

CITIZENS' CHARTER AFGHANISTAN PROJECT (CCAP)
MID TERM REVIEW: JANUARY 2020
CLIENT'S MTR REPORT: ANNEXES

URBAN CCAP

Urban CCAP: The following shows the types of trainings with trainee numbers (gender disaggregated) conducted during 2017 to 2019.

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	2,028	1,112	3,067	1,864	8,071
Disaster/ Risk Mitigation/ Management	2,500	2,293	3,194	2,687	10,674
Environmental & Social Safeguards	2,160	1,657	3,257	2,697	9,771
Established Urban CDC thematic sub-committees	2,737	2,614	5,117	5,027	15,495
Grievance Handling	2,123	2,044	3,550	3,242	10,959
Introduction to Citizens' Charter/ Citizens' Charter	1,852	1,675	11,687	12,908	28,122
Score Card on Citizens' Charter MSS	2,945	2,827	3,838	3,576	13,186
Social Audit and Community Participatory Monitoring (CPM)	3,764	2,322	5,049	3,189	14,324
Urban/ CDC Community Development Planning	3,027	2,942	20,639	12,144	38,752
Urban/ Community CDC Members and office bearers' roles and responsibilities	3,310	3,011	4,268	4,552	15,141
Urban/ Community Procurement	1,978	1,520	2,962	1,837	8,297
Total 2019	28,424	24,017	66,628	53,723	172,792
Total 2018	26,020	22,024	65,903	57,795	171,742
Total 2017	7,682	6,749	32,355	30,891	77,677
Grand Total	62,126	52,790	164,886	142,409	422,211

Following table shows the technical manuals and guidelines developed and trainings conducted:

Developed Technical Manual/Guideline	# Pages	# of trainees
Construction Material Guideline	44	47
Project implementation guideline	93	47
Reinforced Structures Construction	110	47
Accident Prevention Plan	44	47
Street construction manual compliance with ANSA codes	110	47

Water Supply	150	47
Water supply manual's annexes	50	47
Parks/Recreation area		47

The total persons trained in technical issues are shown in the below table:

Type of training	# of engineering trainers trained					
	PIU	PMU	OC	FP	Mu	Total
Transport	7	16	12	20	4	59
WatSan	7	16	12	20	4	59
Solid waste management	7	16	12	20	4	59
Parks recreation area	7	16	12	20	4	59
ESS	7	36	28	53	4	128
Comm procurement	9	20	16	30	8	65
Comm accounting	9	20	16	30	8	65
Technical training	8	12	4	23	4	51
Basic project management	8	12	12	20	4	56
DRM	5	9	7			21
Total	74	173	131	236	44	622

Sector/ SP type	Years	# of SP Submitted	# of SPP financed	# of SP completed	Estimated # of beneficiaries for financed subprojects	Actual # of beneficiaries for completed subprojects
Power Supply	2017	1	1	0	0	0
	2018	20	18	0	31,085	0
	2019	33	22	17	35,717	25,993
	Total	54	41	17	66,802	25,993
Transport	2017	92	21	0	0	0
	2018	531	561	0	1,006,619	0
	2019	187	192	336	295,325	576,137
	Total	810	774	336	1,301,944	576,137
Park/Recreation	2017	0	0	0	0	0

Area	2018	8	5	0	10,995	0
	2019	1	3	3	0	3,928
	Total	9	8	3	10,995	3,928
Water Supply	2017	0	0	0	0	0
	2018	42	33	0	56,287	0
	2019	3	8	28	12,123	46,177
	Total	45	41	28	68,410	46,177
Grant Total		918	864	384	1,448,151	652,235

TPM Deviation Rectification Summary:

Urban-CC subproject progress in 2017 and 2018

Cities	Park & Recreation Area		Power Supply		Road/Street Upgrading and Drainage		Water Supply and Sanitation		Grand Total	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
East (Jalalabad)		8		2	17	89		1	17	100
Northwest (Mazar)			1		42	107		5	43	112
South (Kandahar)				6	25	181		5	25	192
West (Herat)				15	21	151	1	30	22	196
Grand Total	8		1	23	105	528	1	41	107	600

Table 1 Number of CDC Subprojects and Disbursements Status by city and contract

Cities	CDCs Contracted	SPs Approved	SPs Completed	CDCs 1st Installation Requested	CDCs 2nd Installation Requested	CDCs	CDCs	CDCs	CDCs	Total Amount Utilized (AFN)	% Utilized
						25% BG Utilized	50% BG Utilized	75% BG Utilized	100% BG Utilized		
NANGARHAR (ARTF)	100	102	53	96	80	82	80	50	50	308,367,500	73.40
NANGARHAR (IDA)	100	81	8	85	31	35	31	8	8	96,145,000	30.04
BALKH (ARTF)	150	155	87	150	135	138	133	87	83	520,128,967	76.94
KANDAHAR (ARTF)	150	164	105	150	141	144	143	110	98	580,329,237	84.39
KANDAHAR (IDA)	150	154	40	150	102	105	101	47	37	332,994,274	54.16

HIRAT (ARTF)	200	262	105	200	189	189	189	112	3	575,482,083	62.51
Total	850	918	398	831	678	693	677	414	279	2,413,447,061	66.32

Table 2 Number of GA Subprojects and Disbursements Status by city and contract

Cities	GAs Contracted	SPs Submitted	SPs Approved	GAs 1st Installation Requested	GAs 2nd Installation Requested	GAs 3rd Installation Requested	GAs 25% BG Utilized	GAs 50% BG Utilized	GAs 75% BG Utilized
NANGARHAR (ARTF)	20	30	29	17	6	0	1	0	0
NANGARHAR (IDA)	20	11	10	9	0	0	0	0	0
BALKH (ARTF)	30	56	54	30	24	5	15	4	0
KANDAHAR (ARTF)	30	39	39	24	15	9	5	4	0
KANDAHAR (IDA)	30	24	23	11	4	0	0	0	0
HIRAT (ARTF)	40	101	100	40	33	3	3	3	0
Total	170	261	255	131	82	17	24	11	0

Province-Wise Implementation Progress

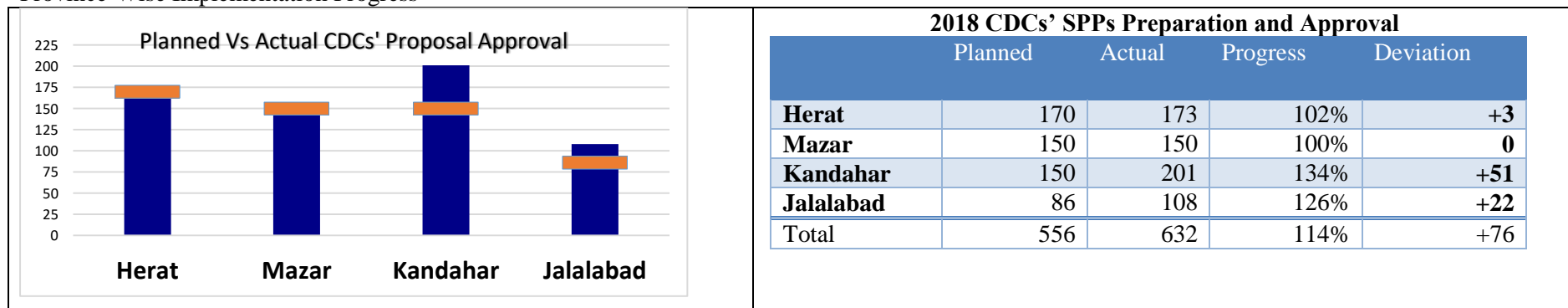


Table 3: Province-Wise Implementation Progress

FPs	# Contracted Communities	# CDCs Elected	# CDPs Completed	# SPs Financed	Total Disbursed (USD)	Total Amount Utilized (AFN)
CARE & PIN (Mazar)	150	150	150	155	8,942,571	506,033,967
Oxfam & AA (Herat)	200	200	200	241	11,715,696	575,482,083
HRDA (Kandahar)	300	300	300	308	16,691,634	909,806,011
FGA (Jalalabad)	200	196	193	160	8,501,140	404,512,500
Total	850	846	843	864	45,851,041	2,395,834,561

Table 4: Environmental and Social Safeguards Update

Indicator	Up to the end of 2017		Up to the end of 2018		Up to the end of 2019		Cumulative up to the end of 2019	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
# of Site Selection done	107	107	600	600	212	212	919	919
# of ESMPs prepared	107	107	600	600	212	212	919	919
# of voluntary land donations	4	4	4	4	5	5	13	13
# of purchased land	0	0	2	2	0	0	2	2
# of Public land (community/Gov.)	0	0	3	3	0	0	0	3
# of ESS sub-committees established	215	215	549	549	178	178	909	942
# of Communities trained on ESS	195	195	484	484	97	97	764	764
# of ESS related grievances recorded	0	0	0	19	0	0	0	19
# of Monitored ESS issues in SP	124	124	259	259	153	153	536	536

Number of monitoring visits conducted by different responsible units

Monitoring Visits	Year 2017	Year 2018	Year 2019	Total
# of monitoring visits conducted from social mobilization and CDC/GA governance by field monitoring officers (using Monitoring Form 1 and 2)	0	304	475	779
# of monitoring visits conducted from subproject progress and quality assurance by engineering team	1560	1918	2733	6211
# of monitoring visits conducted by social organizers from social mobilization	1,719	2,296	2,364	6,379
# of joint supervisions conducted from four cities ¹ by Kabul team	41	88	142	271
# of visits conducted by TPM (source ARDEA)	0	30	269	299

¹ This includes visits of General Director, Operation Directorate, M&E Head, FPMU, Training and Engineering Unit

# of monitoring by community members (CPM)	4	839	1225	2068
Total	3,324	5,475	7,208	16,007

Table 5: Number of reports collected and disseminated to stakeholders

Report Description, Period and Recipient	Year 2017	Year 2018	Year 2019	Total
# of Internal Monthly Reports collected from the internal units (average 5 pages)	135	135	135	405
# of Internal Quarterly Reports collected from the internal units (average 5 pages)	44	44	44	132
# of CCAP Quarterly Report for WB submitted to MoF (average 50 pages)	3	4	4	11
# of CCAP Monthly Report for President Office submitted to MoF (average 10 pages)	0	2	12	14
# of CCAP Quarterly Report on GMAF Indicators submitted to MoF (average 2 pages)	0	1	4	5
# of CCAP Quarterly Report on EU Indicators submitted to MoF (average 1 pages)	0	0	3	3
# of Scorecard Report for line ministries submitted to MoF (average 20 pages)	0	1	2	3
# of CCAP Quarterly Report submitted to Ministers Council (average 10 pages)	0	0	3	3
# of CCAP Quarterly Report submitted to MoEC (average 2 pages)	2	4	4	10
# of CCAP Quarterly Report submitted to MoWA (average 10 pages)	0	0	1	1
# of CCAP Quarterly/Six Months/Annual Report against Plan for President Office submitted to M&E Directorate of IDLG	4	4	3	11
# of Joint and Regular Monitoring visits reports produced (average 30 pages of M&E Unit)	0	4	9	13
# of IMI and CPM Analytical Reports produced	0	0	2	2
# of Grievance Analysis and survey reports (average 10 pages)	0	0	3	3
Total	188	199	229	616

Table 6: Number of meetings held or attended by CCAP staff²

Meetings, Period and Participants	Year 2017	Year 2018	Year 2019	Total
# of Weekly Staff and other subject related meetings conducted	50	50	50	150
# of Meetings conducted by units with their staff	750	750	750	2250
# of ISM Meetings attended	2	2	2	6
# of different subject related meeting with MoF	30	30	30	90
# of coordination meeting with TPM	0	5	6	11
# of CDC Conference conducted	0	0	1	1
# of High Council for Poverty Reduction meetings attended	0	0	3	3
# of FP Coordination Meetings conducted	6	6	6	18
# of CDC/GA linkages took place	5	575	1186	1766
# of PCCMC conducted	1	10	3	14
# of MCCMC conducted	1	4	6	11
Total	843	1418	2034	4295

² This includes visits of General Director, Operation Directorate, M&E Head, FPMU, Training and Engineering Unit

Key monitoring findings on social mobilization are as following:

Finding	Root Cause
Some of subcommittees are less functional compare to responsibilities described in the operational manual.	The number of subcommittees at CDC level is too much and requires much volunteer time from the community members to make all the sub-committees functional and active. Based on calculations, on average in each CDC has 780 adults who are above 18 years while in the program at least 120 men and women volunteers are needed to form one CDC and its 6 subcommittees, secondly the people in urban area are employees or have businesses which can't spare much of their time for volunteer work, the safe public space for the public meeting and gathering in urban area is another constraints which make the functionality of all subcommittees a challenge.
Women participation in decision making process and social activities especially in Kandahar and Jalalabad is less than 50% which is the program requirement is 50%. E.g. CDC/GA/subcommittees regular meeting, scorecard exercise, CPM, social audit and etc.	Strict local cultures and traditions hinder women to participate in CDC activities and social works.
In the operational manual, it is stated that the original documents of CDCs/GAs are kept with CDC/GA while some CDCs/GAs have good documentation but some are not able to maintain appropriate documentation of their meetings, activities and procurement.	There are three major reasons, the CDC/GA does not have dedicated office, the office bearers keep the document in their home, the office bearers are changed or not available due to travel, sickness and other works and the documents are too much and technical.

