde Rachel's report.) The communities typically had no formal relationship with the contractors, neither in the selection nor in monitoring. Since Mercy Corps' staff could not realistically reach all working sites at all stages of the construction (there were literally hundreds of ongoing projects at any one time) many inefficiencies and delays resulted. Some were never corrected, reducing the trust communities placed in Mercy Corps and sometimes even impacting the results of the project. To prevent these issues, Mercy Corps should consider establishing a different relationship between the three main actors (Mercy Corps, contractor, client) that involves the clients more actively, as a minimum in the monitoring and oversight of the contractor.

Annex 1

Scope of Work

Serbia CRDA
Monitoring & Evaluation Assessment
-for-
Community Development Activities 2001-2004

Serbia CRDA Project
Monitoring & Evaluation Assessment

Scope of Work

1. Background

Summary: This SOW outlines the plan and requirements for the consultant/intern to perform a thorough and objective Monitoring & Evaluation report on one (significant) element of the Community Revitalization through Democratic Action (CRDA) program implemented in Serbia by Mercy Corps from 2001-2004. It is intended that the final product of this assignment will be a report that serves to compile the quantifiable results of Mercy Corps CRDA efforts, provide impact and anecdotal data from focus groups and surveys to back up quantifiable results, and serve as a final assessment of the element in question.

CRDA Program: CRDA is a six-year, $200 million USAID program implemented throughout Serbia from 2001-2007. USAID divided the country into five geographic regions, each served by a different implementing partner. Mercy Corps covers the municipalities of Southern Serbia shown to the right from offices in Krusevac, Novi Pazar and Priboj.

CRDA Elements: The CRDA program can logically be divided into three areas for the purposes of its M&E Assessment. The effort outlined in this SOW will focus on monitoring and evaluating the first of these elements.

1. "Community" CRDA 2001-2004
2. "Economic" Component 2001-2004, implemented by sub-grantee EMG
3. CRDA-E 2005-2007

CRDA Transition: In 2005, USAID and the US Embassy changed strategies and shifted programming priority to focus almost exclusively on economic development. As a result, CRDA programming underwent a significant change from its prior emphasis on community development and civic participation to employment, income generation and Local Economic Development (LED). For all intents and purposes, the CRDA program is now fully transitioned so that minimal activities remain under the original elements. Note however, that some of the groups formed and bases established in the original CRDA remain active and continue to participate in CRDA-E activities.
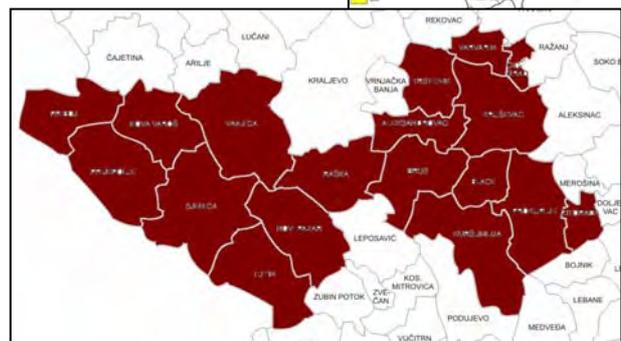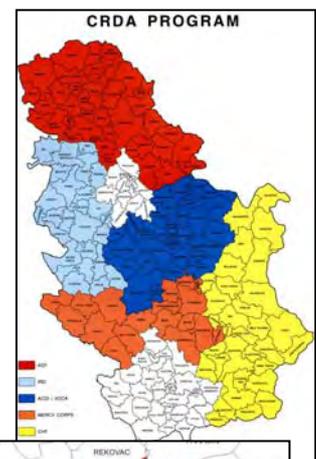
CRDA Budgets: The "Community" CRDA element represents the majority of CRDA resources spent over the life of the program. Of the total grant amount $40 million over six years (2001-2007), about $27,640,000 was spent from 2001-2004, almost $17 million of which directly for project implementation, $13 million allocated on the "Community" element and $4 million for "Economic." The "Community" element from 2001-2004 therefore accounts for the largest percentage of CRDA expenditures over the program life.

