Islamic Republic of Afghanistan
Citizens' Charter Afghanistan Project (CCAP)
Mid Term Review (MTR)

CLIENT'S REPORT FOR THE CCAP MTR

Implementing Agencies (IAs):
Independent Directorate of Local Governance (IDLG)
Ministry of Rural Rehabilitation and Development (MRRD)
Coordination Lead: Ministry of Finance (MoF)

January 2020
(Period Covered: January 2017 to January 2020)

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ABBREVIATIONS

ARTF	Afghanistan Reconstruction Trust Fund
CCAP	Citizens' Charter Afghanistan Project
CCNPP	Citizens' Charter National Priority Program
CDC	Community Development Council
CCDC	Cluster Community Development Council
CPM	Community Participatory Monitoring
D/M/PCCMC	District/ Municipal/ Provincial Citizens' Charter Management Committee
ESMF	Environmental and Social Safeguards Management Framework
EZ-Kar C2	Eshteghal Zaiee – Karmondena Project's Component Two
FBS	Fixed Budget Selection
FM	Financial Management
FP	Facilitating Partner
GA	Gozar Assembly
GHM	Grievance Handling Mechanism
HQ	Headquarters
HRAIS	High Risk Area Implementation Strategy
IA	Implementing Agency
IDA	International Development Agency
IDLG	Independent Directorate of Local Governance
IMI	Institutional Maturity Index
ISM	Implementation Support Mission
KDC	Kuchie Development Committee
MAIL	Ministry of Agriculture, Irrigation and Livestock
MCCG	Maintenance and Construction Cash Grants
MoE	Ministry of Education
MoF	Ministry of Finance
MoPH	Ministry of Public Health
MoPW	Ministry of Power and Water
MRRD	Ministry of Rural Rehabilitation and Development
MSS	Minimum Service Standards
MTR	Mid-Term Review
NGO	Non-Governmental Organization
NOL	No Objection Letter (NOL)
NPA	National Procurement Authority
NPC	National Procurement Commission
NSP	National Solidarity Program, Afghanistan
PDO	Project Development Objective
PIU	Project Implementation Unit
PMU	Provincial Management Unit
RASS	Rural Area Service Standards
RF	Results Framework
TPM	Third Party Monitoring
SIG	Social Inclusion Grants
SOE	Statement of Expenditure
SSS	Single Source Selection
SP	Subproject
UABG	Urban Area Block Grants
WB	World Bank
WBA	Well Being Analysis

A. EXECUTIVE SUMMARY

A1. Introduction:

This report forms the Client's, here the Government of Afghanistan's, report for the Mid Term Review (MTR) of the Citizens' Charter Afghanistan Project (CCAP). The CCAP, with a total approved budget of US$ 801 million from the Afghanistan Reconstruction Trust Fund (ARTF) and the World Bank's International Development Association (WB/ IDA), forms the first phase of the wider Citizens' Charter National Priority Program (CCNPP) of the Government. The CCAP's agreed Project Development Objective (PDO) is to improve the delivery of core infrastructure, emergency support and social services to covered communities through strengthened Community Development Councils (CDCs), over a total duration from January 2017 to October 2021.

The CCNPP, distinguished itself from its predecessor/ parent National Solidarity Program (NSP), by introducing the concept of a set of minimum service standards (MSS) committed by the Government to its citizens, and score cards for the citizens' to monitor the provision of the MSS over time. Another significant difference was a whole set of participatory development planning tools introduced into the project as part of the community's inclusive development planning. These exercises were designed also to build capacity and raise awareness among the elected councils and others on the varying needs of the community members they represent. The CCNPP was also among the first programs in the country to be implemented with a whole-of-Government approach. While only the Independent Directorate of Local Governance (IDLG, for urban communities) and the Ministry of Rural Rehabilitation and Development (MRRD, for the rural communities) would serve as Implementing Agencies (IAs) and receive funding directly from the Project, other line ministries (including Health, Education, Agriculture, Energy etc.) would also contribute towards achieving the committed MSS.

This MTR seeks to review the Project in light of the adequacy of its design as viewed through the Project's actual implementation, the implementation progress, challenges and trends, the adequacy of the implementation arrangements, overall risks, and those specific to financial and procurement management, and recommend possible revisions needed for successful completion of the remaining Project.

A2. How this Report was Prepared?

The review was done by each of the two IAs with detailed consultations with their field and HQ staff, with their Facilitating Partners (FPs), and their respective leadership. Monitoring reports from the field, compiled analysis for reports from Community Participatory Monitoring (CPM) and social audits and institutional maturity indexes (IMIs), minutes from several rounds of lessons-learned workshops, feedback from community representatives received through the National CDC Conference (October 2019) etc. all fed into this report. Reports shared from external studies conducted on the CCAP (i.e. on Conflict by ATR, a Perceptional Survey by TAF, and on rural MCCG by KfW) and regular and compiled reports from the two ARTF Third Party Monitors (TPM, i.e. MSI and BDO) also contributed towards this review. The urban CCAP conducted a MTR specific lessons-learned workshop in December 2019, consulting all stakeholders for this review.

Individual Divisions within the rural CCAP's General Directorate and individual Units within the urban CCAP's Project Implementation Unit (PIU) provided their own analysis on progress, challenges and recommendations to the management. These were then compiled by the respective M&E teams and formed the basis for this report.

A3. Key Findings: Adequacy of the Design

As a whole, the Client is of the opinion that the design of the CCAP is very well suited to its objectives. The experience, official mandates, and the resulting structural requirements to successfully implement the Project in both the Implementing Agencies (IAs) was well thought through in the design. The division into the original four components and subsequent five components, such that two of the five remained with the larger and more experienced IA, is logical. The design build on the successful aspects of the predecessor program (NSP) while focusing on key improvements in areas where it was deemed as weak or less efficient. Introducing MoF as a coordinating lead was also helpful for a Project covering multiple sectors. The operations, training, social, procurement and contract management, financial management and engineering/ technical manuals outlined the policy and procedural frameworks for all the various aspects of the complex program.

However, the following areas are design aspects that need to be considered, where feasible to be addressed in the remaining part of the project duration or in the proposed expansion or in a subsequent new phase:
- Coverage was not uniform with 35% rural covered but only 13% of urban
- The variations in the community contexts between urban and rural were not fully considered
- The MSS were well-defined but set at very low thresholds and measured only existing facilities, not the absence or availability of the same
- The urban area block grants served for a fixed subproject menu but did not link up to pre-defined infrastructural MSS that could be measured
- Timelines and sub-national levels of responsibility were not defined for addressing the issues related to each indicator in the list of health and education MSS measured in the score cards
- CC management committees designated at municipality/ district/ provincial levels for sub-national coordination and oversight, to be led by mayors/ district & provincial governors, were held but failed to serve their real purpose
- The lack of formal and legal recognition of the institutions created under the CCAP, i.e. CDCs and CCDCs, undermine their use as the key development leads for their communities outside of the CCAP, and also resulted in continued creation of parallel structures.
- Larger infrastructure subprojects, allowing multiple communities to implement as a joint-project provided the MSS requirements are met, need to be allowed. The restrictions/ caps proposed on per-community grant amounts for such subprojects needs to be reconsidered such that they do not raise questions of equity in benefit distribution in the field.

A4. Implementation Progress

While the effective date of the CCAP was January 2017, the delayed finalization of FP contracting resulted in actual field mobilization of the FPs delayed to July 2017. The period from April to September 2017 saw a number of revisions introduced into the post-CDP soft field work, including finalizing the baseline IMI forms, the CPM and social audit processes, the score card MSS indicators/ forms and process, all of which resulted in some delays in completion of the planned output targets for the FYs 1396/ 2017 and 1397/2018.

However, with regard to overall progress in achieving the outputs and outcomes defined with targets in the CCAP Results Framework (RF), the Client is of the opinion that the Project is on track to achieve a majority of the targets stated. Only one of the indicator targets, i.e. that of the number of communities meeting all agreed MSS, is not likely to be reached and needs to be re-examined at this MTR. A few other indicators in the RF would also need to be re-worded for clarity and/ or be supported by mutually agreed explanations on the current and proposed future interpretations of the IAs.

With regard to the overall work progress against agreed implementation schedules and approved annual work plans and budgets, the Client is of the opinion that, barring any major incidents relating to insecurity, political upheavals etc. in the remaining part of the project duration, the Project can be successfully closed within the current timeframe, i.e. up to October 2021. However, this end-date would need to be reconsidered if new expansions/ rollouts are being considered within the current phase.

With regard to key outputs, both IAs have been successful in completing a significant part of the community mobilization, CDC/ CCDC/ GA and sub-committee elections and capacity building, community/ gozar development planning, subproject proposal designing and initial financing. The FP contracts for the IAs needed to be amended, both to allow no-cost-extensions and revisions in the payment schedule. At the time of the MTR, the work progress is on track for all indicators as per approved work plans but the following need to be closely followed up on to ensure completion before the expiry of the FPs' contracts and the current project duration as well: (a) 2 further rounds of score cards, (b) third to fifth rounds of CPM/ social audits, (c) second and third grant disbursements to communities and gozars, and (d) subproject completions and financial accounting. The following tables summarize the progress in terms of key outputs and PDO level indicators. (More detailed information is available in the Annexes):

Key Outputs:

Output Indicator	Rural CCAP	Urban CCAP	Cumulative
# of communities mobilized	11,789	850	12,639
# of CDC elected	11,716	850	12,566
# of CDC members registered	238,558	18,273	256,831
# of male CDC members	120,667	9,147	129,814
# of female CDC members	117,891	9,126	127,017
# of CCDCs/GAs registered	1,820	170	1,990
# of CDPs completed	11,537	845	12,382
# of CCDPs/ GA Plans completed*	1,593	170	1,763
# of CDCs with SP financed	5,920	788	6,708
# of CDCs with SP completed	1,450	392	1,842
# of subprojects financed for CDCs	9,099	864	9,963
# of subprojects completed	1,585	384	1,969
# of subprojects financed for CCDCs (joint)/ GAs		217	217
Grants disbursed $	163.71 m	60.98 m	224.69 m
Grants utilized[1] $	25.49 m	31.56 m	57.05 m
# of beneficiaries for soft comp (CDP completed)	11.64 m	1.42 m	13.06 m
# of beneficiaries for completed SPs	1.52 m	0.68 m	2.20 m
# of labor days generated	1.36 m	2.99 m	4.35 m

Funding (US$ Millions) Status:

Components	Planned	Disbursed	Variance
1. Total Grants	*312.71*	*298.25*	*14.46*
a. Rural	244.34	237.36	6.98
b. Urban	68.37	60.89	7.48
2. Capacity Building	*48.69*	*42.93*	*5.77*
a. Rural	36.98	34.52	2.47
b. Urban	11.71	8.41	3.3
3. Evaluations/ Studies	*0.25*	*0.22*	*0.03*
4. Project Implement.	*67.07*	*62.46*	*4.61*
a. Rural	56.22	53.96	2.26
b. Urban	10.85	8.5	2.35
5. MCCG	*18.98*	*17.56*	*1.43*
Total	**447.7**	**421.42**	**26.3**

A5. Key Findings: Adequacy of Implementing Arrangements

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[1] The actual utilization is in Afghan currency, this is calculated based on conversion of rate 1USD@74.4 for fiscal year 2019.

The implementation arrangements for the rural and urban sides were distinguished based on the experience and strengths of the individual IAs. The MRRD, having had the experience of 14+ years of implementing the NSP and other large programs, was contract FPs only for the soft components, and handle the subprojects, grants and related trainings in-house. The MRRD CCAP structure would be a general directorate distinguished between program and operational divisions at the center, 34 PMUs and around 75 district offices. The 34 provinces were divided into a total of 14 packages for the procurement and contracting of FPs for the rural CCAP. The IDLG, with limited experience in large development initiatives, would have a full-fledged PIU with a headquarters unit and 4 PMUs, one each for the four cities being covered. Full facilitation would be outsourced to contracted FPs, again one each for the four cities. The urban CCAP was also allowed to hire UN-Habitat as its Oversight Consultants (OC) for the first half of the phase to help IDLG set up and train the PIU team. These arrangements have largely been ideal for the successful implementation to-date.

However, both IAs have had to revise its staffing structures from that originally approved. The rural side has since proposed a revised structure, held off on recruitments of some approved staff positions that were not required, and also requested new ones. The urban side first expanded its staffing based on a staffing needs-analysis and the workload with the OC exit, and then again expanded its staffing to take on the PIU responsibilities for the EZ-Kar Component 2. Staff hire and staff retention has been challenging for both IAs for the more senior and technical positions, given the limitations imposed by the additional conditions (examples: only steps below 3 accepted for new hires within permissible grade, no promotions allowed, some allowances allowed for some projects but not others) placed by the MoF on the application of the NTA wage scale for contracted staff.

The financial and procurement management arrangements agreed to as part of the design was to address a number of the problems and challenges that had been faced during the NSP. However, one challenge that did not exist during NSP is that procurement of all fixed assets under CCAP was limited to the center alone. One of the challenges more recently faced has been the additional requirements being introduced that had not been clear in the manuals and trainings from the start. Staff qualified and experienced in both the World Bank's and the Government's fiduciary and procurement laws/guidelines/forms/ procedures and processes were difficult to find. Many who joined had to since be trained on the common Financial Management Manual and the New Procurement Framework and the STEP procurement system introduced by the Bank. Challenges have been experienced repeatedly with the long periods of closure of financial transactions every new fiscal year. The lack of clarity and clear written binding responses from the MoF on the applicability of Afghan taxes for community grant expenditures has also caused delays. The proposed shift to a Statement-of-Expenditure (SOE) based disbursement and lowering the thresholds for community procurement will both be challenges for the IAs that need to be considered so that they do not result in further delays.

The joint approach for public communication across the IAs has been very successful. The detailed communication strategy, shared website and social media pages, and execution of a detailed communication plan covering multiple channels, has been appreciated by varied stakeholders. The shared MIS/ database did not work out as smoothly, given that the design was focused more on the rural CCAP requirements and the urban side did not have the administrative rights to bring changes. The separation of the databases, with each IA owning and operating its own MIS, has helped both sides to cater their own systems to more varied requirements and especially to introduce unique parameters to avoid errors, and to fix past errors.

The High Risk Areas Implementation Strategy (HRAIS), while introduced part-way into the current phase, has not fully addressed the need to continue operations while maintaining adequate accountability. It needs to be relooked at in light of the lessons-learned from the field, especially on women's inclusion, community procurement and accounting challenges and increasing levels on insecurity in the coverage area.

A6. Key Recommendations

The following recommendations are to be considered for the remaining period of the CCAP where feasible, and/or for the future phases of the CCNPP, or any new expansion/ rollout of the current CCAP.

1. Coverage: The urban side expansion is urgently needed such that it will also be close to covering one-third of the urban communities within the first phase.
2. MSS: The urban side needs to include MSS suitable to urban public infrastructure standards that it should then measure as part of its score cards. For both urban and rural, the time and level of responsibility for addressing MSS shortfalls in the score cards need to be clarified.
3. Policy frameworks and manuals: The operations manual needs to be divided between urban and rural, and limited to core policy and procedure only. The other guidelines need to be limited to the other manuals. Revisions to the OM should be limited to once in 18 to 24 months only.
4. Coordination mechanisms: Streamline the coordination committees at central and subnational levels and include clearly defined terms of references, based on budget, time and other input availability of the responsible stakeholders.
5. Women's inclusion: Consider ways to enhance women's actual inclusion, participation and decision-making, and monitor and measure the same in practical ways.
6. Sub-committees: Consider limiting the number of CDC/ GA sub-committees to a maximum of 4, including the CPM.
7. Sub-Programs, New Expansions, Pilots: Factor in the actual timelines needed for successful implementation, without fast-tracking the same.
8. Staffing: A final revision to the structures of both IAs to be used for the remaining period. Factor in the exit of staff positions no longer required as field work progresses. Agree that the NTA wage scale may be applied without additional conditions.
9. FM and Procurement: If feasible, allow the current CCAP to be completed under existing arrangements for both, and improve existing provisions without introducing whole new systems or thresholds.
10. RF Indicators: Reconsider the one indicator on communities meeting all MSS. Also document how the IAs are interpreting each of the indicators in actual practice (Example: "Direct beneficiaries").

B. <u>DETAILED REPORT</u>

<u>B1. Background and Rationale</u>

This is the Client's report for the Mid Term Review (MTR) of the Citizens' Charter Afghanistan Project (CCAP), covering the period from the start of the Project in January 2017 when it was made effective, to January 2020. This reports aims to review the project's design, implementation, arrangements and challenges up to December 2020 and makes recommendations for the second half of the program.

The Citizens' Charter National Priority Program (CCNPP) was designed between 2015 and 2016 as a successor program to the highly recognized and successful Community Driven Development (CDD) based National Solidarity Program of Afghanistan (NSP) that was implemented in three phases from May 2003 to March 2017. As one of the national priority development programs of the Unity Government, and designed jointly with technical inputs and funding commitments from the World Bank's International Development Agency (WB/ IDA) and the Afghanistan Reconstruction Trust Fund (ARTF), the CCNPP aimed to reduce poverty, enhance social cohesion, reduce out-migration of youth, and build bridges between the Government and its citizens through provision of basic public infrastructure and social services. Like the NSP, the CCNPP would focus on communities and would create and strengthen Community Development Councils (CDCs) to serve as the platform for community prioritized and implemented subprojects through community grants that attempted to ensure all citizens resident in the covered communities would have access to infrastructure and services agreed to in the Charter as a set of Minimum Service Standards (MSS). Through the Charter, the Government committed to its people that they would all be covered by the MSS over a period of 10 years, from 2017 to 2027.