Subprojects Monitoring, Quality Assurance and Follow-up

Key monitoring findings on subprojects are as following:

Finding	Root Cause	Recommendation
Lack of field engineers with proper technical and managerial capacity in FP	High number of field engineers are need in the program by FP, the ratio for engineer is 10 CDC for one engineer, the average salary which is paid for field engineers is 25,000 Afs while in the market the salary for engineer is 40,000 Afs. It is difficult to attract field engineers with enough managerial skills	
Delayed disbursement of installments to subprojects (see below table)	Lengthy process of installment requisition and approval of subproject block grant because different levels are involved such as CDC/GA, FP, PMU, PIU, MoF and DAB. Besides, collecting community contribution is also a lengthy process and availability of fund during closing of fiscal years (Jan, Feb and Mar). And also, verification of block grants utilization for eligibility of second installment.	The urban community is entitled to request their 2nd instalment when they utilized 70% of 1st installment. This practice significantly delayed overall project progress due to which they haven't received 2nd installment on time. As per the data extracted from MIS, disbursement of 2nd installments to CDCs accounts almost took two months. So, we recommended that the changes should be occurred in OM and would be that the

		CDCs can request their 2nd installment when they successfully utilized 50% of their 1st installments.

The gap between an installment requested and installment disbursed was key factor to the delay of subproject implementation. E.g. in year 2017 the first installment took average 56.6 days to be disbursed to communities while in 2019 the disbursement of first installment took 36.8 days, however there is reduction but still should be reduced to maximum 21 days.

Explanation	2017		2018		2019			Grand Total
	1 st Inst	1 st Inst	2 nd Inst	Total	1 st Inst	2 nd Inst	Total	
Average # of days between installment requested and disbursed	67.58	37.83	10.25	35.77	36.81	18.01	23.56	31.95
Maximum # of days disbursement of an installment took	253.60	177.50	17.53	177.50	57.57	53.37	57.57	253.60
Minimum # of days disbursement of an installment took	2.39	6.61	6.46	6.46	11.51	1.10	1.10	1.10

Difference between installment requested and disbursed group by 30 days

Years	Number of Days between installment requested and disbursed								Total Installments
	0-30	30-60	60-90	90-120	120-150	150-180	210-240	240-270	
2017	22	24					5	5	56
2018	304	83	37	42	14	1			481
2019	356	101							457
Grand Total	682	208	37	42	14	1	5	5	994

Status of PDO Indicators as 21-Dec-2019:

Indicator	Target as end of project	Progress as 21-Dec-2019	Variance
Indicator 1: Direct project beneficiaries	1,207,000	1,406,567	199,567
Indicator 2: Female beneficiaries	50%	49.46%	- 0.54%
Indicator 3: Urban CDCs able to plan and manage their own development projects	750	843	93
Indicator 4: Urban communities meeting all minimum service standards	600	474	-126
Indicator 5: Number of targeted urban high IDP/returnee communities provided with emergency support	200	642	442

Third Party Monitoring

TPM has conducted a total of 299 monitoring visits to urban CDCs and GAs, during last two years, TPM has found 776 deviation, the CDCs/GAs have rectified 524 (68%) of them, 184 (24%) of them are under process to be rectified and 68 (8.8%) of them are not rectifiable, the uncertifiable deviations are like curved surface of concreted street or the sides of ditches are not straight.

Table 7: TPM Figures

Year and City	Deviation Status of 2018	Deviations Status of 2019	Total
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	Total found	Closed (Rectified)	Closed (Uncertifiable)	Total found	Closed (Rectified)	Closed (Uncertifiable)	Pending	Total found	Closed (Rectified)	Closed (Uncertifiable)	Pending
Balkh	6	4	2	132	124	4	4	138	128	6	4
Herat	14	13	1	117	71	1	45	131	84	2	45
Kandahar	24	17	7	275	159	34	82	299	176	41	82
Nangarhar	0	0	0	208	136	19	53	208	136	19	53
Total	44	34	10	732	490	58	184	776	524	68	184

According to TPM 2019 evaluation report, 75% of the projects' quality was acceptable and accomplished in compliance with quality standard. 25% percent projects have minor quality deficiencies. The challenges with TPM were, 1) the social deviations are not reported in TPM online database and 2) the deviations were reported 30 to 40 days later then identification of the deviation, 30 days gap is good for lessons learned but not for rectification of deviation. It is recommended to reduce the gap between deviation identification and reporting to minimum 1 to 5 days.

Challenges/Recommendations

S. No.	Challenges	Recommendations
1	Monitoring form #1 which covers the social mobilization is filled only when the CDP is completed. This monitoring form does not provide on-time feedback to FP to take corrective action if an event (e.g. election) has not been conducted as described in operational manual.	One-page monitoring form should be prepared for each event, for example, one form for household survey, one form for CC orientations, one for election, one for PLA and one for CDP. This will detect on-time the error and provide feedback for on-time corrective action.
2	IMI is a complex exercise to be filled by community members so far, the process has been influenced by FP social organizers.	Instead if a team from PIU or PMU do the IMI exercise and award a certificate to CDCs. The certificate will be hanged on the CDC office wall.

On the job and off the job capacity building of staff

- On the job training 2017: 05 on the job trainings were conducted in the DMM for the newly hired staff under CCAP by the HR Unit regarding the HR regulations and procedures for the leave and times sheets etc and explaining the objective of the program to the staff by the OC and international Advisor instructed by the senior management.
- Participants: 13 Female and 30 Male
- Off the job Training 2017: 02 international trainings were conducted in India approved by the WB and senior management.
 - Public Procurement Training in Hayatabad India for 9 Days, **3 Male** participants.
 - Advance Procurement Training in Chennai India for 7 Days, 2 Male participants.
- On the job training 2018: 13 on the job trainings were conducted in the DMM for the newly hired staff under CCAP by the HR Unit regarding the HR regulations and procedures for the leave and times sheets etc and explaining the objective of the program to the staff by the OC staff and international Advisor instructed by the senior management.

Participants: 30 Female and 55 Male
- Off the job training 2018: 07 International trainings were conducted: Approved by the WB and senior management.
 - Capacity building cum Field Exposure in Community Driven Development in Bangalore India for 13 Days, 4 Female and 9 Male Participants.
 - Capacity building cum Field Exposure in Community Driven Development and visit to Public Affairs Centre in Bangalore India for 16 days, 6 male participants.

3. Enhance Community Contribution in Development in Dubai UAE for 7 days, 1 male participant.
 4. Managing Multiple Projects in Dubai UAE for 4 days, 3 male Participants.
 5. Project Cost Estimation and Monitoring in Dubai UAE for 7 days, 1 male participant.
 6. Green Building and Constructions, Pathway towards inclusive growth and the creation of decent and green jobs in Italy for 6 days, 2 Male Participants.
 7. Advanced Recruitment Skills in Dubai UAE for 4 days. 2 Male Participants.
- On the job training 2019: 02 on the job trainings were conducted in the DMM for the newly hired staff under CCAP by the HR Unit regarding the HR regulations and procedures for the leave and times sheets etc and explaining the objective of the program to the staff by the OC and international Advisor instructed by the senior management.
Participants: 22 Female and 43 Male
 - Off the job training 2019: 08 International Trainings conducted: Approved by the WB and senior management.
 1. Program Management for the Development Professionals training course in Turkey for 1 day, 1 male participant.
 2. Strategy, Risks, Negotiation and Leadership in Turkey for 5 days, 2 male participants.
 3. Advance GIS Project Management in Dubai UAE for 05 days, 1 male participant.
 4. Inclusive Training on Internal Control in Turkey for 09 days, 3 Male participants.
 5. ASP.net Core MVC Web Applications Training in Goa India for 8 days, 3 Male Participants.
 6. Planning Effective Communication for Social Development Training in Thailand for 8 days, 2 Male Participants.
 7. Women in Leadership: Impact through Self Awareness Training in Dubai UAE for 5 days, 2 Female Participants.
 8. Career Development and Succession Planning Training in Dubai UAE for 5 days, 2 Male Participants.

Management Information System

Year	Main Achievements
2017	Household survey ODK form designed and tested. Designed most of the forms with other units Designed FP weekly report templates Training provided to PMU and FP MIS field staff on MIS usage and data entry
2018	Take ownership of Urban part of MIS system from MRRD Development of Gozar registration and document verification module Purchase of dedicated online server Development of Form 1C module
2019	Developed different modules (Training, IMI, Linkage, FPM, CFHF, SFSR for GA, M&E Form 1 and 2, GA Withdrawal, GRM, Field attention section for GA and CDC, GA PLA Photos section, Scorecard, GA Subcommittee, Form-10 (Expenditure reports) for GA) Conducted refresher training for provincial MIS officers on new developed modules and M&E forms Completed most of missing data, (1C, CDC PLA, Form 3B, expenditure reports). Several Enhancements in MIS User registrations done (password policy complexed; password expires; request email notification; user deactivation on employee leave). Initiated MIS exchange visits Developed record keeping section for revised SPPs. Cleaned the MIS data from most of errors and did data quality check on regular bases. Following forms are checked and verified on regular bases: (Form 1 of CDC and GA; Election Form of CDC and GA; PLA Photos for CDC and GA; CDP/GDP) Following Reports newly developed: <ul style="list-style-type: none"> - Scorecard Analytical and detail Reports. - Detail CPM Reports. - Detail IMI Reports. - Report for M&E Form-1. - Monthly report for president office. - Quarterly report developed in MIS.

	<ul style="list-style-type: none">- Annual report developed in MIS.- Results Framework Report.- Subcommittee detail report. <p>Brought following enhancements in reporting section of MIS:</p> <ul style="list-style-type: none">- Generating reports on date wise.- Enhanced the reporting sections on project outcome indicators <p>Developed API for EZ-KAR MIS integration with project MIS</p> <p>Initiated development of HRMIS</p>
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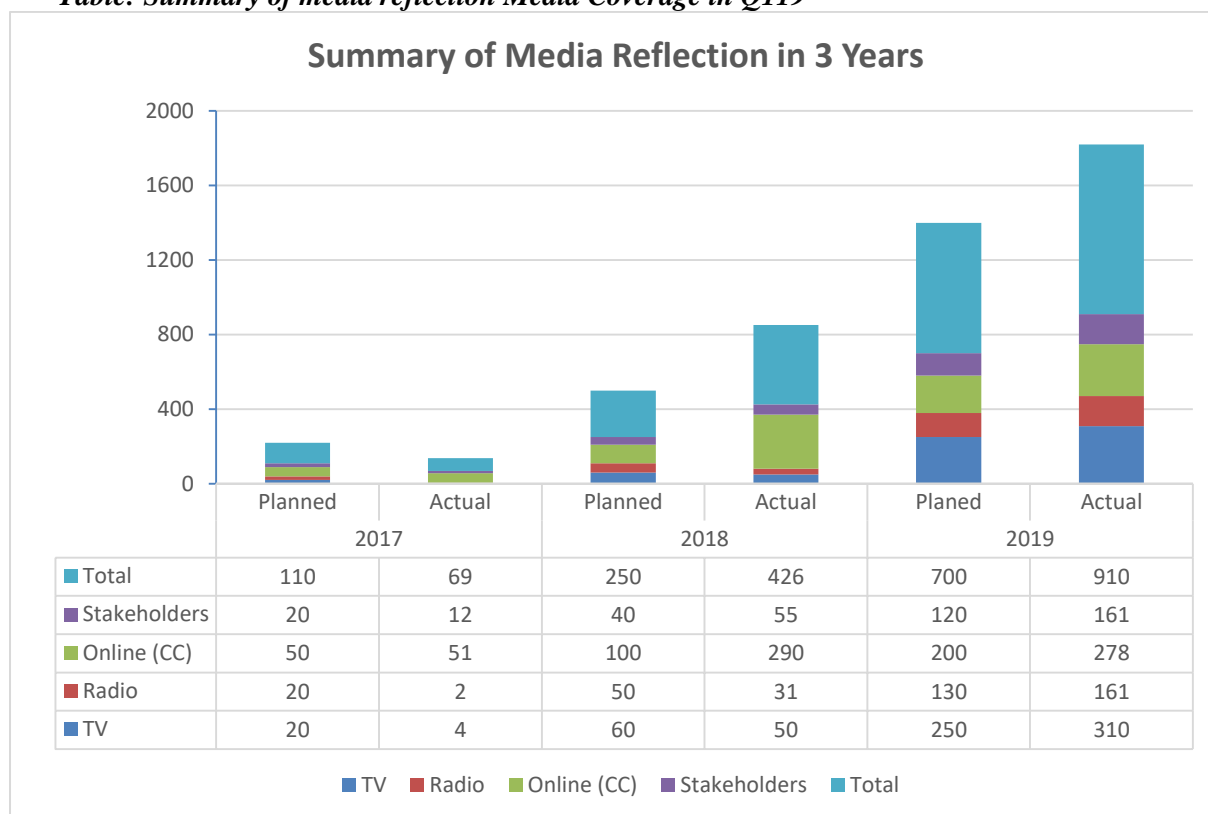
Table 8 Number of CDC Subprojects and Disbursements Status by city and contract

Cities	CDCs Contracted	SPs Approved	SPs Completed	CDCs 1st Installment Requested	CDCs 2nd Installment Requested	CDCs 25% BG Utilized	CDCs 50% BG Utilized	CDCs 75% BG Utilized	CDCs 100% BG Utilized	Total Amount Utilized (AFN)	% Utilized
Jalalabad 1	100	102	53	96	80	82	80	50	50	308,367,500	73.40
Jalalabad 2	100	81	8	85	31	35	31	8	8	96,145,000	30.04
Mazar	150	155	87	150	135	138	133	87	83	520,128,967	76.94
Kandahar 1	150	164	105	150	141	144	143	110	98	580,329,237	84.39
Kandahar 2	150	154	40	150	102	105	101	47	37	332,994,274	54.16
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Table: Number of GA Subprojects and Disbursements Status by city and contract