CRDA "Community" Program: The CRDA "Community" element evolved over 2001-2004, undergoing a number of transitions while retaining a basic modus operandi, summarized from the Annual Report of October 2003: Regional Cluster Committees (RCCs) RCCs, introduced in 2003, were comprised of both newly-formed & Community Development Councils (CDC) and CDCs established in prior years. RCCs served to coordinate efforts of local CDCs and propose and develop projects spanning wider geographies. CDCs were created through open community meetings held by Mesto-Zajednica, or MZ (the smallest form of local government at the community level). CDCs consulted communities in project selection, prioritization, planning and implementation, leading the proposal and implementation processes. Beginning in 2003, the RCCs determined regional priorities. Local communities prepared project proposals which were scored by Mercy Corps for final selection. Special Interest Groups (Interest Based Clusters), including youth, women, disabled, minorities and environmental groups were encouraged to form so that their special interests could also be addressed.

Community Fairs: In addition to the CDC efforts, Mercy Corps introduced an innovative approach to community participation and project selection called Community Fairs. Community fairs offered an exciting and social atmosphere of citizen participation, especially in urban areas where community participation was a greater challenge for the program. Community Fairs supported special interest projects of local NGOs, clubs, associations, schools and public institutions such as health centers. On the designated day, each organization exhibited a display where they presented their activities and projects to the entire community in a fun and interactive setting. Mercy Corps provided presenters with booth space and electrical connections. Attendees at the fair voted for their favorite projects and winners received a contribution from Mercy Corps to complete their project. In 2004, over 32,000 citizens participated in Community Fairs.

USAID Indicators: All CRDA partners are required to track and report on the following indicators:
- Number of Projects Implemented (by community/committee)
- Number of Cluster Projects
- Beneficiaries of Improved Social & Economic Infrastructure
- Beneficiaries of Improved Environmental Infrastructure
- Employment Created
- Additional Income Generated
- Increase in Agricultural Sales
- Increased Access to Family Planning and Reproductive Health Services in Communities
- Minorities or Women Comprise at least 30% of Community Committee Membership

CRDA Web-PRS: CRDA partners use a standardized set of indicators and report on a CRDA-wide M&E system known as Web-PRS (Project Reporting System) developed and administered by CHF. Generally speaking, the database is capable of effectively capturing and reporting the data; however, data entered into the system is subject to errors in measurement as discussed below.

Web-PRS Indicator Accuracy: Some of the errors which may lead to inaccuracy of information contained in Web-PRS include:
- several historical glitches and bugs in Web-PRS;
- attempting to fit data from wide variety of projects and activities into a relatively small number of fixed database fields;
- applying formulas to project costs to estimate indicators (USAID directive applies various multipliers, depending on type of project, to estimate employment generated as a result of implementing projects);

- inconsistencies between staff members inputting data;
- reliance on sometimes inaccurate figures from CDCs;
- inconsistent updating of project status and information;
- staff turnover;
- general lack of attention to detail; and
- double-reporting of beneficiary groups.

Prior M&E Efforts – CABS: In 2004, a temporary Mercy Corps staff member completed a first-revision draft of a Community Attitudes & Behavior Survey (CABS) that assessed and measured changes in citizens' attitudes and behavior regarding community participation, perceptions for sustainability of formed citizen groups, and local government responsiveness to the community. It is worth noting that for this study the "baseline data was collected simultaneously to the actual survey" since there was no similar baseline assessment examining these issues prior to beginning CRDA activities. The intern/consultant is expected to build upon and compare the results of this survey against the work outlined in this SOW.

2. Scope of Work

Summary: This assignment is intended to provide a complete, thorough and objective assessment of CRDA Community Development activities between the years 2001-2004. The assessment should include each of the following five areas, presented in greater detail below.