The first phase of the CCNPP, aimed to target one-third of the rural and urban communities of the country, was labelled the Citizens' Charter Afghanistan Project (CCAP). It would cover around 12,500 rural communities in 124 districts in all 34 provinces, and cover 600 urban communities in the four major metro cities outside of Kabul, over a period of 4 years. A total of US$ 400 million from the ARTF, US$ 100 million from IDA and US$ 129.4 million from MoF was committed towards the CCAP. It was designed as 4 main components: Component 1 to cover Rural Area Service Standard (RASS) grants and Urban Area Block Grants (UABG) to address the community priorities under the Charter's MSS, Component 2 to cover capacity building in the form of Facilitating Partners (FPs for both urban and rural communities) and an Oversight Consultants (OC) firm for the urban team, Component 3 to include evaluations and studies related to the Project, and Component 4 for the project implementation and management costs. The Project was formally announced in September 2016 and became effective in January 2017, with a closure date of October 2020. The Ministry of Rural Rehabilitation and Development (MRRD) and the Independent Directorate of Local Governance (IDLG) would serve as the Implementing Agencies (IAs) for the rural and urban communities respectively. Given that the CCAP would also include services and infrastructure falling under the mandates of the Ministries of Education (MoE), Public Health (MoPH), Agriculture, Irrigation and Livestock (MAIL), Power and Water (MoPW)

An Additional Financing (AF) finalized between May and August 2017 expanded the Project's coverage area to a total of around 13,800 rural and 850 urban communities, and focused on emergency support services to cities and districts with a significant number of displaced populations, both refugee returnees and internally displaced persons (IDPs). The Project duration was also expanded to October 2021. A new component was introduced for the rural side covering Maintenance and Construction Cash Grants (MCCG) and Social Inclusion Grants (SIG) in around 2,200 communities in select districts. The AF would include a sum of US$ 44.3 million from ARTF and US$ 127.67 from IDA, thus increasing the total approved CCAP budget to US$ 801 million. (Note: Other bilateral donors also contributed to the CCAP for specific components/ sectors, in direct grants to the MRRD).

The Project Development Objective, with the first AF, was slightly amended to be: "improve the delivery of core infrastructure, emergency support and basic social services in covered communities through strengthened CDCs" The total funding commitments from IDA and ARTF for the CCAP are summarized below (in US$ millions):

Comp/ Source	MRRD				IDLG				
	ARTF	IDA	MOF	Subtotal	ARTF	IDA	MOF	Subtotal	Total
Comp 1	124.30	167.75	128.00	420.05	66.00	27.50	-	93.50	513.55
Comp 2	119.82	8.05	-	127.87	10.87	2.87	-	13.74	141.61
Comp 3	5.00	0.40	-	5.40	-	-	-	-	5.40
Comp 4	60.88	14.80	-	75.68	13.13	2.00	1.40	16.53	92.21
Comp 5	44.30	4.30	-	48.60	-	-	-	-	48.60
Total	354.30	195.30	128.00	677.60	90.00	32.37	1.40	123.77	801.37

The urban CCAP was embedded within the IDLG's Deputy Ministry of Municipalities (DMM), with a stand-alone Project Implementation Unit (PIU) comprised of a headquarters office and 4 city/ provincial management units (PMUs). The rural CCAP would be managed by a General Directorate within the MRRD, 34 PMUs and an estimated 75 district offices. Both IAs would contract non-for-profit, non-governmental organizations (NGOs) were contracted as Facilitating Partners (FPs) on a competitive fixed budget selection (FBS) basis, with a fixed ceiling cost per community, for facilitating the field work. With the over 13 years of

experience in implementing and managing the NSP, the MRRD's FPs would be limited to facilitate the soft components, while the IDLG's FPs would handle the full facilitation, including of the "hard components" of grants and infrastructure subprojects and their related trainings. A total of 14 rural and 4 urban FP contracts were finalized for the original rollout between April and September 2017, and between September 2017 and March 2018 for the expansion for the AF.

As per the agreed design, each urban community covered under the urban CCAP would be entitled to grants of up to US$ 70,000 and each gozar was entitled to a grant of up to US$ 200,000 for community prioritized subprojects from within a fixed subproject permissible menu. The permissible menu for the urban CCAP grants included infrastructure subprojects under the transport, water, power and park/ recreation sectors, and women's livelihood subprojects limited to the gozar level grants. The rural subproject menu comprised universal drinking water, and one of three types of infrastructure subproject sectors (transport, power or irrigation). For the rural side, there would be no fixed grant ceilings but the amount of the grant would be determined by the need of the subprojects determined as per the defined MSS. The relevant sub-committees established under the CDCs/ GAs would also monitor health and education basic service provision of the Government against a pre-defined set of minimum service standards (MSS).

This report presents the Client's, here the Government of Afghanistan as represented by the two IAs and the MoF, CCAP view of various key aspects of the Project. The inputs into this report are compiled from the Management Information System (MIS/ database), field monitoring reports, periodic lessons-learned workshops and specific workshops for the MTR, reports from the FPs and PMUs, reports from field missions conducted by PIU HQ teams, findings from external evaluations and studies, findings from third-party monitors (TPM), and internal analysis by individual units and thematic sectors within the Project.

B2. Adequacy of the Government's Commitment

The CCAP was built as a successor program to the successful rural National Solidarity Program (NSP). As outlined in the Project Appraisal Document (PAD), the CCAP would "seek to address key limitations of line agency efforts and NSP, and respond to financial constraints to national development investments. The design assumed that consolidating service delivery under the Citizens' Charter would "bring many advantages to Afghanistan's development planning"; by streamlining the various parallel service delivery mechanisms amongst ministries and focus on key basic services needed by communities. The Government aimed for and committed to increased emphasis on "linking CDCs with local government institutions and ministries following a systems-based rather than project-based approach". Through the CCAP, the Government committed to a threshold of core infrastructure and services that the government will provide to all accessible communities" over the next ten years.

The Charter essentially outlined the Government's committment in a set of minimum service standards (MSS) outlined for health and education for both urban and rural coverage areas, and for irrigation, power, water and transport for the rural communities covered. As an added token of its committment, the Government pledged a sum of US$ 128 million towards the rural area service standard (RASS) grants towards financing the infrastructure related services standards.

The Ministry of Finance (MoF) was designated as the primary coordinating body at the central level, between the two implementing agencies and the other relevant line ministries. Central-level committees were defined in the design documents to ensure adequate coordination, oversight, strategic policy frameworks and monitoring.

At the time of the MTR, the Government is yet to provide any part of the US$ 128 million committed from its own resources. It has however requested the Bank and other donors to contribute further to make up for the shortfall . It has also made available a sum of approximately US$ 465,000 (i.e. AFA 35.56 million) towards compensation payments to affected parties in the case of the Jalalabad Park subproject.

While each phase was to cover one-third of the country, the CCAP's urban coverage at the MTR is only around 15% of the estimated 6,000+ urban communities in the country. The Component Two of the Eshteghal Zaiee – Karmondena Project (EZ-Kar C2) will be covering an additional 1,160 communities in 12 cities (9 new and 3 overlapping with the current urban CCAP coverage). While this will increase the overall coverage, it will fail to adhere to the Government's committment that all urban communities would be covered by the CCNPP, and one-third would be covered in each phase, unless the potential expansion considered within the current phase (75 communities as part of the Peace Pilot from existing resources, and 285 communities as part of the Second AF) comes through.

Another sign of Government committment would have been strengthening the CDCs, CCDCs and GAs created under the CCAP by enabling them to function as the sole and primary development bodies for their respective constituents. There had been broad agreements across the relevant line ministries that the sub-committees created under these institutions for health, education, irrigation, women etc would be utilized for the sectoral activities by these ministries and for their other programs. However, field visits and other anecdotal information show that parallel structures (shuras/ councils) continue to be created by these line ministries and/or their contractual partners even where the CCAP have set up the relevant sub-committees. These parallel structures then undermine the roles mandated for the CDCs/ CCDCs/GAs/ their subcommittees, and also adds to the inefficiency and duplications that the creation of CCAP as a whole-of-Government approach was meant to elimate.

Inter-Ministerial Coordination, M/D/P CCMCs:

The overall governance and coordination mechanism of CC is categorized at different levels to ensure the program is aligned with government priorities and policies while strategic measures are at place for smooth implementation with effective coordination and harmonization within the GoIRA institutions. The program is being implemented with close coordination among the line ministries (MRRD and IDLG as Implementing Agencies and MoPH, MoE and MAIL as partner Ministries under the leadership of MoF) and being steered and overseen by High Council for Governance, Council for Poverty Reduction and the National Citizens Charter Working Group at ministers level; chaired by MoF; sometimes these meetings are delegated at national level among the Deputy Ministers and Directors to discuss progress, issues and address pragmatic solutions for smooth implementation. Similarly, committees at national level, sub-national level at provinces, municipalities and districts are also conducted to discuss progress, issues and solutions. Overall, the program is steered and managed at the following levels currently;

A. At the national level:

At the council level, frequency: subject based
Inter-ministerial board meetings, meeting frequency: bi-annual
Deputy ministers program meetings, meeting frequency: bi-monthly
Technical and management group meetings at the directors, meeting frequency: monthly
Sub-committees focused Meetings
M&E and MIS, meeting frequency: bi-weekly
Communication, meeting frequency: bi-weekly
Financial, meeting frequency: bi-weekly

B. At the sub-national Level:

PCCMC at the provincial Level, meeting frequency: quarterly

DCCMC at the district Level, meeting frequency: quarterly
MCCMC at the municipality Level, meeting frequency: quarterly

Progress:

Indicators	Implementing Agency	2017		2018		2019		Total	
		Planned	Progress	Planned	Progress	Planned	Progress	Planned	Progress
# MCCMC Meetings	Urban	4	1	4	4	4	4	12	9
# DCCMC Meetings	Rural	6	12	190	107	190	140	386	259
# PCCMC Meetings	Rural	4	4	68	50	68	40	140	94
	Urban	4	1	4	4	4	4	12	9
# of Linkages Visits	Rural	6	12	120	107	130	140	256	259
	Urban								
# of Cross visits	Rural	0	0	123	52	123	109	246	161
	Urban								
# High Council of Poverty Reduction Meetings	MoF	4	3	2	1	6	4	12	8
# of Meetings at the Ministers Level	MoF			2	3	2	1	4	4
# of Meetings at the Deputy Ministers Level	MoF			2	1	4	3	6	4
# of Meetings at the Directors Level	MoF	6	4	6	4	6	6	18	14

MoPH:

- MoPH conducted an orientation workshop for all BPHS and EPHS implementing NGOs (health managers) and CC FPs.
- CBHC has shared the concept of Health Shura and technical inputs to CCNPP program at the very beginning and initial stages of CCNPP.
- CBHC shared the guideline of health shura with CCNPP.
- The CBHC conducted a CCNPP orientation workshop for CBHC officers of NGO and PHC officers PPHDs.
- Took active part in preparing the community score card and minimum standards for health.
- CBHC attended several CCNPP meetings and CDC national conference and presented the sub-committee concept and TOR.
- CBHC attended PPCCMC in Kabul, Panjsher and Balkh provinces.
- CBHC got approval for health sectors sub national focal point to attend PCCMC and DCCMC for good coordination in provincial level.

- CBHC shared the list of 1/3 districts where CCNPP is running with BPHS NGO and PPHDs , and the list of BPHS NGOs with MRRD and IDLG to facilitated their contacts and communication.
- Shared the concept of community dialogue with IDLG colleagues to be used for health Shura activities.
- Actively participated in all CCNPP missions
- Provided technical feedback on the results of the community scorecards.

MoE:

- MoE and MRRD are closely coordinating on delivering the school construction component of EQRA. In particular, the MIS teams are working to ensure all school codes are registered correctly.
- MoE participated in CC missions.
- Provided technical feedback on the results of the community scorecards.

Challenges & Recommendations:

Challenges	Recommendations
Although the Inter-Ministerial Coordination and Governance has improved; yet there is a lack of institutional arrangement and budgeting within MAIL, MoPH and MoE to continue the spirit of coordination; supporting the overall objectives of the program. At the central level, political support for the CCAP is very much present and even senior leadership (ministers, deputy ministers) from relevant line ministries participate in key events where CCAP is discussed. However, there appears to be a disconnect between the leadership and technical levels, especially sub-nationally. Participation from line ministries need to be constantly requested and where present, people with little knowledge of the CCAP (and hence with little inputs into the actual issues at hand) attend.	The new budgetary process for MAIL, MoPH and MoE shall include discussions around the commitment of CC as well as focal points within the ministries structure; this will allow ministries to commit and be accountable institutionally to the program and minimum standard services as outlined in the CC.
The budget for conducting the PCCMCs, DCCMCs and MCCMCs is not factored into the CCAP design, nor included in the FP budget estimates or IAs operating budgets.	Although MoF funded the establishment of all PCCMCs, a separate budget should be allocated to facilitate the regular convention of these meetings. There is a need for very minor budget which should be allocated to convene the events. Although the FPs have dedicated to fund such events, there is a need for further clarity and additional budgeting.

The oversight committees' meetings (PCCMC, DCCMC, MCCMC) have been irregular with limited reporting. The governance hierarchy is expected that all DCCMC and MCCMC report to PCCMC and Governor's office. Although there are reports on convening the number of meetings, the outcome of the meetings are not reported while there is a disconnect between the Governor's office and National Line Ministries under CC.	The Governor's office need to submit assurance report to MoF and IDLG keeping other line ministries in loop. This will give governors sense of ownership and responsibility with regards to CC projects. The MIS need to capture all such meetings minutes/actions which should be accessible to all key stakeholders depending on access protocols/rights. The IAs shall initiate reporting of these committees to the Presidents' Office and MoF (CC Ministerial Board) to ensure all target services are delivered to communities and communities are satisfied with the basic services. The Provincial Governance office need to report on the functioning and facilitation of the PCCMC which will acquire reports from MCCMC and DCCMC.
The frequency originally planned for the field level committees to meet was also unrealistic given that bringing CDC, CCDC and GA representatives to district and provincial centres at regular intervals would be very expensive and the committee representatives from the line ministries also did not have the budgets for the same.	The frequency for these cross visits need to be reviewed and relooked in the Operational Manual.
One of the key functions of these sub-national committees was to address issues raised in the score cards relevant to the various line ministries. However, this has not really been achieved to date.	At the provincial level, the Governors are responsible for managing and overseeing the program plus the PMU offices are required to make sure all the program objectives and targets are met. The PMUs shall work at this end and ensure the scorecards are truly reflected in these committee meetings.
One key challenge with coordination that will undermine the CDCs and GAs created is that line ministries that, at the design phase, agreed to use the CDCs/ CCDCs and GAs as the single development shura/ council at village/community and sub-district levels have since not adhered to this agreement. In some cases, health, education and irrigation all continue to create parallel structures, not using the sub-committees created under CCAP for these purposes in some parts of the country.	The CDCs need to be legally defined. As the CDCs' legal status is under question, there is a need to provide a legal definition and status to CDCs.

B3. Project Development Objective (PDO) and Results Framework (RF)

Results Framework Indicator Progress:

SN	Indicator Name	Rural	Urban
1	# of direct project beneficiaries	11,637,049	1,415,404
1.1	# of female beneficiaries	49.1	49.5
2	# of CDCs able to plan /manage their own development projects	11,537	823
3	# of communities meeting all minimum service standards	1,571	474
4	# of targeted high IDP/returnee communities provided with emergency support	1,169	656
1	# of subprojects completed	1,585	423
3.a	# of people benefitting from each type of subproject (access to water, roads, irrigation and electricity)	Transport= 261,370 Irrigation= 3,523,625 Water= 5,182,735 Power= 699,073	Watsan = 69,720; Transport = 1,301,944 Power Supply= 65,492 Parks = 10,995
4	% of sampled community respondents satisfied with subproject/grant investments		
5	% of CDCs initiating activities to benefit marginalized and vulnerable groups such as women, IDPs/returnees (in addition to service standards)	37%	No data yet
6	% of sampled community respondents satisfied with CDC's performance in their mandated roles	72% as per as TAF 2018 baseline survey	
7.a	% of CDC members in who are women	49.41	49.9
8	% of sampled CDCs/communities whose CDPs include at least one women's priority activity	89%	100%
9	# of districts/cities where Citizens' Charter coordination meetings are held between government authorities and CDC clusters/Gozars[1]	161	4
10	# of government provincial and municipalities whose abilities are strengthened	120	4
11	# of evaluations and studies completed	2	
12.a	% of CDC cross-visits include women CDC members	0	100% of sample
13.a	% of grievances received which are resolved	83.7	95.1
14	# of CDCs reporting semi-annually on MSS targets	13,304(9494 first round, 3,449 second round, and 361 third round)	843
15	# of vulnerable households receiving MCCG support	309,936	N/a
16	# of vulnerable IDP/R HH receiving MCCG support	22,000	N/a
17	# of communities receiving MCCG grants within 6 months after AF effectiveness	1,169	N/a
18	# of vulnerable HHs benefitting from SIG	13,497	N/a
19	# of vulnerable IDP/R HH benefitting SIG	61	N/a
20	# of vulnerable disabled HH benefitting SIG	482	N/a
21	# of vulnerable FHH benefitting from SIG	1,075	N/a

The PDO for the CCAP is to improve the delivery of core infrastructure, emergency support and social services to the 850 urban and around 13,500 rural participating communities in 124 rural districts in 34 provinces and 4 cities in 4 provinces through the creation and strengthening of CDCs.