Cities	GAs Contracted	SPs Submitted	SPs Approved	GAs 1st Installment Requested	GAs 2nd Installment Requested	GAs 3rd Installment Requested	GAs 25% BG Utilized	GAs 50% BG Utilized	GAs 75% BG Utilized
Jalalabad 1	20	30	29	17	6	0	1	0	0
Jalalabad 2	20	11	10	9	0	0	0	0	0
Mazar	30	56	54	30	24	5	15	4	0
Kandahar 1	30	39	39	24	15	9	5	4	0
Kandahar 2	30	24	23	11	4	0	0	0	0
Herat	40	101	100	40	33	3	3	3	0
Total	170	261	255	131	82	17	24	11	0

Table: Summary of media reflection Media Coverage in Q119



Key challenges/ recommendations

S. No.	Challenges	Recommendations
1	Media Focuses on Security and Political Issues and shows less interest to the development relate issues	The Social Training Unit of the Citizens’ Charter in coordination of PCU needs to work on agenda to launched Journalists/Media Report Trainings at provincial level to Orient them on CDD and CCAP Concepts and about the how the community engagement works, as per our lesson learn it is so much effective
2	Current Focus on is more on the old channels	The Ulama (Islamic Scholars) Conference, Civil Society members and institutions debate on CC is interaction based channels where specific audience group are being oriented. These platforms will open new areas that will be more focused on behavior changed.
3	Lack of M&E Surveys on Communication	There should be M&E Communication Indicators that should be incorporated with in M&E Forms and to look if all awareness scheme are implemented successfully or to alter if requires

a. **Social Training Data**

AUGUST 2016 to 16-Jan- 2019

S N	Training Title	Training Topics	Duration in day	Number of Participants						Date	Location (City/Venue)	Remarks	
				Male	Female	PIU	PMU	government	FP				Total
1	CC Orientation (1st)	CC Orientation Workshop	1	16	4	20				20	Sunday, August 7, 2016	DMM Conference Hall	
		CC Orientation Workshop	1	8	4	12				12	Monday, August 15, 2016	DMM Conference Hall	
		Citizens' Charter Training Manual Workshop	1	9	4	13				13	Wednesday, August 17, 2016	DMM Conference Hall	
		CC Orientation Workshop	1	16	4	20				20	Sunday, August 21, 2016	DMM Conference Hall	
		CC Orientation Workshop	1	16	4	20				20	Tuesday, August 23, 2016	DMM Conference Hall	
2	Participatory Learning and Action - Field Test (1st)	Resource Map	4	24	6	30				30	6 Nov-9 Nov 2016	District 10, Kabul	
		Poverty Analysis											
		Seasonal Calendar											
		Leaking Pot											
		Women Mobility											
3	Citizens' Charter First Cycle Field Test (2nd)	Community Mobilization and Awareness Raising	42	24	6	30				30	3-Dec-16 to 13-Jan-2017	Bagrami District (Gulbota & Hassan Khan villages)	
		Community Profiling											
		CDC and GA establishment											
		Participatory Resource and Poverty Analysis (Participatory Assessment)											
		Preparation of CDP for CDC											

4	CCA P OM Orien tation	CCAP Operation Manual	1	35	8	43				43		DMM Conference Hall	
5	Citizens' Charter First Cycle Field Test (3rd)	Community Mobilization and Awareness Raising	15	26	4	30				30	Saturday, February 11, 2017	Mazar Municipality	
		Community Profiling											
		CDC and GA establishment											
		Participatory Resource and Poverty Analysis (Participatory Assessment)											
		Preparation of CDP for CDC and GA											
6	Community Mobilization, PLA and CDP (1st Phase)	Community Mobilization and Awareness Raising	5	38	7	4	41			45	Saturday, April 1, 2017	DMM Conference Hall	
		Community Profiling											
		CDC and GA establishment											
		Participatory Resource and Poverty Analysis (Participatory Assessment)											
		Preparation of CDP for CDC and GA											
7	Community Mobilization-CDP & ToT (1st Phase)	Community Mobilization and Awareness Raising	12	33	4	9	2		26	37	Saturday, May 6, 2017	DMM Conference Hall	
		Community Profiling											
		CDC and GA establishment											
		Participatory Resource and Poverty Analysis (Participatory Assessment)											
		Preparation of CDP for CDC and GA											
		Training of Trainers (ToT)											
8	Citizens' Charter Second Round Training (2nd Phase)	CDC and GA office bearer's role and responsibilities in their respective CDC and GA	12	28	12	8	16		16	40	Sunday, September 17, 2017	Hirt City	
		Thematic sub- committee formation, capacity building of sub- committee and action plan of each sub committee											
		Community participatory monitoring											
		Social audit											
		Community score card											
		Linkages Manual											
		Cross learning by observing the communities and CDCs											

9	Citizens Charter 3rd Round Training	Procurement & Accounting	4	20	11	31	0	0	31	Sunday, November 5, 2017	DMM Basement Hall
10	Citizens Charter 3rd Round Training	Accounting & Procurement	6	17	7	0	12	12	24	Saturday, November 18, 2017	Balkh (Mazar-e-Sharif)
11	Citizens Charter 3rd Round Training	Accounting & Procurement	6	11	1	0	7	5	12	Saturday, December 9, 2017	Kandahar City
12	Citizens Charter 3rd Round Training	Accounting & Procurement	6	15	2	0	8	9	17	Saturday, November 18, 2017	Nangarhar City
13	Citizens Charter 3rd Round Training	Accounting & Procurement	6	15	2	0	8	9	17	Saturday, December 9, 2017	Herat City
14	CCAP Third Phase Training	Gender Overview	6	33	12	22	11	12	45	21-Jan-2018 till 27-Jan-2018	DMM-Conference Hall Kabul
		Gender Analysis									
		Gender Mainstreaming									
		Youth									
		Grievance Handling Mechanism									
Conflict Resolution											
15	Fourth round of ToTs	IMI	6	5	3	0	5	3	8	Saturday, March 3, 2018	Herat City
		Exchange Visit								Saturday, March 3, 2018	
16	Refresher Trainings	Score cards	6	5	3	0	5	3	8	Tuesday, March 6, 2018	Herat City
		Linkages									
		CPM									
		GHM									
		Social Audit									
17	Fourth round of ToTs	IMI	6	13	4	1	9	7	17	3/26/2018 till - April-2018	Mazar Municipality
		Exchange Visit									
18	Refresher Trainings	Score cards	6	13	4	1	9	7	17	3/26/2018 till - April-2018	Mazar Municipality
		Linkages									
		CPM									
		GHM									
		Social Audit									

19	Fourth round of ToTs	IMI																
		Exchange Visit																
20	Refresher Trainings	Score cards	6	7	3	0	7				3	10	3/25/2018 till 31-March-2018	Kandahar City				
		Linkages																
		CPM																
		GHM																
		Social Audit																
21	Fourth round of ToTs	IMI																
		Exchange Visit																
22	Refresher Trainings	Score cards	5	9	2	0	7				4	11	9-April-2018 till 14-April-2018	Nangarhar City				
		Linkages																
		CPM																
		GHM																
		Social Audit																
23	training on Procurement & Accounts	Accounting & Procurement	2	19	1	4	4				12	20	8th-May-2018 till 9th-May-2018	DMM Conference Hall-Kabul				
24	CCAP Orientation	CCAP New Cycle & Training Guide	3	37	9	46	0				0	46	13th-Aug-2018 till 15th-Aug-2018	DMM Conference Hall-Kabul				
25	CCAP Orientation	CCAP New Cycle & Training Guide	4	15	15	23	7				0	30	14th-Oct-2018 till 18th-Oct-2018	DMM Conference Hall-Kabul				
26	CCAP Orientation	CCAP New Cycle & Training Guide	5	16	16	5	7				20	32	30th-Oct-2018 till 6th-Nov-2018	Mazar Municipality				
27	Refresher Training on CCNPP Cycle	CCAP New Cycle & Training Guide	6	29	14	8	10				25	43	26-Nov-2018 till 5-Dec-2018	Kandahar/UN Habitat Conference Hall				
28	Refresher Training on CCNPP Cycle	CCAP New Cycle & Training Guide	7	24	16	4	10				26	40	23-Dec-2018 till 2-Jan-2019	Herat /UN Habitat Conference Hall				

29	Refresher Training on CCNPP Cycle	CCAP New Cycle & Training Guide	6	25	15	4	10		26	40	23-Dec-2018 till 31-Dec-2018	Jalalabad /Nangarhar- Jalalabad Municipality Conference Hall	
30	CCAP Introduction	CCAP Introduction to new recruited district governors	2	30				30		30	14-15 April, 2019	Kabul/IDLG main office	
31	EZ-Kar Introduction	Orientation training on EZ-Kar for provincial MIS officers	1	13	2		15			15	8 April, 2019	Kabul, DMM	
32	Orientation on CCAP and EZ-Kar	Orientation training on CCAP and EZ-Kar for new recruited M&E staff		1	1	2				2	12 June, 2019	Kabul, DMM	
33	EZ-Kar Orientation	EZ-Kar Orientation workshop for DMM key staff	2	21	4	25				25	24 April-25 April, 2019	Kabul, DMM	
34	Urban-Rural Linkages	Urban Rural Linkages for urban knowledge management committee members	1	9	2	3		8		11	23-Jan-19	Kabul, DMM	
35	Orientation on CCAP and EZ-Kar	Orientation on CCAP and EZ-Kar for M&E staff and ministry of Economic staff	2	30	10	17	20	3		40	28-29 July, 2019	Kabul, DMM	
36	Sustainability in CCAP	Training on Sustainability in CCAP for urban knowledge management committee	1	7	23	3		27		30	15 Sep, 2019	Kabul, DMM	
37	BGA Concept note	BGA concept not for PIU senior management and Unit Heads	1	25	6	31				31	30 Jan, 2019	Kabul, DMM	
38	BGA Concept note	BGA concept not for EZ-Kar targeted provinces mayors	1			22		13		35	31 July, 2019	Kabul, DMM	
38	Anti-harassment policy	Anti-harassment policy workshop for interns and support staff including driver and guards	1	40	10	50				50	24 Sep, 2019	Kabul, DMM	
Total			198	759	258	540	216	81	215	1052	0	0	0

The followings are year wise trainings' figure that our FPs delivered.

Herat Year Wise Training Report

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	6	7	2	5	20
Disaster/ Risk Mitigation/ Management	7	6	3	3	19
Environmental & Social Safeguards	0	0	0	0	0
Established Urban CDC thematic sub-committees	328	349	798	761	2236
Grievance Handling	17	13	15	10	55
Introduction to Citizens' Charter/ Citizens' Charter			10169	9379	19548
Score Card on Citizens' Charter MSS	11	8	26	15	60
Social Audit and Community Participatory Monitoring (CPM)	59	56	153	149	417
Urban/ CDC Community Development Planning	600	480	5295	5133	11508
Urban/ Community CDC Members and office bearers' roles and responsibilities	755	750	71	61	1637
Urban/ Community Procurement	3	5	1	2	11
Total 2017	1786	1674	16533	15518	35511

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	569	569	569	569	569
Disaster/ Risk Mitigation/ Management	249	150	234	109	742
Environmental & Social Safeguards	282	164	248	117	811
Established Urban CDC thematic sub-committees	964	967	2770	2703	7404
Grievance Handling	472	375	957	830	2634
Introduction to Citizens' Charter/ Citizens' Charter			9463	8391	17854
Score Card on Citizens' Charter MSS	535	493	897	751	2676
Social Audit and Community Participatory Monitoring (CPM)	469	447	1324	1115	3355
Urban/ CDC Community Development Planning	1130	791	11788	11788	13709
Urban/ Community CDC Members and office bearers' roles and responsibilities	1242	1240	127	125	2734
Urban/ Community Procurement	509	365	529	350	1753
Total 2018	6421	5561	28906	26848	54241

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	118	70	96	60	344
Disaster/ Risk Mitigation/ Management	359	315	161	142	977
Environmental & Social Safeguards	384	318	101	84	887
Established Urban CDC thematic sub-committees	63	62	252	230	607
Grievance Handling	171	133	280	251	835
Introduction to Citizens' Charter/ Citizens' Charter			4020	7010	11030
Score Card on Citizens' Charter MSS	126	97	106	97	426
Social Audit and Community Participatory Monitoring (CPM)	135	117	190	165	586
Urban/ CDC Community Development Planning	270	216	14000	6007	20493

Urban/ Community CDC Members and office bearers' roles and responsibilities	72	71	22	20	185
Urban/ Community Procurement	109	79	114	65	367
Total 2019	1807	1478	19342	14131	36737

Balkh Year Wise Training Report

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	302	266	1098	985	2651
Disaster/ Risk Mitigation/ Management	---	---	---	---	0
Environmental & Social Safeguards	---	---	---	---	0
Established Urban CDC thematic sub-committees	190	160	1160	1108	2618
Grievance Handling	430	370	1529	1331	3660
Introduction to Citizens' Charter/ Citizens' Charter	276	176	1136	1025	2613
Score Card on Citizens' Charter MSS	---	---	---	---	0
Social Audit and Community Participatory Monitoring (CPM)	286	136	896	734	2092
Urban/ CDC Community Development Planning	476	439	1633	1596	4144
Urban/ Community CDC Members and office bearers' roles and responsibilities	266	206	1126	914	2512
Urban/ Community Procurement	---	---	---	---	0
Total 2017	2226	1735	8578	7693	20290