- CRDA Outputs & Achievements
- Group Impact & Sustainability
- Project Impact & Sustainability
- Community & Behavior Impact
- Project Management Issues

Section 1: CRDA Outputs & Achievements: The goal of this investigation is to compile and present the results and outputs of CRDA into a report where all of key data is presented in a single place. e.g.: "For an input of $26 million, we accomplished x projects of types a, b, and c; collected y community and z local government contributions; conducted xx community groups; yy people attending meetings prioritizing zz projects; etc." This section should essentially summarize data from reports during that time, project files, and PRS records and seek to resolve any discrepancies between data sources. In addition, the report shall present all results against the USAID indicators and provide a description of the means of measuring the results and an assessment of their accuracy. All results shall be backed up with a summary of the processes, description of activities, evolution of the program, and anecdotes of successes and challenges.

Section 2: Group Impact & Sustainability: This section shall examine the institutional sustainability & impact of groups formed under CRDA: Community Development Councils, Interest Based Clusters, and Regional Cluster Committees. In addition to organizational sustainability, the assessment shall examine group activities and benefits provided to individuals, communities and local government as a result of the activities and seek to draw conclusions on the effectiveness of group formation & functioning as well as lessons and activities that could increase impact and sustainability in similar programs.

Section 3: Project Impact & Sustainability: This area of the assessment shall examine the current condition, maintenance plans and records, sustainability & impact of various projects, likely grouped by type, implemented under CRDA. The assessment shall draw conclusions on the sustainability and effectiveness of various types of investments. The consultant/intern shall identify logical groupings of project types and perform a representative assessment of the current state of those completed projects and the impact that they have made during and after their completion. Project groupings may include, but are not limited to: Roads; Electric Projects; Water and Sewerage Projects; School Projects; Building Renovations; Hospitals & Health Care Facilities; and Reproductive Health & Family Planning Projects.

Section 4: Community & Behavior Impact: This part of the assessment shall examine the impact of the CRDA participatory processes and the resulting ethos or behavior changes. What activities did we do, how did we do them, etc. For this part of the assessment the consultant/intern shall rely extensively on focus groups and interviews with CDC members and other project participants and beneficiaries. This section should also examine the portfolio of events and activities that were designed to affect citizen behaviors. These events include, but are not limited to town hall meetings, stakeholder and special interest group meetings, and Community Fairs.

Section 5: Project Management Issues (optional): As time and priorities permit, this part of the assessment shall examine the Mercy Corps project management and organizational issues that governed the overall management of the CRDA program. This assessment shall seek to identify what the country team and organization learned about managing Community Development projects of this magnitude. Possible areas of investigation include: overall management and organizational structure required to implement the program; bottlenecks of implementation and means of overcoming them; project management tools developed in Serbia that could be applied to other programs, such as engineering estimates and procurement databases and tools; staff development; and project management tools, such as budgets and schedules.

Data Collection & Analysis: In the first two weeks of the assignment (see Schedule below) the consultant/intern is expected to outline the strategy, schedule and level of effort:
- Define the applicable targets or "units of analysis:" communities, councils, municipalities, families, businesses, clinics, for each area of assessment.
- Consider how data can be disaggregated to best answer the key evaluation questions: gender, ethnic group, income level, age, disability status, urban/rural, etc.
- Determine how interviewees and other sources will be selected (randomly, purposeful sample, nominated by staff or community). Explain decision based on strengths and weaknesses of this approach and any contextual constraints.
- Propose techniques or tools: surveys, observation, interviews, etc.
- Estimate the amount of data to collect based on projected or desired statistical validity: sample size, number of interviews or focus groups, number of projects within particular category, number of communities.
- Project how data will be analyzed through use of graphs, illustrations and tables.

Evaluation Issues: The evaluation should take care to answer the following questions:
- For the given donor input, what was the impact of this phase of CRDA?
- Did we achieve our objectives and targets?
- How accurate and dependable are our results?
- What are the greatest successes of the project?
- In what areas did we fail to achieve the desired or projected results?
- What contributors were key to our over- or under-achieving desired or projected results?
- How sustainable were our results?
- What lessons did we learn and what tools did we develop that can be applied to similar projects in the future?
- What process or implementation improvements could have been made to improve results?

Error Estimation: When reporting quantitative results, the consultant/intern should estimate the accuracy of the results by identifying sources of error, estimating the amounts of error, then calculating overall error (or confidence level) of the result.