Urban: A total of 175 GAs (i.e. 103% of the planned 170) were elected with a total of 3,132 members (i.e. an average of 18 members/GA; with 53% (or 1,674) male and 47% (or 1,458) female. 823 communities and 124 gozars have a total of 1,159 subprojects financed using urban area block grants (UBG, i.e. 913 and 246 at community and gozar levels respectively). A total of 423 subprojects (i.e. 420 at CDC level in 397 communities, and 3 at GA level for 3 gozars have been completed at the time of the MTR. A total of 1.42 million people (715,335 or 50.5% male and 700,069 or 49.5% female, and a total of 191,964 households) have been covered by the urban CCAP to date with the average urban community with a population of 1,665 persons or 226 households. 1.38 million (695,952 or 50.5% male and 681,326 or 49.5% female) of them are beneficiaries of financed subprojects, and nearly 680,000 of them of completed subprojects.

Rural: At the time of the MTR, rural CCAP has mobilized over 12,000 communities. CDCs are established and CDPs completed in over 11,500 benefitting a population of over 11 million. Nearly 310,000 and 13,500 vulnerable households benefitted from the MCCG and the SIG respectively.

Again, unlike the rural CCAP, the urban CCAP has defined grants both at the community and at the gozar level. However, the PDO focuses on strengthened CDCs alone. However, IDLG is of the opinion that the creation of GAs from among the elected CDC members has also served in strengthening these CDCs, and the grants at the gozar level have also increased their capacity for the inclusive planning, implementation and management of development subprojects.

With regard specific PDO level indicators, the following clarifications need to be noted:

a) Direct beneficiaries are being interpreted currently as the entire population of the communities with CDPs completed. In future, with more subprojects completed, this indicator will be interpreted as the entire population of communities with transport and park subprojects, and specific part of the communities benefitting from power and water subprojects. Efforts will be made to include actual gender disaggregated beneficiary numbers in the Subproject Final Status Reports (SFSRs) but this will be difficult to estimate beyond community population figures especially for transportation, park and such types of sectors. The target defined for the same is inclusive of both urban and rural populations.
b) CDCs able to plan and manage their own projects is currently being defined as urban communities that have CDPs completed. In future, with more subprojects completed, this will be defined as communities that have successfully completed at least one CCAP financed subproject. It should be noted that CCAP communities are facilitated and supported by FPs and PMU staff in the subproject implementation and grant utilization, but the ownership and responsibility rests with the CDCs.
c) Urban communities meeting all MSS are being defined as communities that meet the relevant indicators specific for the given type of health and education facility they use. Latest score cards show that a total of 474 communities meet them all. When considering health MSS alone, 643 communities meet all the MSS, while 621 communities meet all education related MSS. As the rural side includes MSS for water, irrigation, power and transport (in addition to health and education), it had been agreed that this indicator would be defined as water plus any one of the other 3 infrastructure related sectors. Even with this definition, the actual results show the achievement against this indicator as significantly below the target set.
d) As the urban CCAP has neither MCCG nor SIG, targeted urban high IDP/returnee urban communities provided with emergency support is being defined as communities with 5% or more of its total # of households as IDPs/ returnees that have been covered by the urban CCAP.

B4. Adequacy of Project Design to Achieve Expected Results

As a whole, the design of the CCAP, including the revisions introduced at the time of the first AF, is ideally suited for the project's intended objectives and expected outcomes. It allowed for various ministries to work together to define and agree on the MSS that then served as the key aspect of the Charter, as the Government's commitment to its citizens for infrastructure and service delivery. With the first AF and slight revision to the PDO, CCAP was also equipped to be a platform for quick responses by government and donors to emerging emergencies.

The original design included four components, of which the urban CCAP included three. The fourth, for evaluations and studies across the Project, was embedded in the rural side. The fifth component, included as part of the first AF that for MCCG and SIG, was also limited to the rural side. As such, the urban side included Component 1 for block grants to communities and gozars, Component 2 for capacity building, which included FP and OC costs, and Component 4, project implementation and oversight. The division of the responsibility for the components in the design was made on the basis of the experience, size and mandate of the individual IAs.

The following discusses some areas that, in hindsight at MTR, could have been better considered at design phase:

Urban versus Rural Variations: T
The entire CCAP had already largely been designed as a rural program when it was decided to include urban coverage too. The emphasis at that time was that the CCAP would remain one program with different IAs only to address the official mandates assigned to these respective bodies by the Government, and so to limit the variations between the two. It was emphasized that the Operations Manual, Social and Training Manuals, reporting templates, communication channels etc. would all be shared across both IAs. Given that the MRRD already had a significantly large workforce and expertise embedded in the NSP, a large part of the design, strategy, policy and operational frameworks for the Program was defined at the MRRD and merely accepted by the IDLG. In actual implementation, this led to several challenges, the key ones of which are outlined below:

1. **Coverage:** It has been agreed that the districts selected for rural coverage would be covered in full, with all villages in the district to be covered by the CCAP. In the urban cities selected, even with the expansion with the first AF, only small parts of the cities could be covered. The agreement then to prioritize the poorer, lesser developed parts of the city was then again challenging as even these were more than could be covered. The municipal boundary expansion in some of the cities, especially Jalalabad, also meant that largely rural, semi urban communities with little urban infrastructure was now included in the urban CCAP coverage while the defined menu of subprojects in the urban CCAP was not suited for these.

2. **Definition of a community:** The cities selected for urban coverage were densely populated major metros with large populations. Following the precedent of UN-Habitat implemented previous urban programs, an urban community was defined as between 200 to 250 households in close proximity of each other. It had to be noted that unlike villages, these households often did not previously view themselves as a community unit distinct from others, often just on the next street that then formed another community. The social cohesion and/or identification as part of a given community that exists in a rural village was absent in the urban setting and had to be created as the community boundaries were artificially created for the urban CCAP. (Note: Another challenge that occurred during implementation that was not foreseen in the design was the existence of vacant plots and of empty houses within a coverage area. Whether or not these needed to be counted or otherwise in the community household numbers was a dilemma given that they could be occupied when the project was being implemented.)

3. **Average number of households and population:** An average rural CCAP community comprises of around 147 households and a population of 926 persons. An average urban CCAP community comprises of 227 households and a population of 1,665. Urban adult male residents often work in other parts of the city and

are not available in their residential communities during regular daytime work hours. This made meeting significant numbers of them during the FP work day, in the required significantly high percentages originally defined in the social manuals, impossible in urban areas. There was also the issue of space: unlike rural villages, having a large open safe venue for PLA exercises involving significant part of the adult urban community members was not feasible for most of the urban coverage area.

4. **Minimum Service Standards (MSS):** Unlike the rural side, the urban side only measures the MSS defined for health and education. As such, there is none of the MSS it can directly contribute to whereas the rural side can contribute towards the MSS for transport, irrigation and power/ energy. Even with the health and education defined MSS, these were not ideal for urban communities given the following:
   (a) the standards were defined very low and more suited for rural communities;
   (b) they did not consider that urban communities (especially in the four cities covered) had easier access to private health and education facilities and also public provincial level health facilities than the facilities covered by the MSS;
   (c) they were not suited to measure or highlight the issue of lack of facilities and instead monitored services in available, existing facilities alone. Thus, the 850 communities covered, with a population of 1.4 million, had access only to a total of 27 health and 119 education public facilities.

5. **Fixed block grant ceilings versus urban standards:** Urban public infrastructure has higher standards/ requirements than those of rural. With the defined block grant ceilings per community, the urban CCAP is more similar to the rural NSP than to a real charter, as the service standards for urban can be met only for a small part of the given community, and not the whole community itself. For example, an urban community with five roads can manage street concreting for two of the five with the given block grant ceiling.

   CD/GA Election Processes:
   The neighborhood/ election unit model of elections made mandatory in the CCAP has been resisted in some parts of the country but has yielded better results. Analysis in rural areas show that over 90% of the elected CDC members and over 80% of the elected CDC office bearers are individuals who were not CDC members under the NSP. The high numbers (almost 50%) of women membership and the high percentages of voter turnout, even among women, have also been positive results.

   RASS Grants and Rural CCAP MSS:
   The design did not include any ceiling stated in any of the policy documents for the per community grant amount. The grant amount was to be determined by the MSS prioritized. However, shortly into the implementation phase, it was realized that some of the subprojects prioritized as per the MSS would require much larger amounts than had been budgeted by community. Then grant ceilings were proposed by type of project, again assuming subprojects per community alone. Again this did not clarify a ceiling for joint-CDC projects. There was also no MSS defined at CCDC level but communities were not restricted from pooling their grants for a bigger project. It was only in mid/late 2019 after a large number of communities were already financed that the ceilings per community and ceilings per joint subproject have both been proposed.

   Score Cards Outcomes:
   Another distinguishing feature of the CCAP from the NSP was the introduction of score cards to measure the provision of the infrastructure and services defined as per the MSS. As per the design, each community covered was required to complete the score cards bi-annually, thus covering a minimum of five score cards in the three-year FP contract cycle. However, the actual introduction of the score cards came well into the FP contract cycle and was not systematically implemented every six months. They were also based by facility and not by community and the design failed to ensure the capture and comparison of findings in the score cards of the same facility over time. As such, as of the MTR, the urban CCAP is unable to document what purpose the score cards really served in addressing the lack or poor service provision highlighted in the score cards of some health/ education facilities. Another design feature still not addressed at the time of the MTR is defined timelines and levels of responsibility (facility/ district/ provincial/ central) for the line ministries to

address the findings of the different indicators in the score cards. For example, a teacher not having the minimum qualifications but contracted and working may need longer to address and may be addressed only at higher levels, while a qualified teacher not spending the required hours in school could be addressed immediately and by the facility itself.

PLA Exercises:
CDC members are largely enthusiastic of the various PLA exercises introduced into the CCAP. Anecdotal reports from the field show that these exercises have motivated some communities to undertake self-initiatives. But in urban areas, without the inclusion of MCCG and SIG, many of the findings from these exercises are not used beyond completion. The rural CCAP notes that other projects (MAIL, MOLSAMD) have expressed interest in the use/ results of these exercises but there is no documented and systematic reporting on the benefits from these exercises, and this has recently begun to be questioned by independent researchers as well.

Soft Aspects Beyond the CDP:
The soft aspects of the CCAP field work up the completion of the CDPs and the creation of sub-committees has been well designed, with adequate detail in the policy manuals and training materials. However, subsequent soft processes such as documenting the outcomes of the work of thematic sub-committees, capturing self-initiatives of the communities resulting from the PLA exercises, the findings of the Community Participatory Monitoring (CPM) teams and social audits and how short-comings were addressed, what was being done to address weak areas in the baseline institutional maturity indices (IMIs) for CDCs etc. has not been well covered in the design planning. As such, while all of these have been taking place, with varying degrees of success and/or functionality in the field, there is not sufficient documented evidence to report to third-parties on the same.

Urban Sub-Project Menu:
The original urban CCAP subproject menu was limited to a set of defined infrastructure subprojects at both community and gozar levels, and women's livelihood projects for a minimum of 10% of the gozar grants. The infrastructure menu included transportation, power, water and parks/ recreational areas. However, a large majority of the subprojects selected, i.e. nearly 89% in number and 94% in terms of costs at community level. At the gozar level, transportation sector subprojects amounted to 48% in terms of number and yet 82% in terms of costs. This created some level of alarm in the first year and IDLG had to conduct a stand-alone analysis specifically on why this was the case. The findings showed a number of factors for this selection (as already documented and shared with the Bank in a separate report).

Women's Inclusion and Participation: The CCAP design incorporated various mandatory policy requirements to ensure women's inclusion in the institutions created by the Project, including CDCs, GAs, sub-committees. The urban CCAP also reserved a minimum of 10% of the urban block grant at gozar level for women's livelihood projects. While these policy requirements ensured that women constituted almost 50% of the members and office-bearers of the institutions created, the actual participation of women beyond the completion of the CDP remains a challenge. The knowledge and awareness of the Project itself varies considerably between the male and female members of the CDCs and GAs especially in two of the four cities covered. 10% of the gozar grant amounted to US$ 20,000 and this would not suffice to cover a subproject for all women in the gozar (covering 4 to 5 communities, and thus around 2,000 adult women). Actual expertise and experience in properly planned and implemented livelihood subprojects was limited in both the FPs and the PMUs. Hence, this requirement actually ended up delaying the gozar level grant implementation, rather than enhancing women's participation for the first two years of the CCAP.

B5. Adequacy of Implementation Plan, Implementation and Management Arrangements

Overall implementation schedule and annual work plans:

The urban CCAP prepared an implementation schedule for the original approved four-year period. Also, in line with the legal covenants outlined in the financing/ grant agreements, the IDLG prepared annual work plans showing core mandates and activities for them, with timelines broken by week, month and quarter, of the Afghan fiscal year (21st December to 20th December) for the FYs 1396/ 2017, 1397/ 2018, 1398/ 2019 and 1399/2020. A quick review of the annual work plans for the urban CCAP indicates the following:

a) Overall work progress in 2017 was severely affected with the delays, first with FP procurement and contracting, second with field staff hire and mobilization. The contracting of the Oversight Consultants (OC) via the National Procurement Agency (NPA) was also delayed significantly, even with the direct contracting approach being used. The delays with the FP procurement was caused not due to any lack of effort on the side of the IAs but factors arising out of the process itself that were beyond the control of the IA (examples: duplication of CVs of key staff across packages, varied scoring by different panels of same proposals etc.).

b) The rate of mobilization to CDP completion was on track in most communities without specific social conflicts.

c) However, block grant disbursement targets and targets for subproject completion (especially at gozar levels) were not met in any of the preceding three years.

d) When comparing FP and PMU work plans with actual progress and against overall urban CCAP annual targets, the soft aspects beyond the CDP/ GA-DP, i.e. for score cards, social audits/ CPMs etc. were delayed in the first two years but have shown significant improvements in the subsequent years.

e) The four original FP contracts were for a three-year period from May 2017 to May 2020. However, detailed analysis in mid-2019 showed that some of the targets related especially to gozar level subprojects and score cards would not be achieved. As such, these contracts have been extended on a no-cost-extension (NCE) basis by six months to November 2020. More recent analysis of the work progress indicates that a large part of the FP work in these four contracts will be completed by the current contractual end-date provided there are no unforeseen severe disruptions in work resulting from security or political events.

f) The two subsequent FP contracts added as part of the first AF have durations between January/March 2018 and January/ March 2021. As per the current work progress analysis, all aspects of the work will be completed by March 2021, except perhaps gozar level subproject completion in a few communities. The management is paying special attention to the work in Jalalabad city to ensure that even these will be completed in the given timeline.

g) In terms of work progress with regard to block grant disbursements, 823 communities (97%) have received their first installments, while 649 communities (76%) have received their second installments. This leaves 3% yet to receive their first and 24% yet to receive their second installments. The average time taken ideally for subproject completion at the community level is 6 months from the date of first installment receipt, and hence these are feasible targets for completion. With regard to gozars, 125 gozars (70%) have received first installments, 69 gozars (39%) have received second installments, and 8 (4%) have received third installments. The average ideal time for subproject completion at the gozar level, from the time of first receipt of the first installments is 9 months. As such, these targets are also feasible for completion within the current FP contract durations. However, subproject implementation monitoring shows that there are delays between disbursement receipt and start of the subproject field implementation, delays in collecting and use of the community contribution, and delays in requesting and receipts between the second and third installments. These need to be carefully monitored and minimized in order for the gozar level subprojects to also be completed in the contractual periods.

Project Implementation Unit (PIU) Staffing:
The original PIU designed for the urban CCAP oversight and implementation was for only 120 staff but with the support of UN-Habitat, contracted as the Oversight Consultants (OC). The assumption was that there would be considerable support from the line departments within the IDLG and also that there would only be minimal staff required given that the full facilitation was outsourced. However, when the approve 120 staff positions were allocated to functions, key functions with significant support from the OC was left unstaffed. For example, the entire reporting, M&E, MIS, training functions were assigned to the OC and no counterparts were planned or recruited till well into the second year of implementation. The support of the OC staff for

MIS and engineering responsibilities in the field was also underestimated. This resulted in that with the phased exit of the OC (with the contract expiring after 21 months but with certain positions budgeted for shorter periods), there were significant staffing shortages that needed to be addressed within the PIU, including the four PMUs. Thus gradually, the total number of approved positions was increased to 235; of which 51% was for the HQ while 49% for the field. While these percentages appear confusing, it should be noted that this was because the HQ offices were designed to support multiple projects, in this case the EZ-Kar Component 2 implementation was also embedded in the same PIU and a large number of the 121 approved positions would then support both programs. The following table shows a summary of the approved and filling staffing positions, with the filled positions broken down by location (55% HQ and 45% field) and gender-disaggregated (80% male and 20% female):

Urban Categories (NTA grades)	Approved			Filled				
	HQ	Field	Total	Total	HQ	Field	M	F
Management (A & B)	30	4	34	31	27	4	29	2
Professional (C, D & E)	62	92	154	136	62	74	100	36
Support Staff (F, G & H)	29	18	47	47	29	18	42	5
Total #	121	114	235	214	118	96	171	43
Total %	51%	49%	100%	91%	55%	45%	80%	20%

RURAL	Gender-disaggregated			Unit disaggregated			
NTA Grades	Male	Female	Total	HQ	Province	District	Total
Management (A & B)	17	1	18	18	0	0	18
Professional (C, D & E)	1,433	75	1,508	137	389	982	1,508
Support (F, G and H)	783	151	934	88	289	557	934
Total #	2,233	227	2,460	243	678	1539	2,460
Total %	91%	9%	100%	10%	27%	63%	100%

While the percentage of female staff is still less than desired (i.e. 20% for urban and 9% for rural), the women staff on board for urban CC fall largely in the professional category, and not just as support staff as in many other programs. Staff retention has been a challenge with a staff turnover of over 15%. The NTA wage scale for contracted staff is attractive and competitive at higher steps but such steps are not allowed by the NTA unit within MoF. Otherwise successful recruitment exercises have failed when the HR unit is restricted to offering qualified candidates the initial 3 steps within the grade, when they often come with higher salary histories.