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	306	205	953	902	2366
Disaster/ Risk Mitigation/ Management	185	149	568	453	1355
Environmental & Social Safeguards	192	136	955	845	2128
Established Urban CDC thematic sub-committees	431	364	1225	1069	3089
Grievance Handling	382	349	1364	1255	3350
Introduction to Citizens' Charter/ Citizens' Charter	368	294	1596	1317	3629
Score Card on Citizens' Charter MSS	202	175	1026	956	2359
Social Audit and Community Participatory Monitoring (CPM)	191	185	1293	912	2581
Urban/ CDC Community Development Planning	344	281	1612	1459	3696
Urban/ Community CDC Members and office bearers' roles and responsibilities	351	302	1125	1305	3083
Urban/ Community Procurement	281	216	953	712	2162
Total 2018	3233	2656	11670	11185	29798

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	276	152	952	855	2235
Disaster/ Risk Mitigation/ Management	293	175	1120	932	2520
Environmental & Social Safeguards	192	135	1036	901	2264
Established Urban CDC thematic sub-committees	412	311	1325	1208	3256
Grievance Handling	308	271	1172	1082	2833
Introduction to Citizens' Charter/ Citizens' Charter	251	185	1216	1039	2691
Score Card on Citizens' Charter MSS	193	184	1162	1033	2572
Social Audit and Community Participatory Monitoring (CPM)	212	163	921	723	2019
Urban/ CDC Community Development Planning	349	297	1302	1221	3169

Urban/ Community CDC Members and office bearers' roles and responsibilities	332	241	1136	1285	2994
Urban/ Community Procurement	201	166	1028	743	2138
Total 2019	3019	2280	12370	11022	28691

Kandahar Year Wise Training Figures

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	-	-	-	-	-
Disaster/ Risk Mitigation/ Management	-	-	-	-	-
Environmental & Social Safeguards	-	-	-	-	-
Established Urban CDC thematic sub-committees	266	262	663	346	1,210
Grievance Handling	-	-	-	-	-
Introduction to Citizens' Charter/ Citizens' Charter	800	745	1,748	1,444	4,738
Score Card on Citizens' Charter MSS	-	-	-	-	-
Social Audit and Community Participatory Monitoring (CPM)	300	162	243	105	811
Urban/ CDC Community Development Planning	148	150	460	427	1,185
Urban/ Community CDC Members and office bearers' roles and responsibilities	198	186	246	253	883
Urban/ Community Procurement	-	-	-	-	-
Total 2017	1,713	1,506	3,033	2,575	8,826

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	931	491	1082	526	3,030
Disaster/ Risk Mitigation/ Management	705	694	674	633	2,706
Environmental & Social Safeguards	620	473	763	617	2,474
Established Urban CDC thematic sub-committees	1332	1311	1065	1048	4,756
Grievance Handling	705	703	708	628	2,744
Introduction to Citizens' Charter/ Citizens' Charter	1601	1490	3496	2889	9,475
Score Card on Citizens' Charter MSS	710	717	684	633	2,743
Social Audit and Community Participatory Monitoring (CPM)	2700	1462	2191	944	7,297
Urban/ CDC Community Development Planning	1334	1353	4137	3842	10,667
Urban/ Community CDC Members and office bearers' roles and responsibilities	1778	1676	2213	2276	7,943
Urban/ Community Procurement	1006	771	1002	527	3,306
Total 2018	13421	11140	18015	14563	57,139

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	1396	736	1622	790	4,544
Disaster/ Risk Mitigation/ Management	1,644	1,620	1,573	1,477	6,314
Environmental & Social Safeguards	1,448	1,104	1,780	1,440	5,772
Established Urban CDC thematic sub-committees	1,332	1,311	1,680	1,729	6,051

Grievance Handling	1,644	1,640	1,653	1,464	6,402
Introduction to Citizens' Charter/ Citizens' Charter	1,601	1,490	3,496	2,889	9,475
Score Card on Citizens' Charter MSS	1,656	1,673	1,595	1,476	6,400
Social Audit and Community Participatory Monitoring (CPM)	3,000	1,625	2,435	1,049	8,108
Urban/ CDC Community Development Planning	1,483	1,504	4,597	4,269	11,852
Urban/ Community CDC Members and office bearers' roles and responsibilities	1,976	1,862	2,459	2,529	8,826
Urban/ Community Procurement	1,509	1,156	1,502	791	4,958
Total 2019	18,688	15,719	24,392	19,902	78,701

Nangarhar Year Wise Training Figures

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	96	62	159	64	381
Disaster/ Risk Mitigation/ Management	82	74	136	55	347
Environmental & Social Safeguards	55	40	136	109	340
Established Urban CDC thematic sub-committees	364	372	744	744	2224
Grievance Handling	0	0	178	1783	356
Introduction to Citizens' Charter/ Citizens' Charter	0	0	1182	788	1970
Score Card on Citizens' Charter MSS	388	350	390	384	1512
Social Audit and Community Participatory Monitoring (CPM)	167	167	602	501	1437
Urban/ CDC Community Development Planning	370	370	296	295	1331
Urban/ Community CDC Members and office bearers' roles and responsibilities	372	334	260	287	1253
Urban/ Community Procurement	64	48	128	95	11151
Total 2017	1958	1817	4211	5105	22302

Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	143	92	238	95	568
Disaster/ Risk Mitigation/ Management	122	109	204	81	516
Environmental & Social Safeguards	81	60	204	163	508
Established Urban CDC thematic sub-committees	558	504	1116	1116	3294
Grievance Handling	0	0	267	267	534
Introduction to Citizens' Charter/ Citizens' Charter	0	0	1773	1182	2955
Score Card on Citizens' Charter MSS	582	523	585	582	2272
Social Audit and Community Participatory Monitoring (CPM)	250	250	901	751	2152
Urban/ CDC Community Development Planning	555	555	444	388	1942
Urban/ Community CDC Members and office bearers' roles and responsibilities	558	502	390	431	1881
Urban/ Community Procurement	95	71	190	143	499
Total 2018	2944	2666	6312	5199	17121

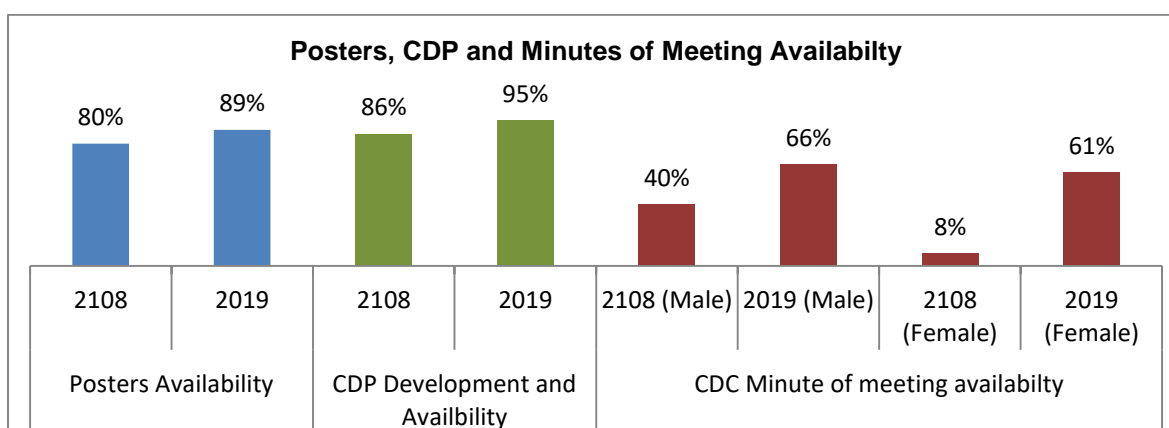
Training Type	CDC Members		Community Members		Total
	Male	Female	Male	Female	
Community Accounting/ Financial Management	238	154	397	159	948
Disaster/ Risk Mitigation/ Management	204	183	340	136	863
Environmental & Social Safeguards	136	100	340	272	848
Established Urban CDC thematic sub-committees	930	930	1860	1860	5580

Grievance Handling	0	0	445	445	890
Introduction to Citizens' Charter/ Citizens' Charter	0	0	2955	1970	4925
Score Card on Citizens' Charter MSS	970	873	975	970	3788
Social Audit and Community Participatory Monitoring (CPM)	417	417	1503	1252	3589
Urban/ CDC Community Development Planning	925	925	740	647	3237
Urban/ Community CDC Members and office bearers' roles and responsibilities	930	837	651	718	3136
Urban/ Community Procurement	159	119	318	238	834
Total 2019	4909	4538	10524	8667	28638

RURAL

MONITORING FINDINGS FROM THE RURAL CCAP:

Availability of the Posters, Community Development Plan and Minutes of Meeting with CDCs: Chart___ below compares the analysis of data on posters, Community Development Plan and Minutes of meeting availability in 2018 and 2019.



FP Performance: FPs Social Organizers (SOs) are required to visit the communities according to their contractual obligations and provide the CDCs with the required support in all CCAP implementation phases (from mobilization to implementation of sub projects) and handing it over to the communities.

Table___: FPs Performance

FPs Performance	Do the SO make appointments for visits?				Are these appointments based on best day to meet all people are available?				Do SO treat all community members with respect and listen to their views?			
	2018		2019		2018		2019		2018		2019	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Male FP SOs	2097	43	1526	9	2062	36	1524	2	2111	29	1528	7
Female FP SOs	1376	89	930	44	1323	49	896	34	1421	44	957	17

Subproject Implementation: During the year 2019, as a lesson learned and as per needs, the M&E division added some new indicators in sub-project monitoring checklist (Monitoring Form II) to track the sub-project in implementation phase. The data shows that, during the year 2019 the M&E division focused on the monitoring of the sub-project implementation along with monitoring from the social mobilization process. As a result of this, the provincial monitoring officers monitored around 2,059 more sub-projects in the year 2019 compared to 2018 (547 sub-projects were monitored in 2018).

Throughout between 2018 and 2019, 3,153 sub-projects were monitored by our provincial monitoring officers in 34. Out of 3,153 sub-projects which were monitored 457 projects were monitored for the second time.

Table____ summarizes the information based on monitoring indicators on subproject implementation in both first and second round of monitoring between 2018 and 2019.

Monitoring questions	Sub-project Implementation							
	During the Year 2018				During the Year 2019			
	1st Round Monitoring		2nd Round Monitoring		First Round Monitoring		2nd Round Monitoring	
	Yes%	No%	Yes%	No%	Yes%	No%	Yes%	No%
Is the subproject according to need and priority of the community?	N.A	N.A	N.A	N.A	100%	0%	100%	0%
Do all community benefits from the subproject implementation?	N.A	N.A	N.A	N.A	94%	6%	93%	7%
Is there any defect in technical survey of the subproject	N.A	N.A	N.A	N.A	95%	5%	2%	98%
Does the CDC have a copy of the subproject proposal?	N.A	N.A	N.A	N.A	56%	44%	63%	37%
Is the subproject implementing according to the design specified in proposal?	96%	4%	95%	5%	93%	7%	95%	5%
Was there any delay or problems in implementation of the subproject so far?	17%	83%	16%	84%	20%	80%	25%	75%
Are there any deviations in the Bill of Quantity for the subproject?	N.A	N.A	N.A	N.A	4%	96%	4%	96%
Is there any sign board installed at the subproject site?	7%	93%	26%	74%	10%	90%	17%	83%

Operation and Maintenance plan of the subprojects: Table____ below illustrates the Operation and Maintenance plan existence for sampled monitored sub-project.

Indicators	Operation & Maintenance Plan							
	During the Year 2018				During the Year 2019			
	1st Round Monitoring		2nd Round Monitoring		1st Round Monitoring		2nd Round Monitoring	
	Yes%	No%	Yes%	No%	Yes%	No%	Yes%	No%
Is the O and M plan of the sub-project is available?	41	59	51	49	58	42	65	35
Is there anyone in the community trained to operate and maintain the subproject?	44	56	59	41	18	82	32	68
#of trained members Men	235		46		1171		281	
# of trained members Women	106		7		335		26	

Land Acquisition for Subproject: As an average of both monitoring rounds, the transaction of land has been documented through legal departments based on ESMP land guideline and policy in 97% of sampled monitored communities in which their sub-projects required land in 2018. On the other hand, in 2019, the transaction of land has been documented through legal departments based on ESMP land guideline and policy in 87% of sampled monitored communities in which their sub-projects required land- which shows a drop of one-tenth in the proportion of legal documentation of land transaction based on ESMP land guidelines.

Table____ below describes the land acquisition for the sub-project implementation.