3. Schedule

Assignment Schedule: After an initial learning curve and planning preparation period, the consultant/intern is expected to work fairly independently on day-to-day activities. The schedule below is proposed to help the consultant/intern plan the initial days and weeks of the assignment.

Day 1: Briefing meeting with management and key CRDA personnel.

Consultant/intern should be prepared to offer implementation and schedule input based on review of materials sent prior to assignment.

Day 2: Consultant/intern familiar with Web-PRS

Day 3: Consultant/intern present management with assessment of the soundness and accuracy of Web-PRS data, and a plan/schedule for revising/updating data to an acceptable degree.

Week 1: End of week, consultant/intern presents outline and schedule for completion of assignment tasks, including but not limited to: PRS data verification; project site visits and assessments complete; Krusevac AOR focus groups; Novi Pazar AOR focus groups; CRDA outputs quantified and report Section 1. At end of Week 1, consultant/intern should have reviewed available data and reports and be familiar with CRDA program and general strategic direction.

Week 2: M&E Team meeting (1-2 days), led by consultant/intern to work with designated staff members to finalize details of strategy and schedule.

Management Briefings: The consultant/intern is expected to brief management at least once weekly on the status of the assignment, progress toward completion, potential concerns, and departures and details on the strategy and schedule.

4. Assessment Team

Assessment Team Members: The consultant/intern is expected to function with the assigned team of local staff members with limited supervision over daily activities. The consultant/intern is expected to lead the process, regularly brief management and reviewers, advise management and reviewers on technical matters, and incorporate recommendations. The team will consist of:

- **Bosiljka Vukovic:** Consultant/Intern; responsible for leading process and producing draft and final reports.

- **Vladimir Milicevic:** LED Advisor, Krusevac AOR local team member.

- **Sabina Razdaginac:** LED Advisor, Novi Pazar AOR local team member.

- **Craig Hempfling:** COP CRDA, responsible for strategic management and direction.

- **Hayden Aaronson:** Project Manager, reviewer.

- **Joe (Mercy Corps Cambridge):** DME Unit; backstop, strategy design and review, reviewer.

- **Gretchen Shanks:** DME Unit; strategy design and review oversight, reviewer.

- **Paul Jeffery:** Senior Program Officer, Balkans; reviewer.

- **External Consultant:** Optional, as required.

5. Budget

"Community" CRDA 2001-2004 M&E Assessment
Estimated Budget

Item	Quantity	Unit	Total
Consultant/Intern Living Allowance	3 months	$500	$1,500
Travel & Transportation – Airfare	1 round-trip	$2,000	$2,000
Lodging			
Krusevac Guest Apartment	3 months	$180	$540
Novi Pazar Hotel	10 nights	$30	$300
M&IE (in field)	20 days	$15	$300
Other (materials, miscellaneous)		$500	$500
TOTAL:			**$5,140**
External Consultant (optional)			
Wages	18 days	$400	$7,200

Item	Quantity	Unit	Total
Travel – Airfare	1 round-trip	$2,000	$2,000
M&IE	21 days	$40	$840
Lodging	18 days	$30	$540
TOTAL, External Consultant Option:			**$10,580**

6. Assignment Logistics & Useful Information

Working/Living Conditions at Site: Mercy Corps will arrange lodging for the intern. In Belgrade the volunteer will stay at the guest house and in Krusevac the intern will have her own apartment. The apartment has a kitchen, washing machine, telephone, and sufficient (though perhaps minimal) necessities. Hot water and electricity are available in all areas.

Things to Bring: Following are some suggestions that might be helpful for the volunteer:
- laptop computer and converter (if possible),
- cash to cover expenses for the duration of the assignment,
- comfortable walking shoes and warm clothes during winter months,
- photos of home: family, house, business, relevant equipment; clients are always interested in what life/business is like in the USA,
- insect repellent in summertime,
- digital camera,
- antihistamines/decongestants or other medications.