With the addition of the EZ-Kar C2 to the urban PIU's responsibilities, a detailed staffing needs analysis was undertaken. A staffing list and organogram showing all positions proposed across both the urban CCAP and the EZ-Kar C2 was prepared, showing which positions would be shared between the two in the HQ and in the 3 shared PMUs, which positions were exclusively for the urban CCAP in the HQ and in the Mazar PMU, and which positions were exclusively for the EZ-Kar C2 in the HQ and in the 9 new PMUs. The list also highlights which positions will be funded by each program. This exercise also allowed the IA to justify the need for the additional positions requested.

The rural CCAP General Directorate (GD) has also proposed a revised staffing structure, to address gaps in staffing for some key areas, streamline the HQ structure and ensure best support to the field.

Internships: Not included in the original design, the IAs proposed the inclusion of a formal internship program within the urban CCAP PIU and the rural GD. It proposed a total of 20 interns (12 male and 8 female) for every 6 months, thus covering a total of 120 interns in 6 rounds of 6 months each. The first

rounds of these internships have been successfully completed with a third round initiated at the time of the MTR.

Facilitating Partners (FPs):
A total 14 FPs for rural and 4 FPs for urban were contracted by the respective IAs on a fixed budget selection (FBS) basis, with fixed costs per community contracted of approximately $ 5,750 for rural and $ 11,500 for urban for the original rollout. Some of these contracts were amended or the same FPs given new contracts on a sole-source basis but retaining the same FBS ceiling for the first AF expansion on both sides. The FPs were largely joint ventures (JVs) of between 2 to 3 NGOs. They brought with them significant experience and exposure to the implementation of development projects, both in Afghanistan and internationally, came with prior experience working as FPs for the rural NSP on which the CCAP was largely modelled, came experienced in a variety of other Community Driven Development (CDD) initiatives and working with other national priority projects and initiatives in the country and with familiarity in working for the Afghan Government and with the World Bank. All of them were selected for provinces/ cities where they had significant prior experience in and thus familiarity of working conditions, cultural contexts, and working relations with the communities.

Two rounds of detailed FP in-house evaluations have been undertaken by both FPs, first covering the first 18 months approximately and the second covering a shorter period. A third round is also underway. These and ongoing monitoring of work progress completion and quality of contractual outputs of the FPs over the past 2.5 years highlight the following weaknesses as well for the urban side:
a) All the FPs were more experienced with working with rural communities than with urban communities.
b) The strengths of the FPs in soft aspects were not shared with the hard component facilitation. Spot checks have shown considerable weaknesses in documentation and/or process with community procurement and accounting. Third party monitoring (TPM) reports show deviations 44 deviations in 2018 (50% of which were major ones) and 777 deviations in 2019 (32% of which were major).
c) Key staff turnover and resulting poor relationships between communities and FPs, and FPs and PMUs was also a problem.

The FP contracts had to be extended on a no-cost-extension (NCE) basis and also required to be amended for revisions required in the payment schedule terms as the original payment schedule included multiple milestones for each installment. These were divided up into two or more installments each such that FPs could invoice for work completed sooner. The originally designed payment schedules, documentation requirements and delays at the MoF resulted in delayed FP payments affected both sides in 2018 and 2019. There was also lack of understanding on the part of some FPs on how lump sum based contracting works, and they considered actual expenditure as a benchmark for "delayed payments" when the contractual milestone requirements had not been met fully for payments to be realized.

Challenges faced by FPs include insecurity in many parts, to the extent that work has had to be halted permanently in some and temporarily in others. Social conflicts within the community has resulted in delays for FPs as consensus and participation are required from the wider community for a lot of the soft aspects on the ground. The requirements in the contracts for FPs to build the capacity of Government staff (CLDD for rural and Municipality for urban) has been challenging without clear lists of staff provided and assigned to the trainings. Delayed data entry and approvals at the PMU levels has also been challenging, and has resulted in discrepancies between progress reported by FPs and what is shown in the database/ MIS records.

Oversight Consultants (OC):
The inclusion of UN-Habitat as the OC for the first nearly two years of the urban CCAP was a significant plus in the implementation arrangements. The OC brought with them extensive experience in urban settlements and in handling urban development projects in Afghanistan, including ones for the IDLG. The key experts of the OC helped the IDLG from the design phase until March 2019. The OC ToR included helping the IDLG in setting up the PIU HQ, 4 PMUs, building capacity of FP and PMU key staff, and

eventually monitoring and technical assistance, phased out to only monitoring and assessment of the capacity and handover. In spite of the OC's best efforts, the lack of counterpart staff positions resulted in OC staff having to handle executive functions, rather than supportive TA roles, for longer than intended. The OC was very instrumental in ensuring a functional PIU and 4 PMUs were left behind for the urban CCAP.

Operations and Other Manuals:
The effectiveness of the CCAP was linked to the completion of a satisfactory operations manual, and this was prepared by December 2016. However, the social and training manuals, especially sections for the work post CDP, were substantially revised which then resulted in many revisions needed also in the OM. The initial trainings conducted by the OC for social audit/ CPM/ score cards/ IMI etc. had to all be cancelled and redone given the extensive changes between the initial forms and processes and subsequently revised ones. This led to some level of frustration among FP staff that had to redo work, especially with forms, in a number of communities. The Engineering/ Technical Manuals prepared at the design phase was largely focused on rural communities and their menu of subprojects, largely adapted from NSP ones. They did not align with urban standards and the urban CCAP subproject menu and had to be considerably redone.

Management Information Systems (MIS):
The decision at design phase was that both IAs would use the database prepared by the rural CCAP team, building from the already extensive database constructed under the NSP. Thus for the first 2 years of the urban CCAP, a common database was used with the server and administrative rights embedded within the MRRD alone. This led to challenges and delays on the urban side as the process/ form requirements on the urban side varied considerably from the rural areas, especially with regard to gozars, subproject menu, block grants etc. Eventually, with the approval of the Bank, the urban side of the database was divided and transferred to the IDLG, with new servers and full administrative rights given to the urban CCAP MIS team. This was extremely helpful in quickly addressing the many issues that had piled up, help design and create new features specific for the urban CCAP needs, and also address errors in a timelier manner than had been feasible earlier. Since the takeover, the MIS team have achieved the following:

a) New modules added to the MIS for data related to Trainings, IMI, Linkages, FP contracts, CFHFs, SFSRs/ CFHFs and expenditure reports for GA, M&E Forms 1 and 2, GA BG Withdrawals, GRM, GA PLA Photos section, Scorecards, GA Subcommittees, record keeping section for revised SP proposals.
b) Conducted refresher training for provincial MIS officers on new developed modules and M&E forms.
c) Completed most of missing data in the existing data (specifically related to Form 1C, CDC PLA posters, Form 3B, and expenditure reports).
d) Made several Enhancements in MIS User registrations (specifically password policy complexed; password expiry; request email notification; user deactivation on employee resignation/ termination).
e) Initiated MIS team exchange visits for peer learning and best practices.
f) Cleaned the MIS data from most of errors and did data quality checks on regular bases.
g) Auto reporting and/or report generation facility developed in the MIS for the following: Scorecards, CPM, IMI, M&E Form 1, monthly report for the President's Office, quarterly and annual progress reports.
h) Initiated development of a HR-MIS.

Even with the significant improvements introduced continuously into both the urban and rural database systems, there remain the following challenges:

- The gap between real time progress on the ground, approval of the requirement documents in the provincial offices, subsequent approvals at the HQ in some cases, and final availability of the records in the MIS is considerable. As such, reports directly obtained from the field show much higher progress than the database. However, the database is a more reliable source for the data, especially for reporting purposes given that these are verified at different levels. The most obvious example in that of subproject physical completion on the ground versus the number with approved SFSRs in the system. The following

table is that of MRRD CCAP. It is just one example to highlight the need to further simply documents, introduce and adhere to strict timelines for document submissions, data entry and approvals at all levels.

Project	Project Completed	SFSR Submitted	SFSR Approved	GAP
CCAP	3515	2560	1973	587
MCCG	640	502	246	138
EQRA	157	3	0	154

- While a number of standardized parameters have been introduced to minimize errors, there remains a number of errors observed in the data with each analysis. On further review, it is shown that some data are wrongly entered by the data entry officers, while other errors are merely copied from the hard copy original documents. Periodic revisions and corrective attempts by the urban CCAP, in coordination with the field and FP colleagues have significantly reduced the number of errors. However, some errors are not rectifiable unless a whole exercise is repeated from scratch. Other errors in the data require compilation of such errors and focused trainings for the FP and field staff on understanding the indicators and other data better so as to enhance the quality of the information gathered and documented from the start.

Monitoring and Evaluation (M&E):
The CCAP was structured to have multiple levels of M&E. This included the CPM and social audits at community and gozar levels, FP monitoring of CDCs/GAs/ subcommittees, PMU monitoring of FPs and field work, PIU HQ units of engineering/ESS, FP management, finance/grants, procurement, M&E/GRM, etc. all monitoring aspects of the field work relevant to their own units, monitoring by the management and leadership through field visits, periodic donor missions, externally contracted evaluations/studies, Bank contracted third party monitors, etc. While the quarterly progress reports included a brief section on the M&E findings, reports specific to monitoring compiling the findings and recommendations from the various levels has not been implemented. However, the M&E unit/ division have produced detailed reports analyzing results from the Monitoring Forms 1 and 2, the IMI baseline, and the CPM/ social audits. Both urban and rural M&E units have introduced more robust follow-up mechanisms to ensure that the findings are both disseminated to the right stakeholders in a timelier manner, and also to ensure corrective action is documented and reported on.

Rural: During the Year 2018 and 2019, a total 5,101 communities were monitored in 114 districts of 34 provinces by monitoring officers (male + female), the remaining 8 districts were not monitored by the provincial monitoring officers due insecurity. Looking at the information in more details, out of these visits 2,318 communities were visited in the year 2018 and the remaining 2,783 communities were visited in the year 2019- which shows an increase in the number of visits by provincial monitoring officers nearly to 500 communities in 2019. In the year 2018, a total 2,140 communities were visited to monitor the social mobilization process of the program, this followed by a drop approximately to 567 communities in 2019- as the M&E division changed its focus to monitor the sub-project implementation. There has been a significant increase in number of visit to see sub-project implementation, CDCs and their sub-committees' functionality and performances from 505 to 2,043 in the year 2019.

Province	# of Districts monitored	# of communities monitored	2# of Forms filled	# of Form II 1st round filled	# of Form II 2nd round filled

	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
34	105	111	2318	2783	2140	1573	454	1732	51	311

The rural M&E online follow up mechanism is also a good base to keep proper records, disaggregated by province, FPs, thematic areas etc. The system also has the facilities to generate several types of reports showing the overall trends from the monitoring prospective over the time and also the feedback. The table below illustrates the process monitoring key findings from the sampled communities monitored since May 2019:

Finding category	# of Findings	# of Finding Based on priority			# of Finding Based on Urgency		
		High	Low	Medium	High	Low	Medium
Social Mobilization Process	3307	1673	86	1548	990	144	2173
CPM	1276	1238	9	268	972	9	534
Sub projects implementation	1515	549	108	619	544	107	625
Score Card	732	271	101	360	267	101	364
Institutional Maturity Index (IMI)	681	678	0	3	676	0	5
Grievances	476	245	3	228	142	6	328
FM & Procurement by CDC	463	338	0	125	270	0	193
Social Audit Meetings	319	186	10	123	185	10	124
Operation and maintenance	197	133	0	64	100	2	95
FPs Performance	194	130	8	56	68	8	118
Women Participation	188	95	3	90	66	2	120
Others	59	36	1	22	23	1	35
Environmental and Social Safeguard	17	15	0	2	6	0	11
Grand Total	9.424	5,587	329	3,508	4,309	390	4,725
	100%	59%	3%	37%	46%	4%	50%

The high qualification expectations for staff working in remote and insecure areas, especially for women only positions but also for others, results in inability to contract staff on time. The HRAIS should allow for reducing qualification requirements for such positions without prior NOLs for the ToRs each time. Allowances as incentives should also be considered. Where still not feasible to attract qualified monitors shorter-term "local monitors' should be considered. These are people from within the same communities but with a minimum of middle school completion that can then be trained to use simplified monitoring tools and report in.

Lack of operational and admin facilities, including and especially lack of transportation and petty cash in field offices have severely limited the ability of monitors (and other PMU/ DO staff who frequently visit the field) to complete their planned work as per schedule. The line of reporting for field monitors need to be further refined such that they are managed by the PMU managers and report findings to them, but need not amend findings from the field based on PMU inputs. The field monitors need to be able to share findings as it with the M&E unit/ division at the HQs. The tracking system shows that both relevant units and FPs do not always respond or take corrective measures in time and this needs to be noted and improved upon.

Key findings from rural monitoring reports: (*The findings below are for 2018 and 2019 and for most of the indictors average has been taken for bother years while there is an overall improvement in all areas from 2018 to 2019*)

- 9% percent improvement in the posters availability from 80% of 2018 to to 89% of 2019

- The availability of CDPs with the communities has been improved from 86% of 2018 to 95% of 2019
- CDCs' meetings minutes availability in male wing of CDCs has been improved from 40% of 2018 to 66% in 2019 while considerable change in female wing of CDCs from 8% to 61% CDCs with meetings' minutes availability
- 98.5 % of male SOs make the appointment for their visits while this rate is 94% among female SOs. 99% of these visits are based on the best day to meet all people among the male SOs and 96% among female.
- 99.5 % of the male SOs treat the community members with respect and listen to their views and this rate is 97.5 % among female SOs.
- 100 % of projects were found according to the need and priority of the communities, while 93.5 % of sampled communities reported that all community members benefit from the project
- Almost 97% of the sampled monitored communities reported with no defects in the sub-projects survey
- 59.5% of the communities had the project proposal during the monitoring
- 95 % of the subprojects implementation was in accordance with the design specified in the proposal
- 80.5 % of the communities reported with no delay or problem in the sub-project implementation
- 96 % of the communities reported with no deviation in the Bill of Quantity of the sub-project
- 85 % of the sub-projects had the sing board installed in the site .
- The Operation and Maintenance Plans were available in 46% of sampled communities in 2018 while in 61.5 % of the sampled communities in 2019
- 51.5% of the communities were found with at least one person trained on the O and M in 2018 and this rate has fallen to 25% in 2019.
- As an average 70% in 2018 and 80% in 2019 the sampled monitored projects required land of which 88.5% in 2018 and 76.5 % was donated by the community members, the rest either government land or was compensated.

Overall trends under Monitoring (Rural):
- The actual functionality of some of the sub-committees remains weak and needs to be focused on.
- Overall quality of social mobilization has been improving but social organizers need to spent more time with the communities as specified in the training manuals.
- Grievance boxes have been installed but are not always accessible to all members, especially women community members. Their actual use has also been less than expected.
- Minutes of CDC meetings are not always available and needs to be improved upon.
- In rural areas, the subproject proposal approved are often not found available in the communities.
- Many completed subprojects do not have the required CCAP-branded signboards.
- Community based procurement and accounting is largely being done but documentation remains very weak.
- The availability of O&M plans have greatly improved in the communities.

Key findings from urban monitoring reports:
Urban monitoring finding in Community Mobilization, Election and CDP

Jul-18 114 visits	Dec-18 125 visits	Dec-19 117 visits	Description
84%	66%	81%	% of CDCs visited more than two times in a month by FP Social Organizers
81%	73%	72.6	CDC meeting venue: More than state mosque/ madrassa
66%	78%	72.6%	CDC election venue: More than state mosque/ madrassa
143	115	99	Average number of people (men) participated in each CC orientation (req 198)
98.3%	100%	100%	confirmed that all neighborhoods are represented in CDC meetings

49%	90%	95%	Community Profile prepared and made available to the Community
94%	93%	86.4%	of CDC members could explain the PLA exercises and posters correctly
86%	94%	92.4%	stated that the eligible voter list is printed and available in the community
84%	66%	81%	% of CDCs visited more than two times in a month by FP Social Organizers
81%	73%	72.6	CDC meeting venue: More than state mosque/ madrassa
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94%	93%	86.4%	of CDC members could explain the PLA exercises and posters correctly
86%	94%	92.4%	stated that the eligible voter list is printed and available in the community
93%	90%	90.6%	Of CDC have Seasonal Calendar Available
90.4%	89.6%	86.4%	the CDP developed and available at the community
55%	48%	54%	Only were confident that the resource map indicates natural hazard areas and safe zones
14.%	24%	8%	Can women move alone beyond their community?