Sub-Project land Requirement	First Round (2018)			Second Round (2018)			First Round (2019)			Second Round (2019)		
	Yes			Yes			Yes			Yes		
Does the sub-project require land?	86%			54%			80%			80%		
How the land was acquired?	Donation	Government Land	Compensation	Donation (%)	Government Land	Compensation	Donation (%)	Government Land	Compensation	Donation (%)	Government Land	Compensation
	87%	11%	2%	90%	10%	0%	83%	15%	2%	70%	30%	0%

Social Mobilization and Coordination

Table: Social mobilization achievement

Activities	2017		2018		2019		Over all	
	Planned	Achieved	Planned	Achieved	Planned	Achieved	Planned	Achieved
Profile	3000	3667	9955	6291	0	1864	12955	11822
Election	2800	3513	7530	6195	2470	2044	12800	11752
WBA	2700	2907	7500	6195	2600	2469	12800	11571
CDP	2500	2994	7131	6014	3169	2559	12800	11567
Cluster	100	107	915	547	1360	1796	2375	2450
Cluster CDP	80	90	915	547	1019	1106	2014	1743

Training conducted by MRRD

Training Location	2016			2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Kabul HQ	170	7	177	1017	52	1069	232	28	260	669	67	736
East	0	0	0	79	14	93	145	5	150	363	51	414
North	0	0	0	44	8	52	145	71	216	849	112	961
North East	0	0	0	22	6	28	366	24	390	444	113	557
South	0	0	0	315	0	315	321	46	367	291	25	316
Central	0	0	0	109	25	134	244	28	272	911	301	1212
West	0	0	0	171	11	182	155	0	155	203	73	276
Total	170	7	177	1757	116	1873	1608	202	1810	3730	742	4472

B) Training conducted by FPs,

Training Conducted Packages	2017			2018			2019			Total		Training
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	

Package 1	211	81	292	28	4	32	230	15	245	469	100
Package 2	126	94	220	220	127	347	112	66	178	458	287
Package 3	132	96	228	208	169	377	176	108	284	516	373
Package 4	208	144	352	175	124	299	280	163	443	663	431
Package 5	113	78	191	113	74	187	196	142	338	422	294
Package 6	57	48	105	200	189	389	192	137	329	449	374
Package 7	121	99	220	101	71	172	174	111	285	396	281
Package 8	228	198	426	101	83	184	389	225	614	718	506
Package 9	0		0			0			0	0	0
Package 10	125	69	194	99	51	150	89	39	128	313	159
Package 11	187	131	318	444	276	720	552	345	897	1183	752
Package 12	714	472	1186	431	281	712	441	251	692	1586	1004
Package 13	247	203	450	598	380	978	343	261	604	1188	844
Package 14	147	140	287	113	99	212	217	137	354	477	376

Social Mobilization (1st ToT), Institutional Building and Monitoring Training (2nd TOT), Reflection Training on social Mobilization , Procurement and Financial Training ,IMI, CPM ,Social Audit ,CCNPP

Including conducted training to staff we have achievement as below in different area,

- The FP SOs are conducted 14 packages of training based OM for around 1 million participants (CDC members and community people), the details report is available in CC MIS database
- We have conducted workshop for female CDC members in 12 provinces as pilot and facilitate the group work how to improve women participation in communities
- We have successfully complete the Kuchi conference with participation of more than 800 Kuchi CDC members, facilitate a group work with clear questions how to improve Kuchi program
- We have successfully completed first CDC conference for the normal CC which have around 1500 CDC members from all district under CC, facilitate group work to know how is CC going, where we have problem, how to improve and what are their recommendation

DCCMC & PCCMC Meetings Summary:

No of PCCMC Meetings	No of DCCMC Meetings	Main Discussions	Decisions	Challenges
	259	Reviewing the Program progression: CCAP, SIG, EQRA, Kuchi, subprojects and Commencement of DCCMC	More coordination should be held between sectoral directorate in the district level	Decrease of services in the agriculture, education and health in the remote area regarding insecurity.
		Sub-projects implementation progression.	Subprojects should be implemented quickly.	

		Lack of medicines and Dr. in the clinics	District health responsible should talk with clinics responsible.	Lack specialist doctor in the clinics.
		Sharing the score card with education and health representatives	Health and education representatives should take decision based the score card results.	District representatives should follow the score card results
		Cluster problems	In some provinces like Jawzjan the related government directorates do not accept cluster and ignoring their problems, like education and health directorate.	DDA are still active in some area and clusters are ignored.
		Conflict resolution	Conflict resolution committee formed to solve the problem	Interfering of the influential people
		Score cards should follow	Health centres and districts clinics should provide services based their MSS poster, Some of teachers are absent regularly, it should follow with related schools manger, The education and health some committees should report on regularly base to CDCs and CDCs should support them for area they required	The problem of health centre are not solving after filling the scorecards as well, it should follow with provincial level The student don't have any support from education directorate during school are off for three months
		Program Monitoring by CDCs and line ministries	Monitoring should be increased especially in the remote area.	Quality assurance
		Staff security Participation	Road security should be checked before movement of the staff to the field. Every participant should participate on time	Bad security condition and remoteness of the field Remoteness and less sense of ownership
69		Reviewing overall program progress and achievements Regular participation Sense of ownership Following the program progression	CC should implement the program on secure and insecure area both. All the directorates and clusters representatives should participate at PCCMC meeting regularly. Both community and government representative should feel ownership. More focus should be on remote subprojects.	Weak participation of the provincial sectoral representatives Some of the directorates don't send their related representatives to the meetings.

Citizens' Charter DCCMC and PCCMC Establishment and Meetings by Year:

No	Year of Establishment	DCCMC	PCCMC	No. DCCMC Meeting conducted	No. PCCMC Meeting	Remarks
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					conducted	
1	2017	12	4	12	4	
2	2018	50	14	107	25	
3	2019	58	16	140	40	

Cross Visits:

# Cross visits conducted CDC to champion CDC in same district	# Cross visits conducted CDC to champion CDC out of CDCs	# Cross visits conducted CDC to Champion CDCs out of province
118	40	3

Subproject by sector

Sector/ SP type	Years	# of Communities	# of subprojects Submitted	# of subprojects financed	# of subprojects completed	Grants committed to subprojects \$	Estimated # of beneficiaries for financed subprojects	Actual # of beneficiaries for completed subprojects
Grid Extension	2017		15	11		53,818,609	22,621	
	2018		169	146		607,910,726	317,067	
	2019		104	48	3	517,074,345	77,278	4,388
	Total	0	288	205	3	1,178,803,680	416,966	4,388
Irrigation	2017		523	152		791,127,840	157,342	
	2018		2,522	1,704	5	3,728,212,555	2,561,527	9,765
	2019		1,727	1,577	559	2,782,366,172	2,639,260	822,972
	Total	0	4,772	3,433	564	7,301,706,567	5,358,129	832,737
Renewable Energy	2017		133	73		342,215,986	52,731	
	2018		702	576		2,125,354,319	526,048	
	2019		315	241	6	1,415,103,633	268,856	4,248
	Total	0	1,150	890	6	3,882,673,938	847,635	4,248
Transport(Road & Bridge)	2017		82	26		213,246,485	48,812	
	2018		166	147	1	407,605,403	236,488	1,271
	2019		245	139	26	616,714,386	264,330	43,100
	Total	0	493	312	27	1,237,566,274	549,630	44,371
Water Supply, Sanitation and Hygiene Education	2017		921	344		1,157,064,406	491,865	
	2018		2,598	1,614	3	2,866,096,138	2,838,277	7,735
	2019		1,745	1,975	982	2,381,578,268	3,736,605	1,722,323
	Total	0	5,264	3,933	985	6,404,738,812	7,066,747	1,730,058
Grant Total		0						

		11,967	8,773	1,585	20,005,489,271	14,239,107	2,615,802
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- **Renewable Energy/Grid Extension**

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Grid Extension - Transformer Installation	Number	34	
Rural	Grid Extension - Power line Extension	Length of 20KV	728	8
Rural	Renewable Energy - Micro-Hydro Power Plants (<100KW) Rehabilitation	Kilowatt	26	
Rural	Renewable Energy - Micro-Hydro Power Plants (<100KW) Construction	Kilowatt	1,951	
Rural	Renewable Energy - Solar Mini Grid System Installation	Kilowatt	11,025	50

Irrigation:

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Irrigation - Protection Wall Construction	Length Meter	102,193	18,616
Rural	Irrigation - Water Reservoir Construction	M3	319	
Rural	Irrigation - Canal Construction	Jereeb	10,604	40
Rural	Irrigation - Weir Construction	Length Meter	5	
Rural	Irrigation - Canal Rehabilitation	Jereeb	1,943,991	166,904
Rural	Irrigation - Intake Construction	Number	3	
Rural	Irrigation - Pipe Scheme Construction	Jereeb	19,887	1,111
Rural	Irrigation - Gabion Wall Construction	Length Meter	6,283	274

Transport

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Transport(Road & Bridge) - Tertiary Road Rigid Pavement	Kilometer	22	
Rural	Transport(Road & Bridge) - Pipe Culvert Construction	Number	27	
Rural	Transport(Road & Bridge) - Pedestrian Steel Bridge Construction	Length Meter	13	
Rural	Transport(Road & Bridge) - Causeway Construction	Length Meter	17	
Rural	Transport(Road & Bridge) - Steel	Length		

	Bridge Construction	Meter	13	
Rural	Transport(Road & Bridge) - Suspension Bridge Construction	Length Meter	40	
Rural	Transport(Road & Bridge) - Tertiary Road Basic Access	Kilometer	876	92
Rural	Transport(Road & Bridge) - Pedestrian RCC Bridge Construction	Length Meter	128	13
Rural	Transport(Road & Bridge) - Tertiary Road Gravelling	Kilometer	263	14
Rural	Transport(Road & Bridge) - Stone Masonry Retaining Wall Construction	Length Meter	5,703	322
Rural	Transport(Road & Bridge) - RCC Bridge Rehabilitation	Length Meter	13	
Rural	Transport(Road & Bridge) - Box Culvert Construction	Number	182	9
Rural	Transport(Road & Bridge) - Pedestrian Suspension Bridge Construction	Length Meter	115	
Rural	Transport(Road & Bridge) - RCC Bridge Construction	Length Meter	422	
Rural	Transport(Road & Bridge) - Stone Masonry Side Ditch Construction	Length Meter	1,617	
Rural	Transport(Road & Bridge) - Slab Culvert Construction	Number	8	

Water Supply, Sanitation and Hygiene

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Water Supply, Sanitation and Hygiene Education - Surface Water reservoir Extension	No. (of public stand tap)	7	
Rural	Water Supply, Sanitation and Hygiene Education - Underground water reservoir Construction	No. (of public stand tap)	310	21
Rural	Water Supply, Sanitation and Hygiene Education - Underground water reservoir Extension	No. (of public stand tap)	4	
Rural	Water Supply, Sanitation and Hygiene Education - (Kanada) water reservoir Construction	M3	23,077	13,897
Rural	Water Supply, Sanitation and Hygiene Education - Percussion Tube Shallow Well Boring	Number	11,658	2,220
Rural	Water Supply, Sanitation and Hygiene Education - Power pumping water supply network Extension	No. (of public stand tap)	39	
Rural	Water Supply, Sanitation and Hygiene Education - Power pumping water supply network Rehabilitation	No. (of public stand tap)	14	
Rural	Water Supply, Sanitation and Hygiene Education - Hand Pump Installation	Number	28	
Rural	Water Supply, Sanitation and Hygiene Education - (Pool) water reservoir	M3	41,040	5,780

	Construction			
Rural	Water Supply, Sanitation and Hygiene Education - By gravity water supply network Extension	No. (of public stand tap)	602	71
Rural	Water Supply, Sanitation and Hygiene Education - By gravity water supply network Construction	No. (of public stand tap)	6,459	1,303
Rural	Water Supply, Sanitation and Hygiene Education - Solar pumping water supply network Extension	No. (of public stand tap)	289	47
Rural	Water Supply, Sanitation and Hygiene Education - Elevated water reservoir Construction	No. (of public stand tap)	196	28
Rural	Water Supply, Sanitation and Hygiene Education - (Kanada) water reservoir Rehabilitation	M3	175	
Rural	Water Supply, Sanitation and Hygiene Education - Percussion Deep well Deeping	Number	2	
Rural	Water Supply, Sanitation and Hygiene Education - Surface Water reservoir Construction	No. (of public stand tap)	294	23
Rural	Water Supply, Sanitation and Hygiene Education - Power pumping water supply network Construction	No. (of public stand tap)	1,842	143
Rural	Water Supply, Sanitation and Hygiene Education - Solar pumping water supply network Construction	No. (of public stand tap)	7,177	322
Rural	Water Supply, Sanitation and Hygiene Education - Percussion Tube Shallow Well Deeping	Number	479	171
Rural	Water Supply, Sanitation and Hygiene Education - Rotary Tube shallow well Boring	Number	1,924	724
Rural	Water Supply, Sanitation and Hygiene Education - Reverse Osmosis water Filtration Construction	water filter - liter / hour	73,000	
Rural	Water Supply, Sanitation and Hygiene Education - Spring Chamber Construction	Number	1	
Rural	Water Supply, Sanitation and Hygiene Education - Percussion Deep well Boring	Number	17	
Rural	Water Supply, Sanitation and Hygiene Education - Filtration chamber Construction	M3	80	
Rural	Water Supply, Sanitation and Hygiene Education - Rotary Tube shallow well Deeping	Number	2	2
Rural	Water Supply, Sanitation and Hygiene Education - Digger shallow well Digging	Number	1,623	217
Rural	Water Supply, Sanitation and Hygiene Education - Solar pumping water supply network Rehabilitation	No. (of public stand tap)	59	

Rural	Water Supply, Sanitation and Hygiene Education - By gravity water supply network Rehabilitation	No. (of public stand tap)	82	21
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- Province-wise implementation progress and outputs