7. Contact Information

Mercy Corps HQ	**Mercy Corps Belgrade**	**Mercy Corps Krusevac**
Paul Jeffery Senior Program Officer 3015 SW First Avenue Portland, OR 97201 (503) 796-6800 pjeffery@mercycorps.org	Banjicki Venac 18a 11000 Belgrade +381-11-266-9753	Kosanciceva 19 37000 Krusevac +381-37-443-159
	Damir Krosnjar (Logistics) Mobile: (063) 269-533	**Craig Hempfling (Country Director)** Mobile: (063) 376-944
Gretchen Shanks DM&E Unit 1730 Rhode Island Ave. Suite 809 Washington, DC 20036 (202) 463-7322 gshanks@mercycorps.org	**Beth Durbin (Director Admin)** Mobile: (063) 103-3727	**Hayden Aaronson (Program Manager)** Mobile: (063) 376-941
	Milica Nikic (Admin Assistant) Mobile: (063) 103-0949	**Vlado Milicevic (LED Advisor)** Mobile: (063) 337-099
Joe (new hire) DM&E Unit		**Mercy Corps Novi Pazar** Beogradska 1 36300 Novi Pazar +381-20-335-200
		Ahmet Halilagic (Head of Office) Mobile: (063) 264-077
		Sabina Razdaginac (LED Advisor) Mobile: (063) 264-206

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Annex 2

Areas for Discussion
-and-
Questions for Focus Groups and Interview Sessions

Group Sustainability Guide – areas and questions for the focus groups and interview sessions

1. Organization & dynamics of the CDCs:
   a. how were they formed?
   b. what was their purpose? what did MC tell them about their role and how did they perceive the CDCs? or it was the municipality who did most of the communication and coordination?
   c. **how** often did they meet? who called and organized the meetings and where?
   d. **how** many people attended the meetings?
   e. **how** often did they attend the meetings? if they were missing the meetings, why?
   f. coordination and communication with the MC staff: clarity, responsiveness
   g. coordination and communication with the Municipality?
       i. What was the effect of the CDC experience in terms of the cooperation with the municipal officials → did the cooperation improve, deteriorated or there was no change?
           1. and if there was a change, in what way can we measure that change?
   h. presence of the external experts and specialists in water roads, municipal infrastructure, schools and health care while the communities were deciding on the project prioritization?
   i. How much was the youth involved? Did MC every organize youth only meetings to determine their needs and priorities?
   j. Did we ever organize the joint economic/community development group meetings (CDC members, govt, business and other community leadership) with the aim of determining the focus of the economic program for years to come before we started with the MECs?
   k. Experience with the CFs?

2. Participation, openness and Representation:
   a. Selection of the projects at the local level: – how were the projects selected? at the town meetings/the MZ council selected them/MZ president did the selection?
       i. who was present at those meetings: women, minorities, other MZ Council representatives?
       ii. was something done to encourage the participation of the vulnerable groups?
   b. at the CDC level – choosing the priorities – what was the group dynamic like, the intra-group relations, etc...?
   c. Were they informed about any changes in the selection procedures? and how these affected their work and their preparation for the project proposals? did the change impact the frequency of their meetings or the internal CDC dynamics → lobbying?
   d. When did they organize the town meetings?
   e. Match → how hard was it for you to come up with the match? →
       i. do you think communities should come up with the match or this should be left entirely to the municipalities?
       ii. What are the benefits of having a community match?

3. Effect/Impact:
   a. Did the projects proposed reflect the community needs and priorities (ask the municipal representatives (perhaps even the MZ council members outside the CDC) and locals)
   b. In their opinion, what was the most significant change CRDA made in their local communities: either a project or an organizational change? and why?

    c. How successful were the community leaders in mobilizing their communities in coming up with the match: - this is to measure whether CRDA programs indeed increased the community participation and mobilization?
- i. need to identify the main problems and challenges → Belasica community: people were very suspicious of donors willing to just "give away" the funds, without an obligations to return the credits at some later point;

    d. Were their projects effective/successful?
- i. How did they assure that the projects got implemented in a timely and efficient manner?
- ii. Did they take on a role as monitors? How did they do it, and what were they exact tasks and schedules?