Urban monitoring finding in CDC Governance, Subcommittees Functionality, CPM

May-19 180 visits	Dec-19 105 visits	Description
82%	83%	of CDCs have Minutes of the meetings or Observation Books
16.3	13.5	On average person attended CDC regular meetings (10 male 6.25 female)
		Mostly voice-chair and secretary are absent (35% and 8%) (20% and 10.4%)
70%	69.5%	Maximum confirmed that female inputs are considered in decision makings
53%	63%	Of CDCs have functional subcommittees
80%	92%	of subcommittees confirmed they have received related trainings
46%	43%	of subcommittees confirmed they have plan
40%	52.4%	of subcommittees confirmed they have regular meetings
61%	65%	of project management committee confirmed they have regular meeting
100%	100%	of CDCs confirmed they have environmental and social safeguard subcommittee
97%	98%	of CDCs confirmed they have operation and maintenance subcommittee
27%	9.6%	of CDCs confirmed they have ensured resources for O&M
57%	65%	of CDCs confirmed there is trained person for O&M of subproject
99%	99%	of CDCs confirmed their satisfaction from selected subprojects
95%	98%	of CDCs confirmed they have CPM committees
54.4%	72%	of CDCs confirmed that the CPM committee has monitored CDC's and subprojects activities
72%	85%	Of CDCs confirmed they have received CPM training
29%	47%	Of CDCs confirmed that during last three months social audit conducted

Community Participatory Monitoring (CPM):

The CPM/ social audit was designed to be conducted in five rounds at fixed intervals in each community. Urban: As of late December 2019, the first round of CPM/ social audits have been completed in 755 CDCs, second round in 571 CDCs and third round in 294 CDCs. The first had 13 questions which include questions related to elections, participatory exercises, meetings, household surveys and CDPs. The answers for 9 questions are 98 percent of more of yes' while for four questions, the percentages were lower: such as availability of meeting minutes is 70%, frequency of CDC meeting is 70%; the projects which were identified

as CDC initiative during the CDP is 84% and availability of public notice board were 89%. CPM round two has 19 questions and 90% or more of CDCs got yes responses for 14 questions while 10 percent of CDCs got no responses for 5 questions. Weakest area was action plans available for IMI baseline remedial actions, which was less than 80%. CPM three has 8 questions, 5 questions got more than 90% yes responses and three questions which are related to action plan of subcommittees, availability of a copy of scorecard in the community and availability of meeting minutes in the community are 90%.

Rural CPM committee establishment:

Year	# of province	# of District	# of CPM committees Established	# of CPM Members		Total Members
				Men	Women	
2017	31	95	2,460	11,947	10,452	22,399
2018	34	104	3,972	22,880	21,907	44,787
2019	33	100	3,567	21,406	20,826	42,232
Total 3 Years	**34**	**104**	**9,999**	**56,233**	**53,185**	**109,418**

Rural CPM sessions:

S/N	Forms Entered	Year	Province	District	CPM Session Conducted with			Total number of CPM forms
					Joint	Men	Women	
1	CPM form 14.1	2018 & 2019	34	110	2,667	5,907	5,596	14,170
2	CPM form 14.2	2019	31	86	885	3,640	3,593	8,118
3	CPM form 14.3	2019	14	31	228	1,199	1,195	2,622
4	CPM form 14.4	2019	3	6	8	110	109	227
Total			**34**	**110**	**3,788**	**10,856**	**10,493**	**25,137**

Subcategory classifications of CPM findings for rural communities	Total Number of Findings	
CPM/GR committee was not functional	307	24%
CPM/GR committee did not have copy of CPM filled forms	244	19%
CPM/GR committee was not aware of the CPM forms	221	17%
CPM/GR committee was not trained	215	17%
CPM forms were filled by FP staff without involving CPM committee	58	5%
All of the CPM members are illiterate	57	4%
CPM/GR committee was not established	49	4%
CPM/GR did not have monitoring plan	41	3%
CPM/GR forms were not submitted to PMU/District Office by FP staff	25	2%
Other Issues	20	2%
The ratio of men and women members in CPM was not according to manual	19	1%
CPM/GR committee did not share their findings with CDC	7	1%
CPM member was relative of CDC office bearers	6	0%
CPM member was not selected from subcommittees	5	0%
CPM/GR committee members were different from what was report by FP staff	1	0%
CPM member was also CDC member	1	0%
Total	**1276**	**100%**

Recommendations to improve the CPM/ social audit process:

- New and Refresher trainings are needed in many communities and CPM subcommittees as the concept of social audit and CPM has not properly been understood.
- CPM sub-committee set up, training and functionality, including regular social audits and reporting, following the standards and requirements of the OM, should be linked to FP payment milestones.
- CPM/ social audit plans (with clear dates for each round) per community needs to be shared by FPs with the PMUs so that the process can be monitored on the ground.
- Literacy levels result in challenges for some CPM subcommittees to fill out required documents. Forms should be made easier.
- The timing of the various rounds should be linked to actual work progress on the ground and not fixed dates.

Engineering/ Infrastructure Management:

The urban CCAP PIU includes an Engineering/ Technical unit at the HQ and engineers embedded in the 4 PMUs. The PMU engineers review and provide initial approvals on the infrastructure related subproject proposals submitted by the Fps on behalf of the CDCs and GAs. They also conduct monitoring visits to the field focusing on quality and completion of subprojects approved. The final approval for all engineering related subproject proposals for the technical side is provided by the HQ engineering unit. They also review and approve the first, second and third UABG installment requests and the subproject final status reports (SFSRs). In addition to these regular activities, the unit also undertakes periodic field spot checks for engineering areas, reviews and responds to engineering related deviations and findings from the TPM (in liaison with the PMU and FP concerned), prepare or revise existing sections in the technical/ engineering urban CCAP manuals based on revised subproject menus and/or lessons-learned from the field/ TPM reports, help compile lessons learned and train FP engineers as required. In the first half of the CCAP, the unit has also handled the following additional responsibilities:

a) Introduced engineering related sub-project tracking sheets, weekly progress sheet, cost analysis forms, output measurement templates etc. and introduced them into the MIS and field implementation.
b) Supported the management in conducting a detailed analysis on factors behind the prioritization of different types of subprojects, especially high numbers of transportation sector subprojects. (Note: This analysis required holding off on approvals of any new transportation sector subprojects for a period of nearly 4 months in 2018).
c) Supported the management in investigating allegations into exaggerated subproject costs and falsification of community contributions.
d) Conducted a comprehensive survey in August 2019 to develop and/or compile new/ revised technical norms for subprojects proposals preparation and cost estimations. Data collected was used to define new norms for labors (skilled and unskilled), labor costs and machinery costs.
e) Developed a template for internal monitoring to track/rectify deviations, reported by PMU/PIU/TPM. In addition, a mechanism was also defined to prevent similar deviations in other sites.
f) Prepared mechanisms/guidelines for rectification costs, Operational and Maintenance costs, 10% community contribution implication guideline, common deviation mechanism and laborer engagement mechanism.
g) Supported the management and other relevant units in addressing the investigation and handling of the Jalalabad Park case.

Subproject Implementation:

Given the different sets of permissible menu and budgets for subprojects for urban and rural, the implementation is discussed separately below:

Urban Communities:

During the design phase, the ideal time estimated for subproject implementation was 6 months at community level and 9 months at gozar level. However, actual implementation of subprojects since late 2017 has highlighted the following challenges:

a) The earlier policy of a minimum of 25% of the total subproject costs as mandatory community contributions caused a challenge in many communities. Communities with a significant number of households were tenants and not house owners did not want to contribute. Similarly, residents in areas of the community not benefitting directly from the proposed subproject also did not want to pay in towards the mandatory community contribution. Unlike rural communities, the opportunities to make the community contributions in the form of unskilled labor was also limited in urban subprojects. While not in the Operational Manual, in trainings, the OC had emphasized that the full community contribution needed to be paid in full prior to withdrawal of the grant funds. While this policy was removed in the first year itself, the requirement for 100% of the community contribution to be paid in before the second installment was requested remained until recent OM revisions. All of these resulted in delays in the start, implementation and request of second installments in many communities.

b) Some urban communities requested street upgrading while their gozar level subproject proposed was for water supply projects covering these communities. From a technical point of view, the water supply projects needed to be completed first as they require manholes and trenches, before the street paving. This also resulted in some delays as the usual sequence is for community-level subprojects to be designed and prepared before the gozar ones.

c) The Herat Department for Mines have halted extraction of sand and gravel in the province, and this has then limited the availability of crushed gravel and sand required for most infrastructure subprojects in the city. This also resulted in delayed implementation in some communities and gozars in Herat city.

d) The urban subprojects were supposed to be aligned to municipal development plans but the non-availability of such plans for some parts of the cities covered by CCAP also resulted in delayed approvals.

e) The analysis and report required by the World Bank to explain the high percentage of transportation sector subprojects, especially street concreting, necessitated the halting of all transport related subproject proposals for 4 months in 2018.

f) An analysis into subproject costing and community contributions in 2019 showed increased unit costs applied in some common user construction materials in some subprojects, and in exaggerated community contributions and/or poor or lack of documentation for actual contributions. The analysis recommended re-analyzing both subproject costs and community contributions, with a reduced minimum mandatory contribution of only 10% (instead of the earlier 25%) of subproject costs. This then necessitated the re-estimations and revisions in a number of subproject proposals and designs, to adapt to the reduced costs and contributions. Varying costs for the same outputs across similar types of subprojects and/or the same type of subprojects in different cities was causing concern. As such, a detailed cost analysis had to be undertaken to study the possible reasons for the same. The results are shown in the Annexes. The overall breakdown by key sectors in the urban CCAP is as follows as of late December 2019:

Sector	# of SP Submitted	# of SP Financed	# of SP Completed	Grants Committed SP (AFN)	Grants Disbursed to CDCs (USD)	Estimated # Beneficiaries for Financed SPs	Actual # Beneficiaries for Completed SPs
Power	53	40	17	124,292,132	925,513	65,492	25,993
Park	9	8	3	40,201,452	426,453	10,995	3,928
Watsan	46	42	28	76,359,976	716,661	69,720	46,177
Transport	811	774	336	3,673,367,710	43,782,415	1,301,944	576,137
Total *	919	864	384	3,914,221,270	45,851,041	1,448,151	652,235

- Some communities have more than one subproject and hence may be counted in both. Similarly other parts of the report are from 20th January 2020 and hence report on higher figures.

As subproject implementation is closely aligned to block grant financing and utilization, the following tables show an overview of subprojects financed and completed at Community and gozar levels. The tables show satisfactory progress with regard to community level. A large majority have received 1st installments of their block grants and over 75% have received their second installments as well. Over 35% have completed utilization of 100% of their block grants. However, at the gozar levels, implementation progress is slower than expected, with over 70% with first, only 40% with second and only 5% with third installments received.

Community Level: Total coverage					SPP Financed		SPP Completed	
City	# of CDCs	# of CDPs	Population	HH	#	Population	#	Population
Mazar	150	150	239,990	34,914	155	239,990	93	141,686
Herat	200	200	328,752	45,191	262	328,752	112	178,804
Jalalabad	200	196	291,788	45,912	181	256,892	70	106,800
Kandahar	300	300	554,874	65,947	315	551,644	146	263,829
Total	850	846	1,415,404	191,964	913	1,377,278	421	691,119

Gozar Level: Total coverage					SPP Financed		SPP Completed	
City	# of GAs	# of GADPs	Population	HH	#	Population	#	Population
Mazar	30	30	237,469	34,525	57	237,469	-	-
Herat	40	40	323,590	44,326	97	307,525	3	21,943
Jalalabad	43	40	291,788	45,912	37	170,044	-	-
Kandahar	62	62	554,874	65,947	56	289,813	-	-
Total	175	172	1,407,721	190,710	247	1,004,851	3	21,943

Community	Block grants (AFA millions)		1st Inst		2nd Inst		Utilization of BG			
City	disbursed	Utilized	Requested	Disbursed	Requested	Disbursed	25%	50%+	75%+	100%
Mazar	676.04	542.44	150	150	137	130	1	41	5	91
Herat	920.58	581.34	200	200	189	185	0	72	114	3
Jalalabad	740.23	444.38	191	175	116	109	4	44	1	71
Kandahar	1,302.46	913.32	300	298	252	225	5	87	22	135
Total	3,639.30	2,481.49	841	823	694	649	10	244	142	300

Gozar level	Block grants (AFA millions)		1st Inst		2nd Inst		3rd Inst		Utilization of BG	
City	Disbursed	Utilized	Requested	Disbursed	Requested	Disbursed	Requested	Disbursed	50%+	75%+
Mazar	238.23	62.30	30	30	24	20	5	0	11	4
Herat	306.80	26.80	40	38	33	27	3	0	2	3
Jalalabad	151.91	3.35	26	24	6	6	0	0	1	0
Kandahar	265.04	30.15	37	32	19	16	9	8	1	4
Total	961.98	122.60	133	124	82	69	17	8	15	11

Rural:

In last three years period (2017-2019) 11,967 sub-projects' proposals have been submitted and approved (288 Grid Extension, 4,772 Irrigation, 1,150 Transport and 5,264 water in the 34 provinces. Totally 8,773 sub-projects have been financed in which 1585 sub-projects have been completed. Over 14 m persons may be financed from the financed subprojects and over 2.6 million for completed subprojects.

Challenges	Recommendations
Because of budget limitation of USD 32,000 per CDC some of the CCNPP Sub Projects implementations faced the following challenges; Unequal development of water supply and electrification services in the populated villages (with 32000$ only covering electrification for 60 HHs or for water supply network. Deeper underground water tables and distant spring sources). Based on the experience, with 32.000 $ we cannot implement even 30% projects of road and bridges sectors, 20% sub projects of WASH sector and 30% sub projects of power sector	If formalizing the per CDC grant ceiling limits, some of the MSS also to be revised. The design year plan of WASH sub projects should consider all HHs in a community. The water supply network should be limited to 100 HHs (exceptional for those area without surface and shallow well sources). Solar mini grid system MSS should be adjusted to maximum for 150 HHs and 50 watt per HHs. Gird extension 20 KVA transmission line should be extended by DABS and CCNPP will be responsible for 0.4 KVA extension line.

Sector/ SP type	Years	# of Communities	# of subprojects Submitted	# of subprojects financed	# of subprojects completed	Grants committed to subprojects AFA	Estimated # of beneficiaries for financed subprojects	Actual # of beneficiaries for completed subprojects
Grid Extension	Total	0	288	205	3	1,178,803,680	416,966	4,388
Irrigation	Total	0	4,772	3,433	564	7,301,706,567	5,358,129	832,737
Renewable energy	Total	0	1,150	890	6	3,882,673,938	847,635	4,248
Transport	Total	0	493	312	27	1,237,566,274	549,630	44,371
Watsan	Total	0	5,264	3,933	985	6,404,738,812	7,066,747	1,730,058
Total		0	11,967	8,773	1,585	20,005,489,271	14,239,107	2,615,802

Financial Management: The Finance/ Grants unit embedded in the PIU HQ is responsible for financial management of the urban CCAP. This includes budgeting by donor/ component and subcomponent/ category for the whole urban CCAP duration and by fiscal year, requesting processing advances from the project grants, grant disbursements to communities and gozars, and payments to staff/contractors/suppliers/ service providers, advances to PMUs and relevant HQ units for incremental operating costs (IOC) and their reconciliations, facilitation and responding to observations and queries from TPM and external government auditing teams, helping prepare the program for internal and external audits, spot checks and trainings for community/gozar grant related accounting and book-keeping, preparing and submission of timely and accurate interim unaudited financial reports (IUFRs), reporting on all FM activities, liaison with procurement and admin units for contract and IOC related payments etc.

The urban CCAP was able to ensure satisfactory rates of budget execution for the fiscal years 1396, 1397 and 1398. The budget execution has improved from 76% the first year, to 83% the second year to 91% the third year.

The following shows the fund receipts and expenditure in summary by donor and by components, divided by fiscal year in US$ millions:

Component	FY 1396/ 2017			FY 1397/ 2018			FY 1398/ 2019			Cumulative		
	Plan	Actual	+/-	Plan	Actual	+/-	Plan	Actual	+/-	Plan	Actual	+/-
1. Total Grants	42.09	37.33	4.80	117.76	111.97	5.80	152.82	148.96	3.86	312.71	298.25	42.09
a. Rural	32.29	29.34	2.99	88.89	86.91	1.99	123.12	121.12	2.00	244.34	237.36	32.29
b. Urban	9.80	7.99	1.81	28.87	25.06	3.81	29.70	27.84	1.86	68.37	60.89	9.80
2. Cap. Building	15.30	14.09	1.21	14.59	11.84	2.75	18.81	17.00	1.81	48.69	42.93	15.30
a. Rural	12.00	11.47	0.53	9.00	8.40	0.60	15.99	14.65	1.34	36.98	34.52	12.00
b. Urban	3.30	2.62	0.68	5.59	3.44	2.15	2.82	2.35	0.47	11.71	8.41	3.30
3. Eval/ Studies	-	-	-	0.20	0.17	0.03	0.05	0.04	0.01	0.25	0.22	-
4. Project Mgmt	15.78	13.75	2.03	20.41	18.49	1.92	31.24	30.22	1.02	67.07	62.46	15.78
a. Rural	12.59	11.97	0.62	16.97	15.50	1.47	26.66	26.49	0.17	56.22	53.96	12.59
b. Urban	3.19	1.78	1.41	3.44	2.99	0.45	4.58	3.73	0.79	10.85	8.50	3.19
5. MCCG	-	-	-	18.98	17.56	1.43	-	-	-	18.98	17.56	-
Total	73.17	65.17	8.04	171.94	160.02	11.92	202.91	196.22	6.69	447.70	421.41	73.17

Urban:

Grant	FY 1396/2017			FY 1397/2018			FY 1398/ 2019			Total		
	Received	Disbur.	+/-	Received	Disbur.	+/-	Received	Disbursed	+/-	Received	Disbursed	+/-
ARTF	14.58	11.87	2.71	22.02	24.10	0.63	27.44	26.67	1.40	64.04	61.81	2.23
IDA	0.00	0.00	0.00	7.49	7.48	0.01	8.75	7.81	0.95	16.24	15.47	0.77
MoF	1.40	0.52	0.88	0.00	0.00	0.00	0.00	0.00	0.00	1.40	0.52	0.88
Total	15.98	12.39	3.59	29.51	31.58	0.64	36.19	34.48	2.35	81.68	77.80	3.88

Rural:

Grant	2017			2018			2019		
	Received	Disbursed	Balance	Received	Disbursed	Balance	Received	Disbursed	Balance
ARTF	79.80	52.78	27.03	67.03	60.33	6.70	47.31	33.08	14.23
IDA				74.00	48.63	25.38	57.78	57.55	0.24
MoF							0.44	0.44	-
Danish					-		0.45	-	0.45
German				27.65	12.05	15.60	9.07	1.05	8.02
IFAD				0.19	0.18	0.00	0.73	0.30	0.43
EQRA				8.00	7.29	0.72	75.72	67.33	8.39

				0.30	0.05	0.25	6.00	2.71	3.29
CASA									
Total	**79.80**	**52.78**	**27.03**	**177.16**	**128.53**	**48.63**	**197.50**	**162.45**	**35.05**

Procurement Management:
Procurement activities were managed consistent with WB Procurement Regulations, and to the extent possible in accordance with Anti-Corruption Guidelines. The responsibility for the procurements related to CCAP grants is assigned to the CDCs and GAs for their own grant amounts. The project management sub-committees within the CDCs/ GAs handle the procurements required for their approved subproject implementation as per the community procurement methods prescribed in the Community Procurement chapter of the CCAP's Procurement and Contract Management Manual. All procurements except those requiring National Competitive Bidding (NCB) may be handled currently by the CDCs/GAs and/or their assigned subcommittees themselves.