Rural/ Urban	Province	# of districts/ cities	communi ties contracte	CDCs elections/ establishe	# of CDPs complete d	# of SPs financed	# of SPs complete d	Grants disbursed \$	Grants utilized \$
Rural	BADAKHSHAN	8	648	592	588	189	3	4,401,907	35,046
Rural	BADGHIS	2	257	248	248	262	26	6,589,304	884,726
Rural	BAGHLAN	5	455	433	433	424	46	8,044,666	899,341
Rural	BALKH	4	306	292	291	383	136	6,527,208	1,879,190
Rural	BAMYAN	2	289	281	281	439	69	7,378,605	1,047,707
Rural	DAYKUNDI	3	311	299	299	399	95	7,327,157	1,874,458
Rural	FARAH	2	327	313	312	254	96	6,553,805	2,032,232
Rural	FARYAB	5	321	279	279	262	37	4,647,491	577,920
Rural	GHAZNI	5	1,025	900	885	399	2	5,539,539	25,182
Rural	GHOR	3	508	497	497	247	51	4,447,764	769,366
Rural	HELMAND	4	687	498	485	309	5	5,722,346	121,918
Rural	HIRAT	6	668	621	621	497	18	10,030,647	401,239
Rural	JAWZJAN	2	208	201	200	230	8	3,525,094	169,559
Rural	KABUL	5	298	281	280	329	82	4,667,839	833,503
Rural	KANDAHAR	3	646	522	466	387	37	6,865,810	561,015
Rural	KAPISA	1	255	251	251	270	48	4,228,317	978,327
Rural	KHOST	4	217	381	370	182	51	3,845,115	1,141,988
Rural	KUNARHA	4	297	201	195	157	33	4,367,087	693,142
Rural	KUNDUZ	2	299	292	292	179	34	2,644,220	471,470
Rural	LAGHMAN	2	374	349	343	230	63	3,014,134	346,626
Rural	LOGAR	2	312	305	304	263	55	3,992,468	968,270
Rural	NANGARHAR	8	775	693	680	332	61	5,472,294	718,056
Rural	NIMROZ	3	207	178	178	214	34	5,130,300	470,909
Rural	NURISTAN	3	179	149	148	103	NULL	1,732,131	NULL
Rural	PAKTIKA	4	253	175	167	254	82	4,560,480	1,109,511
Rural	PAKTYA	6	380	282	271	251	81	3,534,701	830,336
Rural	PANJSHER	3	77	65	65	74	14	1,454,331	253,816
Rural	PARWAN	2	242	236	235	358	59	6,184,440	1,058,283
Rural	SAMANGAN	3	189	173	172	259	68	5,975,231	1,447,584
Rural	SARI PUL	2	264	251	251	135	24	2,760,342	516,155
Rural	TAKHAR	8	875	784	761	171	8	3,422,003	39,298
Rural	URUZGAN	2	421	71	64	48	18	965,357	368,680
Rural	WARDAK	3	342	315	314	469	55	5,170,758	510,444
Rural	ZABUL	2	325	297	284	135	3	2,047,017	66,068
Total		123	13,237	11,705	11,510	9,094	1,502	162,769,906	24,101,365

- FP-wise implementation progress and outputs

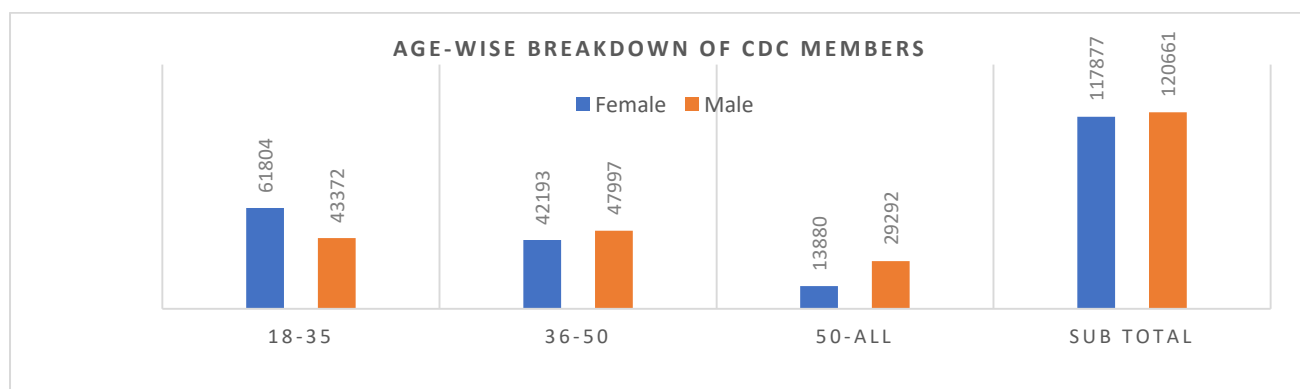
Rural/ Urban	FP	# of districts/ cities	# of communities contracted	# of CDCs elections/ established	# of CDPs completed	# of CCDCs/GAs formed	# of communities with score cards	# of communities with linkages	# of communities with sub-committees	# of communities undertaking development
Rural	BRAC	18	1,372	1,356	1,321	197	614		1,085	362
Rural	DACAAR	9	850	699	686	134	620		678	440
Rural	CHA	6	574	552	551	117	435		396	368
Rural	CHA	7	1,333	1,020	951	13	785		850	736
Rural	ACTED+CHA+MOVE	7	578	527	527	110	513		520	527
Rural	NPORRAA+ACTED+SCA	8	778	744	742	141	732		715	611
Rural	Afghan Aid+CHA+OXFAM	9	1,176	1,118	1,118	213	1,055		963	871
Rural	AHDS+SDO	4	746	368	348	59	337		251	114
Rural	AKDN+SCA	10	943	898	897	196	885		718	570
Rural	CARE+RI+ORCD	9	1,278	1,075	1,052	150	857		868	558
Rural	CHA+Move	5	534	491	490	96	487		488	334
Rural	OXFAM+AKDN	5	600	580	580	139	580		576	573
Rural	SCA+Afghan Aid+Action Aid	10	952	901	898	176	879		691	652
Rural	AKDN+CONCERN	16	1,523	1,376	1,349	46	593		971	628
Total		123	13,237	11,705	11,510	1,787	9,372	-	9,770	7,344

Province wise IMI baseline results

Province	# of Elected Communities'	# of CDC IMI reported	% of High Mature CDCs	% of Mature CDCs	% of Low Mature CDCs	% of Immature CDCs
ZABUL	297	280	0%	0%	10%	90%
URUZGAN	72	47	0%	4%	28%	68%
HELMAND	499	390	0%	6%	45%	49%
KANDAHAR	523	397	0%	1%	15%	85%
FARAH	313	312	10%	55%	35%	0%
NIMROZ	178	178	0%	0%	50%	50%
HIRAT	621	562	2%	18%	61%	20%

GHOR	497	488	0%	32%	55%	13%
FARYAB	279	279	0%	1%	72%	27%
BADGHIS	248	243	0%	25%	74%	2%
BALKH	292	286	0%	5%	21%	74%
JAWZJAN	201	200	1%	8%	42%	49%
SARI PUL	251	221	1%	10%	36%	53%
BAMYAN	281	280	0%	4%	51%	45%
DAYKUNDI	299	299	1%	13%	55%	31%
BAGHLAN	433	417	1%	11%	50%	38%
KUNDUZ	292	263	0%	2%	45%	53%
SAMANGAN	173	171	0%	6%	42%	51%
BADAKHSHAN	611	550	0%	5%	83%	12%
TAKHAR	783	336	0%	7%	61%	32%
KAPISA	251	246	0%	17%	78%	4%
PARWAN	236	223	0%	1%	21%	78%
PANJSHER	66	64	0%	2%	66%	33%
LAGHMAN	354	338	0%	2%	61%	37%
KUNARHA	201	194	0%	3%	89%	8%
NURISTAN	150	128	10%	61%	20%	9%
KABUL	281	270	7%	26%	41%	26%
WARDAK	314	312	0%	9%	75%	16%
LOGAR	305	298	0%	10%	36%	54%
GHAZNI	903	801	0%	10%	51%	39%
PAKTIKA	175	150	0%	19%	41%	40%
PAKTYA	287	203	4%	15%	44%	37%
NANGARHAR	696	467	0%	18%	69%	13%
KHOST	382	352	1%	10%	22%	66%

Graph: Age wise breakdown of CDC members:



Detailed progress under Public Communication

Media Engagement

Effective and systematic contact and relationship established with media were maintained. The program also improved the general awareness level of the media outlets by conducting regular meetings and a number of media training workshops with their management and key journalists at national and local levels. PCD is sharing news bulletins with media on a daily basis, invites them to

important events, sends press releases, responds to their queries, provides video and audio materials for their use, attends their round tables and discussions or prepares the CCAP management to interview with media or participate at different media programs, updates them on the recent progress and happenings, writes articles for publications and many other media engagement activities. As a result, the media monitoring shows those CCAP news/mentions in the media have been increasing in the most prominent local and national media outlets. Now, mutual interest is established with media, media respond positively most of the time when they are called and invited to cover CCAP important achievements and events. They approach CCAP when they need clips, shots or interviews relevant especially on sectors that CCAP is working on. CCAP management is appearing at least once or twice in a month on media programs to exclusively discuss CCAP achievements. Media was invited to all of the CCAP major events which have resulted in great coverage of the events. Media engagement has also resulted in broadcasting of CCAP documentaries free of charge through some media outlets.

Besides, PCD has also partnered with media on paid radio and TV spots to raise the general awareness on the program operations. So far, six rounds of awareness raising campaign have been conducted at the National level covering 15 key media outlets with over 500 minutes spots broadcasted. PCD recently launched a TV and Radio Awareness Campaign all over the country and broadcasted over 16,000 minutes of spots on key program sub projects and achievements through 68 radio and 34 TV outlets contracted at the local level. The campaign was designed in a way to cover all the Afghans who have access and watch TV around the country.

Media Monitoring:

As engagement with media resulted in expansion of CCAP reflections through media outlets, it was required to monitor the content of these reflection in a more systematic manner, thus, PCD initiated media monitoring starting from October 2018 which is now part of PCD routine tasks. PCD has been able to capture 7,919 times reflection of CCAP in the rural areas from then till 10th January 2020. Please see Annex__ Summary of the media monitoring table. PCD is conducting media monitoring on daily, weekly and monthly basis and provides the management with a report respectively. PCD review of the content of media reflection shows that CCAP has got a positive image and perception among national and local media. Enormous reflection of the media outlets on CCAP also demonstrates that the public receives good information regarding CCAP all over the country.

Website and Social Media

PCD with the technical help from MIS developed CCAP website launching it in three languages – Dari, Pashto and English. PCD and MIS kept CCAP website regularly updated with the project's details and indicators, news, stories, pictures, videos and all other important updates. To make the website more useful, the communication working group (MRRD, MoF, IDLG and WB) recently develop further improved template which will be soon implemented and launched. The new design will make it easier for CCAP achievements to be highlighted on a more frequent basis. The social media pages are also enhanced content wise; besides, 2 – 3 posts on daily basis; we have initiated short video spots on the outcome of the projects and testimonials by the beneficiaries towards the projects. Some of the key posts are also promoted which reach up to 40k people and gets up-to 4K likes on Facebook as a main CCAP social media platform that has reached to over 50,000 followers. All Facebook, Twitter, Instagram and YouTube pages are being updated regularly. The website and social media platforms are also updated regularly on the main page and below pages:

- Gallery: With pictures
- Video: With video spots and clips
- Event: With important reports and inaugurations
- Vacancies: With advertised vacancy announcements
- Website Flash: With the slide show of projects' pictures
- Press Release on Various Program Process.
- Success Stories on program engagement and impact
- Procurement announcements
- Vacancy announcements

Conferences and Events:

PCD played an important role along the whole CCNPP team in conducting two Major events: National CDC Conferences and a couple of Kuchie conferences in Presidential Palace and Loya Jirga Auditorium and Intercontinental Hotel. Meanwhile, the PCD could manage to successfully arrange and cover the PCCMC, DCCMC and MCCMC conferences from media viewpoints in all provinces across Afghanistan. In addition, two major CDCs Training workshops lasting 22 days each were successfully covered by the PCD and their reports were shared with the media regularly. Other regular meetings are also covered from relevant angles and special preparation of information packages is put together for the participants in order to increase their understating of the CCAP.

PCD coordinated all of these major events with media and conducted a press conference as part of it so CCAP IAs and MoF leadership directly talk to media and respond to their inquiries and has resulted in great coverage of the events through media i.e. the CDC National Conference was live broadcasted by Tolonews, the leading national TV outlet in Afghanistan.

Publications, Print Materials, Videos & Audios:

CCNPP required branded informational kits such as calendars, file folder, bags, banners, pictures, branded scarfs, brochures, pens, badges, were designed and printed according to the need and distributed to all stakeholders' groups during the events and other channels over the period of three years. Fact sheets/one pagers/profile are developed for CCNPP and its projects such as MCCG, EQRA, Kuchies Development Program, and Grain Banks. Over 10 Documentary films and uncounted number of spots were developed and disseminated through all possible channels to our audience groups as well as to CCAP donors through newsletter or CDCs.

15.000 CCAP brochures were printed and distribute through CDCs, PMUs, Universities, Events, Mosques and government partner organization to increase awareness.

Initiatives:

Positive relation has been built with the media and PCD has encouraged CCAP management to appear in front of media respond to their questions and help in raising awareness regarding the program. Almost a CCAP representative have been in the media interviews at least once or twice per month.

Short video spots are developed to communicate the perception of rural residents on how CCAP projects and services in the rural area are making result and changing people lives. These spots are normally around one minute with a combination of footages, clips and infographics that are mainly communicated through website, YouTube, Facebook and twitter and the audience may be more interested to watch due to the short length of the spots as well as they may not spent more of their internet bandwidth.

Further, in order to contribute to the awareness on how people can register and record their grievances and complains, as well as promoting the transparency and accountability within CCAP, PCD is developing and designing infographics through drawings that makes it easy for the audience group to understand the process and record their grievances. First it was communicated through Facebook and local newsletters, but it is now extended to the field and use it as a traditional communication tool.