4. Sustainability:

    a. Are groups still active in any form and if so how often do they meet?
- i. Maybe they merged with some other groups?
- ii. Are they using the same methods the CDCs were using → trying to get as many people on the board, mobilizing the local community, writing the applications, collecting the documentations, etc…?
- iii.

    b. If not, when did they stop meeting?
- i. Were they informed about the end of the CRDA program?
- ii. What was the reaction when the groups stopped existing?

    c. Did their CDC membership help their further activities?
- i. Did they continue with trying to get external funding for local project proposals? increase the contacts with the municipality, foreign donors, etc?
- ii. are they now more aware of the existence of the other sources of funding?
    - 1. Do you see any change in your approach in trying to secure other financial assistance for the local community development?
    - 2. Are there any differences in the way they organize themselves, select/propose/carry out/fund the projects compared to 4/5/6 years ago?

    d. Do they know about MECs?
- i. is there any relation between CDCs and MECs?

5. Personal perceptions:

    a. In their opinion, what is the best way to mobilize local citizens?

    b. =l==l==l==l==, what is the best way to assure the proper project implementation and impact?

    c. How should we measure the projects' impact?

Annex 3

Summary Information

-on-

CDCs and Projects

Annex 3
Summary Information on CDCs and Projects

Municipality	Total Projects Attempted	Total Projects Cancelled	Total Projects Completed	Number CDCs	CDC	Completed /In Progress CDC Projects	Cancelled CDC Projects	Total CDC Projects Attempted	Completed CF Projects	Cancelled CF Projects	Total CF Projects Attempted	Other Projects
Aleksandrovac	24	3	21	4	Aleksandrovac East			0				
					Aleksandrovac North	3		3				
					Aleksandrovac Town	7	2	9	7	1	8	
					Aleksandrovac West	4		4				
Blace	33	2	31	4	Blace East	7	1	8				
					Blace South	4		4				
					Blace Town	10	1	11	4	0	4	
					Blace West	6		6				
Brus	22	2	20	3	Brus South West	4	1	5				
					Brus Town	5		5	4	1	5	
					Brus East	7		7				
Cicevac	21	1	20	2	Cicevac North	6		6	10	0	10	
					Cicevac South	2	1	3	2	0	2	
Ivanjica	24	0	24	3	Ivanjica West	6		6				
					Ivanjica East	2		2				
					Ivanjica Town	8		8	8	0	8	
Krusevac	46	2	44	5	Krusevac North	7		7				
					Krusevac East	2		2				
					Krusevac South-East	5		5				
					Krusevac South-West	6	1	7				
					Krusevac Town	12		12	12	1	13	
Kursumlija	19	1	18	1	Kursumlija Town + village	14	1	15	4		4	
Nova Varos	15	1	14	2	Nova Varos	5		5	9	1	10	
					Bela Reka, 2004	0		0				
Novi Pazar	53	3	50	12	Bele Vode	3	1	4				
					Kominje, 2004	1		1				
					Lukare	4		4				
					Mur	4		4				
					Novi Pazar Town	10	2	12	13	0	13	
					Odojevice	1		1				
					Postenje	2		2				
					Pozega	2		2				
					Rajcinovice, 2004	2		2				
					Sebecevo	3		3				
					Sopocani	2		2				
					Trnava	3		3				
Priboj	27	3	24	4	Kalafati/Mazici	4		4				
					Kajcinovici, 2004	0		0				
					Priboj Town	6		6	14	3	17	
					Zabrnjica, 2004	0		0				
Prijepolje	21	1	20	5	Aljinovici	1		1				
					Brodarevo, 2004	2		2				
					Kamena Gora, 2004	1		1				
					Prijepolje	3		3	12	1	13	
					Zvijezd, 2004	1		1				
Prokuplje	47	2	45	6	Prokuplje North	7		7				
					Prokuplje North_East	6		6				
					Prokuplje North-West	4		4				
					Prokuplje South	1		1				
					Prokuplje Town	19	2	21	5	0	5	
					Prokuplje West	3		3				
Raska	20	1	19	5	Baljevac, 2003	1		1				
					Josanicka Banja	3		3				
					Kaznovice, 2003	1		1				
					Raska Town	3	1	4	10	0	10	
					Rudnica, 2004	1		1				