The responsibility for the procurement of goods, works, consulting and non-consulting services required by the urban CCAP rests with respective Procurement teams of the two IAs. In the first year of the CCAP implementation, an assessment done by the NPA increased the thresholds for the IDLG to handle its own procurements. As such, most of the procurements outside of the original OC contract was largely undertaken in-house, with the required approvals of the NPA and/or the No Objection Letters (NOLs) of the Bank. Procurement staff received training in the New Procurement Frameworks (NPF) of the World Bank in specialized training sessions held in India and Uzbekistan. Other management related trainings were also provided to select staff within the unit.

The challenges faced in procurement management included:
a) Lack of adequate qualified staff in the urban CCAP Procurement unit for significant periods
b) Delayed responses from the relevant units for proper procurement planning, necessitating multiple revisions in the procurement plan.
c) Delayed appointment of evaluation panels and/or delays in received evaluation/ selection reports from the selected panel members.
d) Delayed responses from the World Bank to NOL requests
e) Gaps in the functionality of STEP at various periods
f) Poor awareness among bidders/ vendors in how to respond fully to procurement requirements in submissions of quotations/ proposals.
g) Limited or no authorized dealers for specialized items in local markets in some provinces.
h) Centralization of all procurement for the GD and PIU made operations more complex administratively.

The Client is of the opinion that reducing the community procurement thresholds would result in a lot of the procurements being transferred to the HQ offices and work delays on the ground. Hence all implications need to be considered before introducing them. Decentralized procurement for the field offices must also be considered as part of the MTR revisions. The following table summarizes the procurements completed in each of the 3 years:

Urban:

Completed Procurements	FY 1396/ 2017		FY 1397/ 2018		FY 1398/ 2019		Cumulative completed by end of 2019	
	# of contracts	Value US$ millions	# of contracts	Value US$ millions	# of contracts	Value US$ millions	# of contracts	Value US$ millions
G, W, NCS	16	0.99	13	0.36	23	1.12	52	2.47
Con services	5	6.98	2	3.03	1	0.09	8	10.10
Total	**21**	**7.97**	**15**	**3.40**	**24**	**1.20**	**60**	**12.57**

Rural:

Completed Procurements	2017		2018		2019		Total	
	# of contracts	Value US$ millions	# of contracts	Value US$ millions	# of contracts	Value US$ millions	# of contracts	Value US$ millions
G, W, NCS	305	3.25	514	4.73	53	1.12	872	9.1
Con services	27	80.33					27	80.33
Total	**332**	**83.58**	**514**	**4.73**	**53**	**1.12**	**899**	**89.43**

Public Communications: The public communication under the CCAP was initiated through the preparation of a detailed communication strategy, followed by a detailed communication implementation plan, supported by the World Bank consultant, and jointly undertaken by both IAs with the support of the CCAP unit within the MoF. A shared website, social media pages including Facebook, Twitter, Instagram and YouTube were created for the Project. Key activities and achievements part of the public communication outreach and/or awareness raising activities within CCAP included:

- Introducing the urban CCAP as a key new entrant for the urban development at the 5th National Urban Conference, and in the national Mayor's and national District Governors' conferences
- Launching of Video Campaigns in both local languages through local and nationwide media channels for awareness raising on CCAP through a total of 7 TV & Radio outlets
- Conducting a one day workshop (September 2018) to orient local and international media outlets to the CCAP. A total of 22 outlets participated. 4 media field missions.
- Facilitating two press conferences, 43 news bulletins sharing, and number of formal and informal meetings with media outlets.
- 254 Press Release, 26 Video Stories, 8 Success Stories and Infographic showing program progress.
- Social media pages of CC with 35,685 Followers and 6 Provincial Social Media Channels for CC promotions.
- 364 TV and 194 Radio Mentions as per our media monitoring from around 32 TVs and 19 Radio Stations in 4 Cities plus Kabul.
- 4 ongoing series by weekly basis on Facebook: Before – After Picture Series of the projects (32), Photo of the Week (34) showcasing the best photo from one CC finished Projects, Monday Success Story (28) profiling Champion CDCs, and 24 Hours Story (75)
- 34 Video Spots and Media Reports in program support with in-house capacity
- CC page is being reached by 28,810 Followers per day.
- 46 other stakeholders' official pages (Governors House, Municipalities, Local Media Outlets, Civil Societies Pages/Websites, IDLG Pages) regularly supporting the CC program through their pages.
- About 72.6 thousand impressions given to 107 tweets in last 3 months of 2019.
- 6 Email newsletter shared with 2000 Subscribers on monthly basis
- Supporting the PCCMC and MCCMC events through media coverage
- Supporting awareness raising on key area of the CCAP such as grievance handling, MSS etc. through dedicated Public Outreach Campaigns in 4 major cities, installing billboards (40), awareness poster (300) in CDCs' Offices, producing Public Service Announcement (PSAs), distributing (10,000) Brochures, Leaflets, Factsheets
- Conducting 12 mobile Cinemas.
- 36 Project Pictures, 12 Set of Wall Messaging through Posters and Drawings at Municipalities, Displays & Banners including Success Stories
- Orienting new staff in briefings on CCAP branding requirements and providing information kits
- Effective WhatsApp and Viber Groups for internal staff group communications

Environment and Social Safeguards (ESS):

The urban CCAP has been classified under the Bank's ESMF category B and a large majority of its financed subprojects are designed to have no or minimal ESS concerns. The following activities were undertaken as part of the ESS management on the urban side:

- A total of 764 ESS subcommittees have been established and trained by the FPs.
- ESS specific trainings have been delivered to 455 communities.
- 919 transect walks were undertaken on subproject selected sites to monitor ESS conditions.
- Land acquisition adhered to agreed ESMF guidelines: 13 subprojects had land donated voluntarily and 2 had lands purchased.
- At FPs and PMUs level, 922 SPPs' screening checklist based ESMPs prepared, reviewed, and approved. All subproject proposal's ESS plans have been reviewed precisely, correction comments provided/communicated with responsible staff, and the feedback with optimum correction incorporated into the final proposal and approved.
- ESS HQ team has routinely monitored projects, with 563 ESS relevant issues found and rectified.

A specific ESS related violation related to a joint Park construction subproject in Jalalabad city where forced eviction and involuntary resettlement occurred by the municipality to make space for the proposed recreational park to be financed under the urban CCAP. The proposed park area is located in the 5th District of Jalalabad city and the area proposed was 8.55 hectares. A total of 191 business owners and 11 households resident in the area were evicted against the ESMF policies relevant to the CCAP. When the problem came to highlight, all work related to the proposed subproject was halted, a detailed multi-party investigation conducted, compensation packages agreed with the affected parties, and the Jalalabad Municipality, with cash compensations to be made by MoF and alternate land for the households to be provided by the Municipality. At the time of the MTR, payments have been completed to a majority of the affected parties. MoF has approved a sum of around AFA 35 million for the same.

Indicator	2017		2018		2019		Total	
	MRRD	IDLG	MRRD	IDLG	MRRD	IDLG	MRRD	IDLG
# of Site Selection done	131	107	2,804	600	4,899	212	7,834	919
# of ESMPs prepared	125	107	2,784	600	4,872	212	7,781	919
# of voluntary land donations	35	4	1,617	4	2,217	5	3,869	13
# of purchased land	15		157	2	141		313	2
# of Public land (community/gov)	35		83	3	828		946	3
# of ESS sub-committees established	1,814	215		549		178		942
# of Communities trained on ESS		195		484		97	7,198	764
# of ESS related grievances recorded	2		6	19	6		14	19
# of Monitored ESS issues in SP	95	124	1,152	259	2,443	153	3,690	536

Some of the issues encountered during implementation of the ESMF in CCAP:

- Some of the landowners do not have legal documents and often private rural lands are not registered with the ARAZI. Similarly, the Mine Action Centers for Afghanistan (MACA) or related bodies are not present in some districts and district governors are unwilling to sign documents showing that the area is free of mines for subproject implementation or that for land ownership. It is recommended that these issues are addressed with the ARAZI and provincial/ district/municipal offices through the MoF and CC coordination committees at the center.
- There is no defined budget for ESS related risk mitigations where needed. It is recommended to allow the same from the grant funds related to the subprojects necessitating the same.

- ESS capacity is limited in the field and awareness of ESS and the CCAP's ESMF requirements take time and significant effort to be communicated.
- Attracting qualified ESS personnel has also been a challenge. In the field, a large number of the focal points for ESS have other primary roles and ESS responsibilities are only added informally or formally to their ToRs. This results in less than the attention and resources needed to identify and address ESS related issues and risks.

Scorecards:

The urban CCAP has score cards limited to health and education facilities while the rural CCAP have score cards also for infrastructure covered under the drinking water, irrigation, transport and power sectors. At end of Dec 2019 which is the third-round of scorecard, 842 CDCs (99%) filled the scorecards for 27 health and 119 education facilities, out of 842 CDC, 474 CDCs (56%) receive all health (6) and education (5) MSS and 368 CDCs receive some of the MSS but not all. According the report, overall 56 percent of CDCs receive all minimum standard services set in the program and 44 percent does not receive all MSS. Compare to second round of scorecard, 19% MSS has been improved.

Particularly, in the education sector 837 CDCs completed the Education Scorecards, 621 CDC (52%) receives all (5) education MSS and 216 CDCs receive less than 5 MSS, in the health sector 701 CDCs completed the health scorecards and the remaining **141** CDCs using the regional Government Hospitals or Central Government Public Hospitals, 643 CDCs (82%) receive all (6) health MSS and 59 CDCs receive less than 6 MSS.

In terms of facilities, out of 119 education facilities, 69 facilities (58%) provide all 5 MSS and 50 facilities (42%) provide less than 5 MSS. In the health sector, out of 22 (81%) out of 27 health facilities provide all 6 MSS and 5 (19%) facilities provide less than 6 MSS.

The results of the rural CCAP score card implementation is shown in the tables below:

Indicators	1st Round	2nd Round	3rd Round
# of communities reported scorecard on clean drinking water and Infrastructure	9,494	3,449	361
# of the reported Communities that have access to clean drinking water as per the MSSs	3,386	1,835	156
# of the reported communities have access to basic electricity as per the MSSs	2,782	1,161	31
# of reported communities that have access to basic road as per the MSSs	7,167	2,430	182
# of reported communities that need for small scale irrigation	7,223	2,542	121
# Health Centers reported on scorecards	515	223	21
# reported Health Centers provide all Minimum Service Standards	414	195	12
# of schools reported on the scorecards	2,888	1,291	152
# of reported schools provide all Minimum Service Standards	1,842	954	63

Rural:: Same communities that meet all MSSs (water, one of three intrssture, health and educaiton).

Overall Infrastructure, Education and Health MSS Scorecard comparison between two periods for the same reported Communities		
Overall (Same Communities) reported 1st and 2nd Round	1st Round MSS Meet	2nd Round MSS Meet
4,256	1,113	1,511
	26%	36%

Same communities that meet all MSSs (water, one of three intrssture, health and educaiton).

# of communities reported 1st, 2nd and 3rd round	1st Period Meet	2nd Period Meet	3rd Period Meet
430	27	49	60
	6%	11%	14%

Clean drinking water and Infrastructure MSS Status. (Comparison of the same communities in 1st and 2nd round)

# of Communities (same) Reported (1st and 2nd Round)	1st Round Meet	2nd Round Meet
4,256	1,740	2,069
	41%	49%

Comparison of communities (same) reported 1st, 2nd and 3rd round of Infrastructure MSS Scorecard

# of Communities (same) Reported (1st, 2nd and 3rd Round)	1st Period Meet	2nd Period Meet	3rd Period Meet
416	108	130	158
	26%	31%	38%

Education MSS comparison between 1st and 2nd round for the same communities and facilities reported

# of Education facilities reported in the 1st and 2nd round	# of comm. receiving Education services from these facilities	# of facilities meet 1st round	# of comm. meet 1st round	# of facilities meet 2nd round	# of comm. meet 2nd round
1,501	6,642	1,063	5,008	1,116	5,334
		71%	75%	74%	80%

Education MSS comparison between 1st, 2nd and 3rd round for the same communities and facilities reported

# of Education facilities reported in the 1st, 2nd and 3rd round	# of comm. receiving Education services from these facilities	# of facilities meet 1st round	# of comm. meet 1st round	# of facilities meet 2nd round	# of comm. meet 2nd round	# of facilities meet 3rd round	# of comm. meet 3rd round
159	480	82	300	92	350	94	390
		52%	63%	58%	73%	59%	81%

Health MSS comparison between 1st and 2nd round for the same communities and facilities reported

# of Health facilities reported in the 1st and 2nd round	# of comm. receiving Health services from these facilities	# of facilities meet 1st round	# of comm. meet 1st round	# of facilities meet 2nd round	# of comm. meet 2nd round
264	3,473	226	3,075	229	3,073
		86%	89%	87%	88%

Health MSS comparison between 1st, 2nd and 3rd round for the same communities and facilities reported

# of Health facilities reported in the 1st, 2nd and 3rd round	# of comm. receiving Health services from these facilities	# of facilities meet the MSSs in 1st round	# of comm. Meet the MSSs in 1st round	# of facilities meet MSSs in 2nd round	# of comm. Meet the MSSs in 2nd round	# of facilities meet MSSs in 3rd round	# of comm. Meet MSSs in 3rd round
23	356	18	311	15	221	14	185

		78%	87%	65%	62%	61%	52%

Some of the issues faced with the score card implementation and related recommendations are summarized below:

1. The finalization of the forms took considerably long and subsequently formats had to be changed, causing some level of confusion in the field.
2. While some experience has been gained by the relevant subcommittees, additional technical assistance and support continues to be required from the FP for the completion of the scorecards adequately.
3. Initially, there used to be some resistance from the management of some facilities but once official information on the score cards was shared with them via their respective line ministries, this challenge has been removed.
4. There is no clear timelines or levels of responsibility (facility/ district or provincial directorate for the relevant line ministry, central level etc.) defined for how shortcomings raised in the score cards will be addressed.
5. There is still no systematic tracking mechanism to see what the score cards completion periodically has achieved in terms of improving the services, especially those related to health and education.
6. The CDC/CCDC/GA health and education sub-committees continue to be undermined by the line ministries continuing to create parallel structures.
7. The private facilities and provincial public hospitals are not covered by the score cards. Thus for committees in the urban areas where the use of such facilities are significant, there is ambiguity on the use of the score card.
8. As the score cards only measure existing health and education facilities, their absence is not being noted.
9. FP payments linked to score card completion is affected when there are no facilities available.

Institutional Maturity Index (IMI):

The IMI was introduced in a far more elaborated and systematic manner in the CCAP, including a baseline round soon after CDC and sub-committee creation, and an end line round close to the FP exit. On the rural side, a total of 53,898 IMIs have been completed for around 10,245 communities and their sub-committees in place. On the urban side, over 3,000 IMIs have been completed for around 580 CDCs and their sub-committees. The following table summarizes the IMI baseline progress:

Rural:

Region	# of Elected Communities	Overall Coverage of IMI for CDCs+Sub-Committees							Total
		# of IMI filled for CDCs	# of IMI filled for Agriculture Sub-committee	# of IMI filled for Education Sub-committee	# of IMI filled for Environment Sub-committee	# of IMI filled for Health Sub-committee	# of IMI filled for VGD Sub-committee	# of IMI filled for Youth Sub-committee	
Center	2,806	2,645	2,068	2,067	2,058	2,055	2,419	2,398	15,710
East	2,375	1,980	1,445	1,428	1,449	1,456	1,887	1,861	11,506
Northeast	2,119	1,566	821	792	807	811	966	9,64	6,727
Northwest	1,196	1,157	968	1,005	972	1,005	1,130	1,113	7,350
West	1,679	1,605	1,010	1,018	1,020	1,025	1,312	1,318	8,308
South	1,569	1,292	444	444	460	449	637	571	4,297
Total	**11,744**	**10,245**	**6,756**	**6,754**	**6,766**	**6,801**	**8,351**	**8,225**	**53,898**

Region	# of	2018	2019

	IMI filled for CDCs	High Mature	Mature	Low Mature	Immature	High Mature	Mature	Low Mature	Immature
Center	2645	2	179	565	428	7	135	839	490
East	1980	10	73	115	68	15	195	888	616
Northeast	1566	1	38	127	46	2	62	861	429
Northwest	1157	2	24	205	174	2	43	292	415
West	1605	11	210	479	46	31	280	417	131
South	1292		1	100	88		25	266	812
Total	**10,245**	**26**	**525**	**1,591**	**850**	**57**	**740**	**3,563**	**2,893**

Urban:

CDC or Subcommittees	Total # of CDCs and Sub-Committees Filled Baseline IMI	#of CDCs with very low maturity (very unsatisfactory 0% to 40%)		#of CDC with low maturity (unsatisfactory 41% to 60%)		#of CDC with medium maturity (satisfactory 61% to 80%)		#of CDCs with high maturity (very satisfactory) 81% to 100%	
		#	%	#	%	#	%	#	%
CDC	540	59	11	393	73	83	15	5	1
Education	527	93	18	284	54	146	28	4	1
ESS	572	145	25	269	47	153	27	5	1
Health	569	138	24	285	50	142	25	4	1
VGD	190	69	36	18	10	103	54	0	0
Youth	580	171	30	257	44	148	26	4	1
Average			**22**		**51**		**26**		**0.7**

Some of the field observations for completion of the baseline IMI include the following:
- With the rush to the subproject implementation, the baseline IMIs have not been completed on time. This is reflected in the much lower number of CDCs for which they have been completed than when comparing to the number of CDCs registered.
- There have been a few complaints on communities where the sub-committee IMIs are completed but not that of the main CDC.
- The percentages of the scores with the ranking for the IMI needs to be reconsidered. For example, a CDC that scores 60% is still ranked as having "low maturity/ unsatisfactory").
- Given the delays in completing the baseline, the end line IMI will not have the ideal 2.5 years gap since the baseline and thus needs to be completed sooner, before the FP contracts expire.
- The remedial action plans for the weak areas identified in the baseline IMI are not always maintained or followed on the ground.