The communication team initiated CCNPP monthly newsletter. The newsletter is in English and aims to share CCNPP progress, updates and success stories with donors, government agencies, foreign embassies and other individuals who have subscribed their emails through CCAP website.

PCD also started an internal newsletter that aims to raise awareness of the CCAP and MRRD employees on what happens around. The newsletter is in local languages and is prepared on weekly basis covering important news stories, success stories, important happenings inside CCNPP like introduction senior staff joining the organization and etc.

PCD is equipped with 4k video camera, mac computer editing of videos and producing high quality designs, animation and graphics, tripods both for the HQ cameras and for PCD Sr. Regional Communications Officers. Technical staffs are supposed to get training on the most modern and

recent video editing software in order to increase their capacities to align themselves with the most recent trends.

Mobile Cinema is now conducted for the CDCs and local residents in remote areas to showcase CCAP achievements, roles and responsibilities of the CDCs, development efforts, women empowerment and participation in order to increase awareness and attract the local residents towards CCAP activities so they can actively engage themselves to participate. It is now more often conducted since it's given as an assigned for any PCD staff that is traveling to the provinces to conduct a mobile cinema activity.

Communication and coordination:

The communication working group (MRRD, MoF, IDLG and WB) have improved their coordination and regular meetings have been conducted to align the communication efforts and messages in order to introduce CCNPP as a branded project of the government. The group meets on bi-weekly basis to discuss the progress on communication action points, challenges and new opportunities to expand on the effectiveness of the program visibility. Better coordination has resulted that the CCAP communication teams work with one voice on behalf of the CCAP and the messages are aligned.

Field Missions:

Over the period PCD staff continued to conduct field missions in order to collect pictures, footages, visit projects, visit CDCs, collect success stories, meet the media and conduct a number of other communication activities for the sake of public awareness in almost all provinces of the country.

RURAL: High Risk Area Report

The High- Risk Area Implementation Strategy was developed based upon these challenges (Armed Opposition Groups threatening communities if they support CCAP, Safety of GoA and FP staff, Threats of Robbery, Kidnapping, and Attacks on Persons and Offices, Organizing and conducting large gatherings of people difficult/not possible, Regular field visits of SOs and other key staff to communities difficult/not possible, Technical supervision of sub-projects by GoA staff difficult/not possible, Women's inclusion in meetings and participation in program implementation difficult/not possible, Women's membership in CDC (sometimes related to the required photo ID and names, which men do not wish to provide), Women staff moving without Maharrams)for insecure areas, this document was helpful for the implementation of the program in insecure areas specifically about the percentage of community people decreased to 20% to 30% in most exercises, however, field colleagues faced with other challenges other than the aforementioned challenges in insecure areas which require alternative ways to implement the program; specifically women participation is a big issue in insecure areas, in most insecure areas women participation is not possible and still CDCs are suspended and work has not been started like in Paktika, Paktya and Uruzgan provinces, however in current high- high strategy some sort of flexibilities and alternative ways have been mentioned to include women in the process which did not work either, the AOG (Armed Opposed Group) insurgents will not allow women participation/ female staff movements in insecure areas, for the betterment of this document, High- Risk Unit had field visits to some provinces of east and south regions to know about the challenges field colleagues have faced in the first phase of the program, later a questionnaire was developed and shared with all 34 provinces to get their feedback for the enrichment of this document, all provinces feedback have analyzed their recommendations and alternative ways for program implementation in insecure areas are illustrated below; But there are areas where community people cannot seek permission even with the flexibilities they have proposed and mentioned in HRAIs, its obvious without permission of AOGs and insurgent the program cannot be implemented such as Uruzgan province, from the start of CCAP in most CDCs program has been suspended few times our colleagues were abducted as well or ongoing conflict in the area which prevent implementation of CCAP and its subprogram.

Most of below insecure CDCs are withdrawn and shifted to Kuchies program because of two main reasons;

1. Women participation was not possible
2. Insurgents won't allow program implementation.

List of Insecure CDCs shifted to Kuchies

No	Province	District	# of CDCs
1	Paktya	Wuza Zadran	8
2	Khost	Nadir Shah kot	37
3	Farah	Farah	1
4	Kunarha	Daripich	21
		Chawky	56
5	Nimroz	Kang	3
6	Hirat	Zindajan	13
7	Hilmand	Garamsir	167
Total			306

Social Mobilization Phase:

Challenges:

1. Linkages and cross visits- are not possible in insecure areas because some communities are located far from each other in remote areas. Insurgents will not allow such huge gathering of people to enter from one area to another (district to another district or province) especially in the case of women. They are not allowed to go in a group from one area to another. There might be possibility of movement for women within district.
2. Creation of all Subcommittees is not possible in insecure areas.
3. In orientation session percentage of community people is not possible as per OM in insecure areas.
4. Community member cannot attend DCCM and PCCM meeting due to insurgents
5. Clustering is not possible in an open area, because of drones and insurgent won't allow such large gatherings.
6. Social Audit and IMI not possible in insecure areas
7. Maps drawing are not possible in an open area; such maps should be drawn in a paper in a secure place with presence of community people. As well as most communities do not provide names of people because they have the fear of disseminating the information with security department for the attacks From Drawing different Maps People perception is that our homes will be targeted and then bomb attacks will take place. Avoid using name of community people.
8. In insecure areas most people are illiterate and they cannot fill the forms
9. People of insecure areas will not be able to attend many meeting in social mobilization phase and many visits will be threatening to field colleagues.
10. Large gathering and participation of community people in election is not possible in insecure areas
11. Clustering is not possible in some insecure areas
12. Community meeting cannot be done with wider gathering of community people
13. Using GPS is difficult in insecure areas by field colleagues.

Recommendations:

1. Linkage and cross-visits should be waived for insecure areas.

2. The number of subcommittees should be decreased and the important ones like health, education and CPM should be established and the rest subcommittees will be established once the situation gets better. Women membership in sub-committees is not possible.
3. Orientation session should continue with less number of community people because people in insecure areas have to support their families for their daily expenses and they would prefer to work instead of participating in orientation session. They would be eager to participate if the program provides them with participation wages.
4. Due to threatening and warnings from the insurgents' side, communities cannot attend PCCM and DCCM meetings or workshop at district or provincial level, instead for the safety of community people; all the recommendation and comments of community people should be collected in poster in written form and then presented in such meetings. They can send or share information through their representatives.
5. Clustering is required to be done through consultation with relevant key CDC members. Based on relevant key member decision a cluster should be established, or different meeting at different places regarding clustering should be conducted.
6. In insecure areas most people are illiterate and they cannot fill the forms, so the FPs support is required to help community people while filling the forms.
7. Two exercises such as a community development plan with a survey and social with resource maps need to be conducted in one day. This way we could save more time of community people and decrease the number of visits/movement.
14. In the CDC election, the percentage of community people participation (both men and women) should be decreased to 20%.
15. Because of some reasons in some parts of insecure areas clustering is difficult: secure and insecure CDCs will not join will not come together to form a cluster, some CDCs are located far from each other. In addition to these, each area has its own insurgent's commander and will not let people to visit area from one another. It is recommended to let people to form clusters where possible.
16. Instead of conducting accountable meeting at wider community level, it is recommended to conduct such meeting with community elders.
17. Instead of GPS elders of community people, community members, Islamic Scholars, teacher and other few other community members should confirm the implementation of SPs in insecure areas.

Finance Section:

Challenges,

1. Financial book is very lengthy and very in detail.
2. CDCs member cannot travel to district or province for purchasing items.
3. Trainings of Finance are difficult to be conducted at community level.
4. Financial management of CCAP community grant and misuse of fund.

Recommendations:

1. The financial book should be briefed and summarized for insecure areas.
2. Small instalments and purchased items should be kept in the district office, at district level a committee should be established for purchasing items because CDCs cannot travel due to insecurity and insurgent
3. Financial training for community development councils to be held at provincial or district office.
4. Support of literate people for financial management in insecure areas in very good, such as teacher or Mullah etc. Avoid paying Advance payments, after doing 10% Work30% should be paid, and or after completion of 10% work by community 5% grant should be given, advance work is required for insecure areas through communities.

Procurement section:

Challenges:

1. Where we cannot deliver items or implement the program
2. Community procurement process
3. Transparency in procurement procedure
4. Three quotations will not be possible in insecure areas

Recommendations:

1. Where we cannot work it should be contracted with NGO for insecure areas, because local NGO may have strong linkages with opposed groups and they may find ways to implement the program there.
2. Simplify community procurement process, competitive process. The Procurement Committee should not go to market with money (cash) Instead, negotiate with the vendor to deliver such quality material to a location, Afterwards, the contractor money will be paid in the village or transfer money through (Hawala), the expenses of procurement committee should be considered.
3. To maintain transparency the offers should also be distributed by district and provincial offices; because community members only share it with their people or with those private companies, they are familiar with. In order to improve transparency in purchasing and bidding of procurement, If Representatives introduced by majority of community people, purchasing will take place from another area, outside community. The material will be delivered physically to the location.
4. Single source purchasing method work well in insecure areas, if CDCs are given the authority of 500\$ to purchase items by providing only one bill and quotation, if items cost more than 500\$ then three quotations and bills are needed,

Forms:

Challenge:

1. Forms are very detailed and complicated in insecure areas
2. Procurement accountable forms training not possible at community level.
3. IMI, CPM and Score card and school forms several times are not possible in insecure areas
4. Due to illiteracy level in insecure areas people cannot fill the forms

Recommendations:

1. Simplification is needed in form 1 to 12, very complicated and out of community people understanding. Score Card, CPM, School, ESS, Election, cluster and CDP forms.
2. Procurement accountable forms trainings conduct in the district and provincial office, expenses of community should be considered.
3. IMI form should fill once, CPM two times, Score card once and School form (Children) once a year.
4. We need to have literate people to fill forms in insecure areas, like teacher, mullah and most important the FP colleagues should support community people by filling the forms where community people cannot write by their own.

Women Participation:

Challenges:

1. Women Participation is not possible
2. Women National ID (Tazkira)
3. Women participation is possible with limitations

Recommendations:

1. The program should be implemented without women participation, this way people of insecure areas will not be deprived, and somehow women will be benefited from any SPs implemented in their areas later when the situation gets better than women might participate. For such CDCs if the program consider only women projects then it might be possible for female staff to visit insecure areas to work with women of such communities
2. Women tazkira most women in insecure areas do not have tazkira and they cannot travel to district to make tazkira, it should not be recommended in insecure areas.
3. In some insecure areas where visibility of women participation is possible with below recommendations;
 - If women cannot attend meetings then their muharam can attend the meeting
 - In some exercise's women participation must waived like maps, social, resource WBA and score card.
 - Learning event cross visit for women not possible to visit another district CDCs
 - In CPM 5 men and 5 women should be considered, if women cannot form in CPM then men should share information with them to include their voices and ideas.
 - women participation should be decreased in insecure areas, extra cost of mahram should be added in HRAIS
 - women muharam should be included in the meetings, if women cannot participate
 - Individual meeting of women should be held.
 - women awareness is good but their registration in election and other forms are not possible

No	Province	Districts	2017			2018			2019		
			PI	HI	EI	PI	HI	EI	PI	HI	EI
1	BADAKHSHAN	8	10	52		44	48	0	44	48	0
2	BADGHIS	2	91	26	12	106	39	1	129	46	1
3	BAGHLAN	5	33	61	55	101	105	1	76	111	0
4	BALKH	4	25			28	17		28	17	0
5	FARAH	2	39	39		61	116	43	61	116	43
6	FARYAB	5	5	27		33	106	1	33	106	1
7	Ghazni	5	31	178	7	84	288	37	51	71	18
8	GHOR	3	27	70		182			196	2	0
9	HILMAND	4	301	245	13	70	113		70	113	0
10	HIRAT	6	144	39	9	71	51	20	71	51	20
11	JAWZJAN	2	44	6		17	47		57	2	0
12	KABUL	5	18	9		6			56	0	0
13	Kandahar	3	26	9		11	3	4	11	3	4
14	KAPISA	1	97			79	22		79	22	
15	KHOST	4	27	12	9	27	11	12	27	11	12
16	KUNARHA	4	86	45		32	26	78	35	23	89
17	Kunduz	2	129	37		108	35		108	35	0
18	LAGHMAN	2	120	3		33	13	2	33	13	2
19	LOGAR	2		48		199	104	76	304		
20	NANGARHAR	9	78	292	5	27	44		199	104	76
21	NIMROZ	3	34	22	8	51	10	15	27	44	0
22	NURISTAN	3	41	39	9	18	20		51	10	15
23	PAKTIKA	4	17			73	49	78	57	23	0
24	PAKTYA	6	43	62	47		113		63	43	63
25	PARWAN	2		119		9	23	1	0	113	0
26	SAMANGAN	3	10	2		5	8		9	23	1
27	SARI PUL	2	52	142					5	8	0

28	Takhar	8				52	50	2	260	36	2
29	URUZGAN	2	68	66	207	6	4	337	6	4	337
30	WARDAK	3	59	69		92			92	0	0
31	ZABUL	2	134	54	14	124	59		124	59	0
Grand Total		116	1789	1773	395	1749	1524	708	2362	1257	684

PI: Partially Insecure

HI: Highly Insecure

EI: Extremely Insecure

URBAN: Review and Planning Workshop Groupwork Result

CCAP/IDLG held a two days' workshop of "Program Review and Planning" on Dec, 15th and 16th, 2019 at Kabul. Urban CCAP stakeholders including but not limited to CCAP/IDLG leadership, Provincial key staff, Facilitating Partners leadership, Ministry of Finance and Ministry of Public Health representatives attended the workshop.