Annex 3
Summary Information on CDCs and Projects

Municipality	Total Projects Attempted	Total Projects Cancelled	Total Projects Completed	Number CDCs	CDC	Completed /In Progress CDC Projects	Cancelled CDC Projects	Total CDC Projects Attempted	Completed CF Projects	Cancelled CF Projects	Total CF Projects Attempted	Other Projects
Sjenica	19	4	15	5	Duga Poljana	2	2	4				
					Razdaginja, 2003	1		1				
					Kladnica, 2004	1		1				
					Sjenica	3	1	4	7	1	8	
					Vapa, 2004	1		1				
Trstenik	20	2	18	3	Trstenik North	3		3				
					Trstenik South	4		4				
					Trstenik Town	4	1	5	7	1	8	
Tutin	22	1	21	5	Crkvine, 2004	1		1				
					Delimedje	4		4				
					Melaje, 2004	1		1				
					Ribarice	2		2				
					Tutin Town	3	1	4	10	0	10	
Varvarin	25	1	24	3	Varvarin Central	3		3	0	1	1	
					Varvarin East, w/ Varvarin	7		7	6		6	
					Varvarin West	8		8				
Zitoradja	26	2	24	4	Zitoradja West	6		6				
					Zitoradja East	2	1	3				
					Zitoradja South	4		4				
					Zitoradja Town	4	1	5	8	0	8	
KS AOR	5	0	5									5
NP AOR	2	0	2									2
PK AOR	1	0	1									1
MC AOR	3	0	3									3
TOTAL	495	32	463	76		300	21	321	152	11	163	11