Grievances Handling:

The CCAP has emphasized on the importance of a functional and effective grievance redressal mechanism from the start. Various forms of uptake channels have been set-up and functional. Communication tools, including short videos broadcast on social media and through the radio/ TV, posters etc. have been used to promote and raise awareness of the CCAP's GHM and its uptake channels. The following are some of the additional outputs of the GHM teams:
- Finalized the GHM manual and related forms and got the Bank's NOL for the same.
- 20,000 GRM awareness poster and 50.000 brochures, designed printed and distributed throughout the country.

- 16 GRM training and orientation conducted during this phase of the program in 6 regions for 503 CCAP staff including provincial managers, district managers, provincial trainers, ESS senior officers of 34 provinces. The CC social organizers included in some GRM training conducted recently.
- Two short GRM awareness film made with the cooperation of Public Communication Department to be broadcasted by media and mobile cinema.
- 29 field missions conducted during this phase of the program for grievance resolution & fact finding throughout the country.
- A comprehensive analytical report of grievances prepared and shared with the WB.
- 520 community/CDC spot checked to find out the functionality of GRM at the community level and its report shared with the WB and CCNPP/MRRD management team.
- Exposure visits conducted for 24 CPM/GRC members of Karukh and Zindajan district in Herat province to exchange information and see what is happening with the city level GRM (detailed report is available)
- Recently a sanction policy under GRM prepared and shared with the WB for NoL.

In practice, the following challenges have been encountered:
- Grievances raised to CDCs, CPM and/or FPs are not systematically being documented or reported on. The actual registration is limited to complaints received through any channel at the CCAP district, provincial and/or HQ offices. So a complete reporting on all grievances received has not been feasible.
- The use of the complaint boxes installed in the communities for the CCAP has not been used to any great extent to date.
- The number and percentage of grievances received from women remain negligible.
- Feedback mechanisms, to advice the complainant of the investigation findings and/or resolution proposed, are not always feasible when the grievance is received anonymously.

The table below summarizes the number and types of grievances received:

Indicator	2017				2018				2019				Total			
	MRRD		IDLG		MRRD		IDLG		MRRD		IDLG		MRRD		IDLG	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
# of grievances received	35		23	1	292		62	3	983	38	148	1	1310	38	232	5
# of grievances investigated and solved/closed	29		23	1	281		62	3	863	25	126	1	1173	25	210	5
# of grievances under investigation	6				17				147	3	22		170	3	22	
Corruption charges against CDCs (individual members/joint)					6				21	2			27	2		
Weak performance allegations of CDC	1		1		50		18		127	10	40		178	10	59	
Infraction of CC Om procedures	1		12		139		23		229	9	39		369	9	74	
Social safeguards related			3				1		8				8		5	
Environmental safeguards					1				5				6			

Subproject implement / quality related		6		38	24	238	4	69	276	4	99
Beneficiary targeting and subproject selection	5			41		185	3		231	3	
Project Management related grievances (HR, Financial & Procurement)						80	5		80	5	
N/A to CC	28			17		90	5		135	5	

Urban CCAP grievances by gender and city:

City	2017		2018		2019		Cumulative		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Herat	3	0	4	1	14	0	21	1	22
Kandahar	4	0	27	1	67	0	98	1	99
Jalalabad	14	1	15	0	28	0	57	1	58
Mazar	1	0	16	1	39	1	56	2	58
Total	**23**	**1**	**62**	**3**	**148**	**1**	**232**	**5**	**237**

Social Inclusion Grant (SIG) and Grain Banks:

Grain banks have been established in 8,157 communities. There is widespread optimism and willingness of communities and CDCs towards this initiative. In total, 22,093 "Stop Seasonal Hunger Campaigns" were completed in 8,875 communities, with Vulnerable Groups Sub-committees formed in 114 districts of 34 provinces. 8,157 communities established food/grain banks and mobilized food and non-food items worth $2,997,525 from which nearly 41,865 households benefited so far. In the targeted SIG provinces, Communities reached to minimum target of collecting AFA 68,000 each to qualify for the SIG Grants.

Under SIG batch number 1, which is for IDPs and returnee's response, a total 1,475 communities were covered in 13 districts of 9 provinces of which the SIG proposals for 1,202 communities were approved. A total $ 902,096 matching grants were disbursed from which nearly 12,324 household actually benefited

Under SIG batch number 2, which is for drought response, a total 780 communities were covered in 16 districts of 6 provinces of which for 467communities the SIG proposal were approved. A total $ 333,580 matching grant was disbursed from which nearly 4,066 household actually benefited in 780 communities. The disbursed SIG matching grant will be distributed during lean season.

Output Indicator	2018	2019
# of provinces covered	34	34
# of districts covered	106	106
# of Communities with established Vulnerable Groups Sub-Committees	3,653	5,711
# of communities with "stop seasonal hunger campaigns" completed	9,244	15,511
# of communities with food/grain banks set up	3,278	8,980
Estimated value of goods/labor/cash raised by communities (US$)	440,825	3,067,834
Actual # of beneficiaries in communities with food and non-food items have been distributed (Households)	8,921	36,277

In addition to the above major achievements, 293 jeribs of agricultural land has voluntarily been dedicated by community members for sustainability and maturity of grain banks. The average duration for which the land is dedicated is from 2-5 years. To avoid confusion, part of this land has been dedicated under Grain Bank while other part of this land has been dedicated under SIG. While the successes are many, it needs to be acknowledged that the economic conditions of the rest of the community are also far from ideal, and hence their contributions towards the grain bank alone will not suffice to support the poorest families during the lean season even with basic food and heating supplies in some communities. As such, MRRD recommends extending the SIG to all communities possible, such that the matching grants may also be used to ensure support to the poorest households.

Table below Batch# 1: IDP & Returnees response SIG implemented by FPs

Output Indicator	2018	2019
# of provinces covered	9	9
# of districts covered	13	13
# of communities covered	976	632
# of communities that have SIG Proposal Approved	595	784
Total SIG matching grants disbursed (US$)	677,043	512,463
Actual # of beneficiaries in communities with SIG grants distributed (HH)	719	12,325

Table below Batch# 2: Drought Response SIG implemented by VGD/CC

Output Indicator	2018	2019
# of provinces covered	1	6
# of districts covered	1	16
# of communities covered	8	262
# of communities that have SIG Proposal Approved	6	262
Total SIG matching grants disbursed (US$)	5,484	184,623
Actual # of beneficiaries in communities with SIG grants distributed (HH)	0	4,066

Kuchie Development Sub-Program:

The following table summarizes the progress made under this new sub-program pilot.

Indicators	Cumulative to the end of 2019
# of KCDCs mobilized	464
# of KCDCs Elected	434
# of WBA completed	390
# of KCDPs developed	386
# of Sub Projects proposed	59

Some of the challenges experienced and recommendations for the Kuchie Subprogram:

- Given the remoteness and insecurity, social organizers and engineers may be required to spent nights with the Kuchie communities. Timely, financial and logistical arrangements should be provided to these staff to support them in this difficult new work.

- There are extremely insecure conditions and existence of anti-government elements along the access routes and within the coverage areas. Hence the mobilization time may need to be extended such that close relationships can be forged between the staff and the elected Kuchie representatives as well as local elders and leaders.
- Traditional Kuchie pasture lands have been captured by local warlords and powerful local militia. The relevant ministries need to support the Kuchie communities in ensuring their pasture lands are restored. Assessment of public and pasture lands will also have an impact on the proposed projects.
- Women's participation is more difficult to achieve in Kuchie communities and this needs to be carefully considered and factored into the implementation. Some positive changes have been observed where some Kuchie leaders encouraged their community women to also participate in this program.
- Literacy rates among this community are very low and this also becomes a challenge with the many forms and documentary requirements for the Program. A significant part of this population also does not have the necessary Tazhira ID cards needed. As a program, attempts should be made to support them get ID cards as well.

Maintenance Cash and Construction Grants (MCCG):

The Maintenance Cash and Construction Grants (MCCG), one of the sub-programs introduced under the CCAP umbrella as part of the First Additional Financing (AF) to provide emergency support to select rural districts with a significant number of displaced populations. It aims to provide short-term employment opportunities enabling 35% of the communities' poor/ poorest households (host and in-migrant) to prepare for the lean period (winter 2018/2019 and 2020), to mitigate seasonal hunger, maintain/repair existing infrastructure, and construct small infrastructure (including class rooms) that falls outside the Citizens' Charter construction menu. Currently MCCG is being implemented in 9 provinces and 14 districts covering around 2300 communities.

To assess the effectiveness of MCCG subprogram, a survey was conducted by KfW (contracted MCCG Third Party Monitors), between April and May 2019 with a total of 1365 beneficiaries in 6 districts in 5 provinces. Alongside this quantitative research, the team also completed technical engineering inspections and qualitative assessment of the projects. Beneficiaries surveyed overwhelming rated the MCCG program as "very good." They can see the benefit that the program has in their village and appreciated that projects were selected by the community. For 52% of the beneficiary survey respondents, the MCCG grant represents their only source of income at this time. The survey also indicates that the 21 finished projects surveyed were completed satisfactorily: work teams used the correct quantities of materials, and materials used were of suitable quality. Monitoring forms were completed correctly and in accordance with the Operational Manual, sent to the PMU, and entered onto the data base for 20 of these 21 projects.

Output Indicator	2017	2018	2019	Total
# of provinces covered	5	4	0	9
# of districts covered	7	7	0	14
# of communities with approved maintenance plans	326	748	95	1,169
# of communities received MCCG	326	748	95	1,169
MCCG disbursed to communities (US$ million)	9.8	23.5	3	36.3
# of communities completed MCCG work	0	58	474	532
MCCG utilized and closed in communities (US$)	0	1.2	11.5	12.7
Planned/ Estimated in Approved Plans Planned				
Grant portion committed to labor in proposals (US$)	589,044	19.3	3.6	23.5
Grant portion committed to non-labor in proposals (US$)	392,696	13.0	800,000	14.5
# of estimated labor days (unskilled)	95,846	3.3	2.3	5.7
# of estimated labor days (skilled)	16,914	296,481	24,870	
Total # of labor days estimated.	112,760	3.5	2.2	338,265
# of skilled laborers estimated	422	7,412	622	8,456

# of unskilled laborers estimated	2,397	80,529	3,524	86,450
Total # of laborers estimated	2,819	87,942	6,964	97,725
# of subprojects	75	1,727	173	1,973
# of beneficiaries estimated for paid labor	16,914	566,438	2,842	586,194
# of beneficiaries estimated for repaired/ constructed infrastructure	48,325	2.2	1.5	4
Actual Data for Communities with MCCG Closed				
Grant used for labor (US$)		857,631	7,171,751	8,029,382
Grant used for non-labor (US$)		531,113	4,429,728	4,960,841
# of labor days (unskilled)		161,764	2,478,173	2,639,937
# of labor days (skilled)		4,205	82,652	86,857
Total # of labor days actual		165,969	2,560,825	2,726,794
# of skilled laborers actual		114	1,665	1,779
# of unskilled laborers actual		4,042	36,800	40,842
Total # of laborers actual		4,156	38,465	42,621
# of subprojects		64	578	642
# of beneficiaries from paid labor		19,940	199,235	219,175
# of beneficiaries from infrastructure		91,649	1,385,053	1,476,702

The following outlines some of the challenges, lessons-learned and recommendations on the MCCG: (Note: Other information may be outlined from the summary of the key findings of the KfW report included in this MTR report.

- Over 54% of the country's population live under the poverty line, and the number of poor and poorest households in many communities' Well Being Analysis (WBAs) exceed the 35% of the total number of households that may be targeted by the MCCG as per the current policy. As such, the Client recommends amending this policy to include at least 45% of the households.
- Limiting subproject selection to the labor costs minimum 60% and non-labor costs maximum 40% rule has been challenging as many of the top priorities of the communities cannot be included. Also the non-labor costs are often higher than 40%. As such, the Client recommends changing the ratio from the current minimum 60: maximum 40 to 50:50 equally for both labor and non-labor related costs.
- The demand to expand MCCG to other areas remains high and there are lots of expectations raised in neighboring districts not covered.
- There are also security concerns delaying or limiting the work of MCCG in communities originally planned under the coverage.

The following summarizes some of the key findings from the monitoring missions and provides recommendations on how these could be addressed:

Challenges	Recommendations
The number of laborers on site did not match the number or names of laborers in the attendance logs. Different types of attendance logs were used.	Engineer and social organizers should monitor process more closely and not allow CDC members to register extra names in the attendance sheets. Uniform standardized templates need to be used across the MCCG for laborer attendance logs as these form the basis for the actual payments and accounting.
Procurement and financial documents were not maintained properly.	The engineer and Social organizer will help with CDC members in the filing of documents.

MCCG poster was not posted in public place	MCCG poster and laborers lists will be posted in public places for clear accountability and public knowledge.
MCCG projects were not highlighted in the resource map	The projects must be highlighted in a resource map and displayed for accountability.
WBA was not prepared correctly or not used correctly for the MCCG beneficiary HH selection	FPs need to pay extra attention to the WBA process and ensure maximum participation of representatives from all households. How the WBA posters should be used for the MCCG needs to be clearly understood by the whole community.
WBA has no flexibility for new IDPs and returnees.	As MCCG is an emergency grant, therefore, WBA must have the flexibility for registration of new IDPs and returnees
Delay happened in the implementation of the MCCG project due to social conflict, and natural disaster.	Active mobilization of the community is needed prior to the selection of the subproject and beneficiaries to manage expectation and avoid conflicts.

The following table shows the number of communities and their projects monitored by provincial and MCCG monitoring officers.

Provinces		2018		2019		Overall/ 2018+2019	
Sr. N	Province	# Communities	# Projects	# Communities	# Projects	# Communities	# Projects
1	Farah	28	28	34	34	62	62
2	Kunduz	22	38	14	23	36	61
3	Laghman	28	35	78	101	106	136
4	Logar	15	15	26	26	41	41
5	Nangarhar	30	44	136	207	166	251
6	URUZGAN	8	14	39	55	47	69
7	Ghazni	0	0	6	6	6	6
8	Takhar	0	0	1	1	1	1
9	Baghlan	0	0	0	0	0	0
Grand Total		**131**	**174**	**334**	**453**	**465**	**627**

Note: In 2018, MCCG projects were not started in Ghazni, Takhar and Baghlan. Also in 2019, MCCG projects were not started practically in the field in Baghlan. In Takhar province, the MCCG projects were initiated only in late November 2019, and hence only 1 was monitored. The following table summarizes the key monitoring findings related to MCCG:

S. N	Key indicators of MCCG Monitoring Form	2018		2019	
		Yes %	No %	Yes %	No %
1	Was the MCCG poster posted in a public place?	35	65	35	65
2	If No, was the MCCG poster available with one of the CDC Office Bearers?	79	21	89	11
3	Was the Resources Map available with one of the CDC Office Bearers?	95	5	97	3
4	Was materials purchased for the subproject?	83	17	90	10
5	Were equipment/ tools purchased for the subproject?	77	23	89	11
6	Was the Well Being Analysis poster available with the CDC Office Bearers?	98	2	98	2
7	Was there a lottery in the community for selecting laborers?	75	25	78	22

8	Do the Social Organizers responsible for the MCCG in this community visit and work with you?	99	1	99	1
9	Do the Engineer responsible for the MCCG in this community visits and works with you?	98	2	100	0
10	Do they record their visits in CDC log book?	98	2	97	3

B6. Overall Risks:

Security: With the urban CCAP coverage is limited to four large cities; it is not subject to the same degree of insecurity concerns and the need for a completely alternate modus operandi in high risk areas. However, raising insecurity was a key factor in delayed implementation, especially in Jalalabad city. The urban CCAP provincial manager for Jalalabad was killed in August 2018 in a terrorist explosion during a meeting he went to attend representing CCAP. Both FPs and PMUs in the urban CCAP have had to temporarily halt visits/ works to some communities given heightened security concerns. The Presidential election campaigns and the peace settlement negotiations in 2018 and 2019 also contributed to the security tensions in the coverage area. Insecurity is likely to peak from mid –spring to mid-autumn which also is the prime construction season.

Sustainability of institutions created: The Sub-National Governance Policy and the Municipal Law mention CDCs and GAs but fail to provide them with a legal standing outside of the CCAP. Line ministries that had committed to the use of the CDCs/GAs and their sub-committees have continued to create parallel structures at sub-national level. Previous external evaluations under the NSP highlighted the need for continued small trances of funding supply needed to keep CDCs functional beyond the program duration. However the CCAP does not include such funding possibility.