Annex 4

Focus Group
& Interview Results
-on-
CRDA Impact

		00 None	1. What was the most significant change you observed in your community in the past five years as a result of the CRDA?														2. CF impact and experience			
			1. Revitalization of the community:	2. Improved living conditions	3. General development	4. Work organization improvements/project proposal writing skills	5. Stopping migration	6. Specific project benefits	7. Increased democratization	8. Improved MZ-Munic relations	9.Involvement of citizens in decision making	10. Increased comm mobilization	11. Motivation for further investments	12. Readiness to provide match	13.Increased readiness to deal with the donors	14. Local problems' identification	1.Involvement of citizens in decision making/Community mobilization	2. Added social values	3. Small, neglected groups/needs covered	4. Identitication of local problems
1	Aleksandrovac East					x		x			x	x					99	99	99	99
2	Blace South	x																		
3	Cicevac North					x (thouroughness and strategic decisions about development)		x (garbagge truck, etc…)				x (they didn't think about some issues before MC came in)	x (same as 10…) + increased other external I					x	x (cultural event, social interaction, creativity, etc..)	x	x
4	Ivanjica East					x + team work + project writing + risk minimization (through MC trainings/ seminars + help)		x										99	99	99	99
5	Krusevac Town								x (more transparent decision-making, more parliamentary approach, avoding political conotations, etc…)		x					x (everyone was aware of each other's problems)		x (even wider citizen participation, etc…)	x (increased the community belonging feeling - solidarity, creativity, etc…)		
6	Krusevac SW					x (a change in the way of thinking and approaching the problems, modernization of the work approach, etc…)					x (town hall meetings, the need for a high citizens involvement is now clear, etc…)					x (hearing other MZs' problems was v beneficial)		99	99	99	99
7	Kursumlija				x			x			x				x			x	x (creativity, etc…)		
8	Prijepolje					MC thought them the value of good work organization and persistency			x	x								x (high appeal to the citizens)			
9	Prokuplje					x (there was a change in the way people perceived the requirement for project proposal and implementation, etc…)							x (people r still actively involved in comm dev, looking for new I, etc…)						x (community spirit, kids engaged especially, competition spirit, etc…)		
10	Novi Pazar			x	x			x (infrastructure + education)		x (more attention to MZ needs in the writing of the municipal budget, etc…)		x		x			x				x
11	Bele Vode, NP		x				x (2 families returning from abroad, houses buing built at the side of the road MC buit, etc…)		x (reduced the political involvement)		x	x (moved people from aparthy)	x (continuation of the electrification projects)				99	99	99	99
12	Rajcinovice, NP					x (profesionalism, team work, need for a complete documentation, strategic thinking about the project writing, etc…)			x (less political influence)		x (indirect decision-making)		x (continuation of the water projects)	x (the mentality about match changed, etc…)	x (using the MC format and experience)		99	99	99	99
13	Raska					x (project writing skills, etc…)					x				x	x (identification of common problems)	x	x (increased spirit of voluntarism, etc…)	x		
14	Trstenik							x (education, health, etc…)									x	x (creativity, excitement, competition, etc…)		
15	Varvarin Central		x (at that moment, the local communities couldn't do it by themselves, etc…)	x		x (work methodology improved, closer to EU and world standards, etc…)		x	x (increased transparancy)	x (increased % of municipal budget allocation for MZ development, better contact with citizens and MZs)	x (direct involvement of citizens in decision-making)	x (people became more interested in their local development, etc…)	x (continuation of the school projects, etc…)								
16	Zitoradja West					x (completeness of project documentation, clear application/selection procedures, etc…)												99	99	99	99
1	Kominje, NP		a) Providing infrastructure for necessary economic dev;				preventing people from migrating from villages										99	99	99	99
2	Odojevice, NP				Rural dev												99	99	99	99
3	Zvijezd, PR		a) General economic dev & revit				preventing people from migrating from villages										99	99	99	99
4	Prokuplje South							x									99	99	99	99
5	Baljevac, RA					General work organization improvements											99	99	99	99
6	Kaznovice, RA					MC made them think stretegically about their problems											99	99	99	99
7	Rudnica, RA					Thoroughness in work		Repetitor									99	99	99	99
1	Aleksandrovac					x		x			x	x			x						
2	Blace							roads, streets				x (increased interest in community initiatives, etc…)	x								
3	Cicevac		Necessary infrastructure for future employment increases and Investment attraction			Thoroughness in work preparation/project writing/budget		schools, trafo, roads							x (be responsible for your own development)			x			x
4	Ivanjica					x (tendering & procurement experience, respecting contracts & deadlines, etc…)					x	x (improved comm organizations)									
5	Krusevac		x (building a school in a community signals to its citizens that they are not forgotten; infrastructure as a prerequisite for economic dev,etc…)	x (reached a large number of beneficieries, etc…)						x	x (indirect decision-making, it's not just problem solving, but the entire mechanism of citizens involvement is started, etc...)					x (much better and more efficient identification of local needs and genuine problems, etc…)	x (affected the inner strenght of the citizens, preventing apathy, making people be in charge of their own development, etc…)		x	
6	Kursumlija					x (accountability, respecting the deadliness, debating prioritiess, project writing skills, strategic planing, coordiantion, writing projects ahead, teamwork, etc..				x				x	x		x				
7	Prijepolje					a) Team work & value of associations; 10 assoc founded				x (citizens gained more trust in the municipality, etc…)							x	Cultural and Touristic Attraction		
8	Prokuplje							x				x (direct contact with people, etc…)						x			
9	Novi Pazar					x (project writing, etc…)					x (direct decision making, etc…)			x (because the projects were benefiting all of them)			99	99	99	99
10	Raska		x (MC was a fin injection needed for the revitalization of the communities after the 1999 situation, etc…)			x (now they pay attention when selecting the projects, strategic decision-making)			x		x (more regular consultations with the MZs when making the annual budget)	x	x (people mobilized as the projects targeted their interests, gave impetus when the community came to a fin bottleneck, etc…)	x (continuation of the town center's refurbishments, Josanicka Banja improvements, etc…)		x	x (easier to identify the real common problems, etc…)	x			
11	Varvarin							x		x (citizens were surveyed to get their priorities, etc…)							x (citizens realized they should become more active!, + the material investments, etc…)				
12	Zitoradja		x (citizens realized they should become more active!, + the material investments, etc…)			x (citizens should be the decision makers, writing of projects, etc…)			x	x (the mentality has changed/became more open, etc…)		x	x (less involvment of politics in the decision-making, etc…)		x		x				