O&M/ Functionality of subprojects financed: While the ownership of the subprojects financed under the CCAP rests with the communities/ gozars, there is no funding provision in the design for future operation and maintenance (O&M) of the completed infrastructure, beyond user fees for water and power grid extension subprojects.

B7. Recommendations:

Coverage:

- Coverage: Coverage determinations for future phases should ensure equity between urban and rural community numbers, in keeping with the design of a minimum of one-third being covered in each phase.
- Funding Shortage: Shortage of funding to address the RASS grants as per the MSS for the contracted communities needs to be addressed as a priority.
- Urban coverage selection guidelines: Future rollouts should include clear guidelines for selection of communities/ nahias for coverage when whole cities cannot be covered. Similarly clear guidelines need to be provided on vacant plots within coverage areas, community contributions from tenant residents.

MSS and Score Cards:

- MSS: The minimum service standards for the urban side need to be reconsidered to include some which may be addressed by the urban CCAP subprojects as well.
- Permissible Menu for Urban Areas: The urban area subproject permissible menu and the related block grant ceilings need to be relooked at in future phases in the light of urban public infrastructure standards.
- MSS Indicators and Score Card Finding Follow up: MSS indicators need to be linked to clear time deadlines for addressing by line ministries. Score cards need to also be reviewed for outcomes to show

what changes have resulted from implementing the score cards, beyond just building the community capacity to monitor government public service provision.

Participation Policy Requirements:

- PLA exercise outcomes: The outcomes of the PLA exercises, including both self-initiatives by the communities and those funded by third-parties, need to be better captured and documented.
- Policy on Minimum Required Participation Percentages: The minimum mandated requirements for participation in the various CCAP processes need to be reduced in the urban contexts. Alternate arrangements (such as multiple sessions with smaller groups) may also be considered.
- Community Contribution: The urban CC minimum mandatory community contribution has been reduced from 25% to 10%, but the implementation of the changes required in some subproject designs and scope needs to be carefully managed.
- Voluntary Work by CDCs/GAs: The average time spent by CDC/ GA/ subcommittee members voluntarily for the CCAP related work needs to be tracked and documented in future phases, as this is substantial.
- Inclusion and Participation of Women: Design, policies and implementation should all consider how to encourage the actual participation and inclusion of women in the CCAP beyond voting in CDC elections and being elected/ selected as CDC/GA/ subcommittee members.

Grants and Subprojects:
- Grant disbursement conditions: Second installment disbursements at community level should be allowed with the use of 50% of the first installment tranche and 50% provision of the agreed community contribution
- Grant currency: The UABG was defined in US$ but disbursed in AFA at fixed amounts based on lower exchange rates. As such, there is a possible saving of around $ 10 million in the budgeted UABG. Future rollouts should define currency in US$ and use the applicable MoF exchange at time of disbursement.

Coordination and Linkages:

- OM Revisions and Separation for IAs: If feasible, separate the CCAP Operations Manual into one whole for rural and one whole for urban to avoid ambiguities and delays in revisions. OM revisions to be limited to a maximum of 1 in 18-24 months, to be introduced uniformly at a specified date, with all work completed as per the previous requirements to be acceptable for a minimum grace period of 2 working weeks.
- CC Sub-national Committees: The frequency and mandate requirements for P/D/M CCMs and cross visit/ linkage requirements outlined in the OM needs to be reconsidered in light of the lack of budget availability for the same.
- Central level coordination and oversight committees: Inter-ministerial committees for coordination and oversight need to be distinguished between leadership and technical levels, and their mandates and requirements need to be tailored to their actual time and other input availability.
- Sub-committees: The functionality and work outcomes of the various CDC/GA thematic subcommittees need to be better monitored and reported on. Field monitoring indicates that except for the health, education and CPM subcommittees, the others created are not active in many communities.
- Institutional Sustainability: Legal framework recognizing the CDCs and GAs as formal sub-national institutions for development must be encouraged. In the meantime, the sustainability of the CDCs/GAs created by the CCAP beyond the exit of the contracted FPs, need to be considered.

- GA/CDC chairpersons are in some cases also appointed as "Wakeeli Gozars" with administrative responsibilities where they meet the requirements of age, education, residence etc. CC policy regarding this should be aligned to the new guidelines of the Government.

Third Party Monitoring (TPM):

- TPM: TPM findings and recommendations should also consider the context of working in very difficult field conditions. Accountability mechanisms should not necessarily add to the workload or to the documentation requirements but should be streamlined into checks and balances within existing ones where feasible.
- TPM needs to report the major and important deviations and findings at the soonest possible time in order allow the program take necessary actions.
- Limiting documentation requirements: The high rate of illiteracy among the community, even higher among women, is one of the challenges in implementing the PLA tools and forms. We need to simplify the forms and may reduce the number of the forms and pages.

Procurement and FM:

- Community Procurement and Bookkeeping: Community procurement and accounting need to be further simplified, with current thresholds retained but with improved documentation. Reducing community procurement thresholds will more likely shift responsibilities from CDC/GAs to the PIU's Procurement Unit and result in further delays.
- FP Procurement: Procurement of FPs in future phases should consider the long time (average 1 year) required and be allowed to be initiated in sufficient time to ensure contracts may be signed immediately upon the phase becoming effective.
- Significant changes in implementation arrangements, especially in procurement and financial management, should be limited to new phases or limited to new rollouts, when introduced during ongoing phases.
- Decentralizing Procurement: The procurement process is still centralized which needs be decentralized to the field offices. The prescribed requirements for community procurement is difficult for the CDCs/ GAs and needs to be further simplified.

Future Expansions/ Phase Considerations:

- Design of a future phase should include a full-fledged lessons-learned workshop covering the current phase as a whole, and including key stakeholders from all aspects of the project.
- Joint and larger projects: There should be proper mechanisms for joint and bigger projects in the next phase, including means to encourage the communities for bigger projects and will also assure us that the communities have the understanding of bigger projects in terms of sustainability and cost efficiency.
- Budget ceilings per community grants for rural CC: If the practice of budget ceilings per community or project is to be introduced, then it needs to be practiced from the start to avoid the unequal distribution of resources and services provision.
- Feasibility studies needed: Conduct a proper feasibility study and allow proper timelines when adding new components to the program.
- O&M Costs for Completed Subprojects: The future functionality and O&M of CCAP financed subprojects (especially transportation) may need to be supported by external financing.

- Semi urban community coverage: There are some semi-urban communities within the rural coverage. If these will come in the future urban CC coverage, these should be left uncovered till then. If otherwise, there should be flexibility in how the MSS will be applied.

- Insecurity: The HRAIS needs to be revised based on ground realities and practical application of the various CCAP policies and norms.
- FP performance: FP performance evaluations should be evolved to be more evidence-based and comprehensive, but also with possibility of remedial measures, including contract termination.
- Payment schedules: Payment schedules for FPs should be streamlined for future phases such that installments are linked to individual milestones. Payment processing needs to be streamlined with clearly defined and monitored timelines for all steps in the process.

C. SUMMARY OF FINDINGS: EVALUATIONS & STUDIES

Study on Rural MCCG Conducted by KfW:

Phase 1 data collection took place between 15 April and 17 May 2019. A total of n=1450 beneficiary surveys were completed across six districts in five provinces. The key findings are summarized below:

MRRD MCCG staff members have established good working relationships with the communities included in the program. CDC members, FP staff members, and MCCG staff members appear to have a better understanding of the rules and procedures of the MCCG programme than they did last year and are better equipped to address and resolve issues as they arise.

For this phase of work, the engineer team entered data for 78 projects in to the Cosmos database. 63 finished projects were completed satisfactorily. All completed projects were compliant with technical specifications and the planned work schedule

- 94% primary laborers in their households – average age 33 – average 10 dependents
- 80% stated MCCG as "very good", 15% as "good", 4% "neutral"
- 81% very satisfied with their CDCs, 16% "somewhat satisfied"
- 87% unskilled and 13% skilled laborers
- 93% stated they received weekly payments under MCCG, 5% said daily
- 29% stated "less than half", 49% said "half" and 21% said "more than half" of their total income had come from MCCG this month
- On main source of income, 43% said daily wage labor, 23% owned land, 22% leased land, 5% were skilled laborers and 7% were other responses.
- On how they utilized their MCCG income, 99% said food as their first response, medical expenses 77%, loan repayment 23%
- Enough income to pay for food in the lean season, 18% yes enough to buy adequate food, 57% yes but only to buy minimum, 25% no not enough
- WBA and lottery process needs to be reconsidered: many families in one HH counted as just 1, some HH classified wrongly, new resident HH not included in WBA
- Many communities could not implement their primary priority subproject under MCCG given limited funds and the requirement of maximum 40% as non-labor costs.

Asia Foundations' 2018 Survey of the Afghan People with Booster on CCAP Baseline:

The Survey is The Asia Foundation's annual public opinion survey in Afghanistan and provides a longitudinal portrait of evolving public perceptions of security, elections, governance, the economy, service delivery, corruption, youth issues, reconciliation with the Taliban, access to media, migration, the role of women, and political participation. In 2018, the Foundation extended the survey to include questions related to the Government's Citizens' Charter program in 8 rural districts and 2 cities. A total of 2040 face-to-face interviews were conducted with Afghan respondents 18 years of age and older, 50.3% female and 49.7%

male, and comprising of 80% rural and 20% urban respondents. Field implementation was just beginning to various degrees in these districts while no infrastructure was built as of yet.

- Overall, 56.3% of respondents from the 10 CC districts and cities reported awareness of a CDC in their local area. Top functions of CDCs are perceived to be *representing community needs* (60.3%), *implementing infrastructure projects* (39.7%), and *coordinate with other nearby communities* (22.5%).

- Less than half of respondents who know about CDC in their local areas reported having participated in at least one CDC activity (42.7%). Voting in CDC elections was the most common activity among respondents (30.6%), followed by meetings (22.1%) and voting on types of projects to undertake (20.8%). Overall, participation of men is almost double that of women (55.9%, 29.6%).

- Most respondents reported satisfaction with CDC performance (76.3%), and thought CDCs to be trustworthy (82.9%). Among 76.3% of respondents who reported satisfaction with CDC performance, their top cited reasons for being satisfied with CDC performance were *represent community needs* (64.0%) and *implement infrastructure projects* (38.2%). Among 22.8% of respondents who said they were not satisfied with CDC performance, the top reasons were *CDC does not implement enough/any projects* (53.8%, n = 141), *corruption in CDC* (44.7%, n = 117), and *CDCs are too slow* (43.1%, n = 113). Among 15.1% (n = 173) of respondents who thought CDCs are not trustworthy, the top reasons cited were *corruption in CDC* (43.9%, n = 76), *CDCs do not pay attention to people's ideas and views* (23.1%, n= 40), and *CDCs do not serve well* (17.3%, n = 30).

- Majority (76.9%) of respondents perceive that a person like them can influence CDC decision-making ("a lot" or "some" influence). Among 19.3% (n = 222) of respondents who thought someone like them could not influence or have little influence on CDC decision-making cited reasons included lack of opportunity/authority (20.7% , n = 46), being an ordinary person (17.1%, n = 38), and not being a council member (15.3%, n = 34).

- About a third of respondents in the 10 CC districts and cities reported knowing about CDC Clusters (rural) or Gozar Assemblies (urban) in their area (32.8%). Top perceived functions of CDC Cluster or Gozar Assemblies included *representing community needs* (65.2%), *implementing infrastructure projects* (35.0%), *coordinating with nearby communities* (28.3%).

- More than half of respondents said they are aware of the CC Program (55.3%), while 39.8% of them said they are aware of CC projects in their local area.

- Top cited CC projects, according to respondents, that have so far been implemented in their local areas *drinking water* (44.3%), *roads* (35.6%), *irrigation* (20.3%), and *electricity* (7.8%). Nearly all respondents thought CC projects are beneficial for *solving problems of people* (56.2%), and *creating employment opportunities* (25.4%).

- Similar to satisfaction with CDC activities, most respondents said they satisfied with CC activities (83.5%). *Employment* (73.4%), *economic benefits* (40.3%), *infrastructure* (35.2%), and *community building* (27.9%) perceived to be the top benefits of CC activities according to respondents who satisfied with CC activities. Furthermore, the main beneficiaries of CC projects perceived to be *people in general* (73.0%), *poor people* (34.0%), and *young people* (30.1%).

- Furthermore, the main beneficiaries of CC projects perceived to be *people in general* (73.0%), *poor people* (34.0%), and *young people* (30.1%).

ATR Study on CCAP and Conflict Dynamics:

This report summarizes research done in five provinces on the relationship between conflict, fragility and Afghanistan's Citizens' Charter Program (CCAP). The research was conducted between the summer of 2018 and the winter of early 2019.

The three most significant findings of this study are as follows:

- CC is largely recognized across studied districts as a program reducing tensions and resolving grievances. The CC does not appear to be creating conflicts. As many as 59% of men across the study areas claim that they trust their CDC "a lot". While this is lower than traditional leaders (as expected since the CDCs are new), it is much higher than any other parts of government.
- The CCAP shows potential to contribute to social cohesion by increasing the resilience of communities, and to state legitimacy, if some conditions are met.
- In some areas, the extremely challenging context in which the program is delivered is jeopardizing the impact of the CCAP. It is possible for local actors to use CCAP to exploit pre-existing conflicts.
- The meaningful participation of women in several study areas also needs quite a bit of attention and work. For the CCAP to live up to its ambitions, both the implementation strategy and the management system should be adapted, beyond what has already been laid out in the High Risk Area Implementation Strategy.
- 73% of male respondents completely agree or somewhat agree that 'the CCAP helps communities decrease tensions'. Rather than creating conflicts, CC processes have simply reshaped ongoing local conflicts.
- The perceived impunity of government officials continues to undermine government legitimacy across all districts where the research took place. The perception that service delivery is linked to patronage is another finding that appeared repeatedly throughout the study.
- The government's provision of security is the most important service for triggering trust and legitimacy
- In comparison to the NSP, the CCAP had been more resistant to elite capture. Interviewees who were aware of the two systems praised the more transparent and more inclusive election system under CCAP.

- CDCs seem to have succeeded to build a relatively high level of local legitimacy. 60% of respondents claimed they felt they were treated with respect by CDC members, and CDCs enjoy the same level of trust than Malik[3] or Wakil-i-Gozar[4] do.
- Few major factors can be broadly seen build or break local social cohesion. First an overarching external insecurity, such as insurgency presence, can reinforce social cohesion as it deters communities from letting smaller disputes escalate. Second, functional tribal governance systems and elders maintain and build cohesion by allowing communities to air grievances and resolving village level conflicts. Third, a common goal — for example a communal project — can bring people together while the project is being implemented.
- On the contrary, competition for limited resources, disparities in resources, a growing divide between rich and poor, and the social pressures and changes associated with large-scale migration tend to diminish social cohesion locally.

The ATR recommended:
- The World Bank and the government should agree on what outcomes are to be expected from the mobilization process, in order to provide a common vision toward which all actors will align. For accountability purposes these outcomes should be accompanied by a series of well-defined and easily verified indicators.
- Once a common vision is forged on the outcomes, it is recommended that this be clearly communicated to all FPs and CCAP staff. The delivery of quality trainings to relevant staff on this topic is recommended.
- Outcome level indicators should be measured on regular basis (ideally every six months) to understand what challenges might slow down or jeopardize the realization of these outcomes.
- When confronted with difficulties, the actors of the program (FPs, PMUs, and CDCs) had a tendency to not report these difficulties and/or to alter the reality in their reporting. In order to enhance transparency and ensure the integrity of the program, a number of principles and measures could be affirmed and enforced.

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[3] Village head

[4] Representative of a Gozar, the smallest administrative unit in a city.

- The CCAP leadership should develop a policy that lists sanctions (including soft sanctions) for various levels of violations, including violations in the accuracy of the reporting, and establish a structure for implementing the policy.
- The CCAP stakeholders should create a platform to discuss the best ways forward in complex cases. This platform could gather FPs working in difficult areas, the HRAIU, and other relevant actors, before presenting recommendations to the donor for validation.
- The CCAP leadership should establish a stronger monitoring system, with more resources to better identify irregularities in a timely fashion.
- The CCAP has established new linkages between the CDC, district and provincial levels, including through the creation of sub-committees, clusters, CCMCs at various levels and scorecards. The changes brought by the CCAP in comparison to the NSP — a comprehensive mobilization process, scorecards, grievance management, and a more inclusive electoral system — should contribute to state legitimacy in addition to enhancing service delivery efficiency.
- By creating demand for specific standards in public services, the CCAP risks raising expectations among the population which the local administration may not yet have the capacity or the authority to meet, ultimately fostering resentment and frustration directed at the state. This could also serve to alienate the local administration from the program who be held accountable for issues they might not be able to solve at their level, placing them in an uncomfortable situation vis-à-vis the population they serve.
- The HRAIS, as it stands, sets clear red lines. Crossing these red lines should be assorted by sanctions. There should also be a platform for discussing the difficulties that arise, and learning from successes accomplished by various stakeholders.
- CCAP should redesign the menu of projects so that there is a financial incentive for communities to mobilize properly. If additional grants are possible, this could include allocating a greater number of grants to communities which accept more mobilization requirements.
- CCAP should train FPs and PMUs on conflict sensitivity and should raise awareness about the multitude of risks that can arise from the CC implementation.
- CCAP should consider doing a district-by-district conflict mapping and risk assessment exercise that would lead to the design of a specific approach, when necessary, for the adaption of requirements to the specificities of the district.
- The linkages at the municipal levels seem to be more likely to be successful where the clustering is done at the Gozar level, an already existing administrative level in which a representative (wakil-i-gozar) is already responsible for liaising with service providers.