The purpose of this workshop was to get a candid and honest feedback focusing on problems and not personalities, depersonalize the issues and focus on the past experiences and what has not been working and created problem, and what changes and modification is required to create the condition for program to be more successful.

During the workshop, six groups were formed such as Management, Engineering & Technical, Monitoring & Evaluation, Social & Training, Gender & Youth and Communication, each group has been given six to seven questions, after two days discussion, the groups came to the following results.

Management Group Findings

1. Is the project development objective relevant to IDLG mandate?

Management Group members believed that CCAP PDO is relevant to Overall IDLG Mandates:

- ✓ CCAP's mandate is to ensure the legitimacy of the government by reducing the distance between the government and the people, while IDLG in broader term follow the same aim.
- ✓ CCAP is implementing good governance principles of Transparency, Accountability, Inclusion, Participation, Collective Decision Making, and Grievance Responsiveness in all its activities and processes while IDLG's mandate is to implement good governance principles in national level.
- ✓ CCAP is delivering the basic services to the communities; capacitate the communities to demand more services while one of the main objectives of IDLG is also service delivery nationally.
- ✓ CCAP reach to the most marginalized group of citizens, gender equity is redlining of CCAP while in broader context IDLG's mandate is the same.
- ✓ Institutional Building, Organizational Building and Individual Capacity Building are mandates of CCAP, while IDLG is pursuing the same aims nationally.

2. Are the Project Development Indicators Specific, Measurable, Achievable, Realistic and Time bound (SMART)?

Management Group Members had consensus that Majority of Project Development Indicators are SMART but there are some potential challenges in some:

- ✓ Policy Documents insist that at least 60 or 70% of community members should participate in some activities, it is not achievable and a challenge.
 - ✓ CCAP insist 50% of women participation in the CDC/GA membership, leadership, decision making and other processes, it is not realistic to conduct the processes with equal level of men and women participation.
 - ✓ In big cities, communities are composed of different cultural backgrounds, ethnicities, languages and diffident provinces; they do not know each other, are not very much interested to take part in the community's collective decision making. So, bringing them together in all the activities of the processes, make consensus among them on a specific decision is a very difficult and time taking process.
 - ✓ Some program indicators could not be achieved without support of provincial sectoral departments; in particular whenever the scorecard is practiced, communities sort out the findings, the findings are shared to sectoral departments but no single action is taken, it means these practices of CCAP is not effective.
 - ✓ Emergency support for IDP/Returnees is unrealistic as the program has no specific budget for that
- #### ***3. Is the program facilitation approach described in CCNPP operational manual relevant to the project development objective?***
- ✓ At least 60%- 70% of communities' participation is must in some practices; it is a big challenge to collect 70%, this approach does not work properly to achieve CCAP PDO.

- ✓ There is no proper balance between expected outcome time of training and number of trainings
- ✓ Process based trainings is not aligned with Urban context
- ✓ OM instructions are good for rural context; it is not working for urban areas as much as expected.

4. Is the operation arrangement (program management arrangements) such as finance, procurement, HR, administration and etc. by CCNPP Management effective and efficient?

- ✓ CDC's grants two installments, GA's grant three installments are not good practice, because delays, if it had been designed one single installment for CDCs and two installments for GAs, would have been working better. Rather than this disbursement delays have created much more problems of not reaching set targets.
- ✓ In sub-projects proposal only sum total of 5000 AFN could be allocated for Operational cost which automatically lead to fraud by treasurer and members to make high price bills to cover their own expenses.
- ✓ Having no standard forms had created much more problems in the field and has kept field progress behind of the plans.
- ✓ Recruitments, office supply of equipment, small purchases are centralized by the policies, while these could have been performed by the PMUs much more effectively and efficiently to have everything on time and reached the targets within the plan.

5. What are the results (positive and negative) of the program at city and national level?

Positive Points

- ✓ Basic Services are delivered
- ✓ Communities empowered
- ✓ Cohesion and Solidarity among (ethnicities and so)
- ✓ women role is empowered
- ✓ Capacity of community institution is built
- ✓ Municipalities revenue has increased in CCAP coverage area

Negative Points:

- ✓ If the program practices are not well-managed will create environment for community corruption.
- ✓ Positive Menu services are limited, some needs can't be addressed; so, create social conflicts
- ✓ Sub-committees are high in number, though are functional but have no program grant to implement community projects.
- ✓ Sub-committees are recognized and supported by sectoral department.
- ✓ Women role is nominal in program decision making.

6. Was the frequency of monitoring visits to the field and other M&E arrangements enough?

- ✓ M&E arrangements are enough; FP, PMU, PIU, TPM
- ✓ M&E Missions Frequencies are high, take more time of FP and PMU to do their own planned activities.
- ✓ M&E Missions are overlapping, different teams come from PIU at the same time or PIU team and TPM are coming at the same time; create challenge for both PMU and FP.
- ✓ Teams should come with authority to solve the issues on time and finally have meeting with relevant departments, staff in order to take corrective measures.
- ✓ Monitoring missions are not inclusive, all Shuras should be covered.

7. What were the main challenges in each year (2017, 2018 and 2019) at management level?

Challenges could be grouped in the following three categories:

1. 2017, Policies, guidance and Soft component issue
2. 2018, Subprojects design problems
3. 2019, completion and sustainability issues

- ✓ Actual implementation started 3 months after the contracts signed with FP, kept field implementation behind the timeline.
- ✓ Program scope has many activities while 3-year time is not enough for the expected quality. Either time should be extended or ratio should be decreased.
- ✓ Mayors and some other provincial level officials' turnover created problems to field implementation, mayors should be oriented by PIU/DMM to take CC as serious as possible.
- ✓ Grant Disbursement delay caused not to achieve the targets.
- ✓ PMUs need empowerment and decentralization of some of the operational functions
- ✓ Structure of PMU (M&E, SO and Sr. Engineer) need to be adjusted to workload.

Engineering and Technical Group

1. Do the grant services (subproject implementation) meet the CDCs/GAs needs?

▪ The Answer is NO

- ✓ The current budget is not enough to fulfill all needs of the CDCs.
- ✓ Current budget is allocated based on households, It will be better if the budget is allocated based on families or CDCs geographical scope.
- ✓ Budget should be allocated based on the CDCs priorities rather than the CDCs some residents personal priorities and interests.
- ✓ CDCs capacity to be built so that they can obtain budget form different sources.
- ✓ If the CDCs to be established based on families so the CDCs formation will be expanded.

2. Are the existing positive menu have enough items or to be expanded to meet community expectation?

▪ The Answer is no

- ✓ Health Clinics, Mosques and schools should be added to the project list.
- ✓ Construction of Community Center for CDCs must be considered.
- ✓ Construction of canalization and waste water filters/on site treatment such as for CDCs such as (Leach field/absorption field) should be considered
- ✓ Construction of shallow wells and hand pumps for CDCs should be considered
- ✓ In order to control the water Construction of canal and take out /take of outlet should to be considered.
- ✓ For the management and carrying of solid waste trucks should be considered.
- ✓ Construction of bridges and protection walls for CDCs must be considered.

3. Is the positive menu list safe for the community and people health, life, economy and etc.?

▪ The Answers is yes

- ✓ For management of water, drainage system has been constructed.
- ✓ CDCs has been facilitated and advised related to procurement relevant issues for better and quality preparation of construction materials.
- ✓ CDCs access to market (foods, vegetables, sites...)
- ✓ Specific attention on Environmental and social safeguard and public health has been paid and social awareness has been conducted.
- ✓ Working opportunities have been created for country returnees and Kochies.
- ✓ By implementing of the projects, price of the community property such as land has been increased.
- ✓ Living standards of people has been increased and it has positive impact on security as well.

4. Is their enough arrangement for implementation and sustainability of subproject at the CDC/GA level?

▪ the answer is yes

- ✓ There is a tendency and maintenance plan for each project in proposal.
- ✓ In order to avoid the entrance of large vehicles in the paved streets, gates have been built.
- ✓ For better tendency and maintenance of projects, tendency and maintenance committees have been established in CDCs level, for more efficiency it will be better if this committees to be registered to municipalities officially.

- ✓ Relevant sectors will be responsible for tendency and maintenance after submission of the projects to them.
- ✓ For sustainability of the projects specific attention has been paid on quality of construction working process and construction materials.
- ✓ Sense of ownership has been developed for CDCs through social awareness campaigns and trainings.

5. How to increase project quality and durability and how to decrease the deviations?

▪ **The answer is yes.**

- ✓ Based on plans projects should be monitored and evaluated timely and accordingly.
- ✓ The project survey design should be conducted properly, technical committee should review the survey and design carefully, and for development of the engineers' capacity exchange visits should be conducted.
- ✓ Attention must be paid on engineers' technical capacity development.
- ✓ For the better site control and monitoring, relevant checklists should be prepared.
- ✓ Based on the increase of the CDCs, relevant engineers should be increased and engineers should not be assigned to irrelevant duties.
- ✓ For better implementing of ESS and risk management relevant issues an ESS officer should be recruited at PMU and PIU level.
- ✓ Supervisors must be engineers.
- ✓ For following of technical deviations, a proper mechanism should be made.
- ✓ Based on needs technical manuals should be revised.
- ✓ Good coordination with relevant sectors.
- ✓ Test of the construction materials quality.

6. Is the operation arrangement (program management) such as finance, procurement, HR, administration and etc. by CCNPP management effective and efficient for Engineering and Technical? If not, list at least five specific areas with at least one solution to improve it.

▪ **The answer is NO**

- ✓ The CDCs procurement process should become uncomplicated.
- ✓ Treasurer should be a literate person
- ✓ Administrative cost should be increased from 15000Afs to 30000Afs
- ✓ Financial relevant process should become simple.
- ✓ There are no enough technical and office instruments for engineers.
- ✓ Recruitment process should be accelerated.
- ✓ Cash disbursement should decrease from three to two.
- ✓ PF engineers' salary is not enough.
- ✓ Cash disbursement process should be accelerated.
- ✓ The second installment should be disbursed after 50% expenditure of first installment at CDC level.

7. What were the main challenges in each year (2017, 2018 and 2019) in for Engineering and Technical level?

▪ **2017 Challenges:**

- ✓ Community contribution challenges
- ✓ CDC boundary establishment challenges
- ✓ CDCs Committees poorness and their low experience.
- ✓ Most of works were done by engineers.
- ✓ Changes of the forms.
- ✓ Lack of coordination between engineers and social organizers.

▪ **2018 Challenges**

1. No enough budget for projects.
2. Delays in disbursement of the budget for CDCs.
3. Lack of people participation in budget.
4. Shortages of engineers at PMU level.

5. CDCs low experience.
6. Lack of coordination between engineers and social organizers.
7. Lack of transportation (for follow up) and technical tools.

▪ **2019 Challenges**

- ✓ Revision of norms and costs.
- ✓ Changes in rate of dollar.
- ✓ Revision of some proposals due to poor survey.
- ✓ Poor of cost estimation for large projects as no consideration of construction companies fair revenue.
- ✓ Some CDCs were not considered the technical advises.
- ✓ Financial and procurement documents are not sent clearly.
- ✓ Lack of transportation (for follow up) and technical tools.
- ✓ Lack of transportation (for follow up) and technical tools.
- ✓ Delays in disbursement of the installment for CDCs.
- ✓ Social problems
- ✓ ESS problems.
- ✓ TMP has reported some unjustified deviations.

Monitoring and Evaluation Group

1. *Are there any common monitoring findings which are due to programmatic mistakes but not due to FP and PMU shortfall?*

Social Audit)

1. CCNPP OM indicates that there should 60% community members be present during Social Audit, while 60% participation is not applicable in the field due to urban communities' business.

Solution: The number of communities gathering in (Social Audit) should be decreased to 50%.

Scorecard)

2. A Health Facility is used by more than 30 CDCs, and based on scorecard guideline at least one male and one female per CDC should participate in scorecard exercise which is a problem to gather 60 people for the scorecard.

Solution: pre-meeting should be arranged with the 60 members of CDCs, then the CDCs representatives should select only 5 representatives among all 60 members, that could monitor from facility during scorecard process.

3. Muatehadel Mal Maktoob which is sent by MoE and MoPH was for 1396-1397, and it is not accepted by Health and Education Facilities for 1398.

Solution: MoE and MoPH are required to update the Maktob on yearly basis and send it to the relevant Directorates in order to share with the Health and Education Facilities.

4. The findings of Scorecard are not followed up and solved by related directorates in targeted Cities.

Solution: The Scorecard findings should be followed up and solved by involved directorates with the specific corrective action plan and timeline.

(Monitoring Form #1 & Form #2)

5. CCNPP OM required that during the filling of monitoring Form #1 and form #2 the participation of community members should be 70%, while it is difficult to gather 70% of the community residence in the field.

Solution: The percentage of community participation should be decreased from 70% to 50% in OM.

(General Problems)

1. The majority of findings which were captured by PMU are not being solved by involved provincial stakeholders (FPs).

Solution: The FPs are requested to solve the relative findings within the given timeline by PIU, and PMU.

2. A, the GAs' stamps and its certifications are not recognizing by most of government organization and it does not have any legal rights, therefore, the GAs' chairperson has mostly conflict with old GA chairperson (Herat City).

Solution: a, an official introduction letter to be circulated to all organizations including Ministry of Justice and Municipalities and the GAs key members like Chair Person, Treasurer, Deputy Chair Person, and Secretary should be registered in the Directorate of Justice and Municipalities.

3. The CDCs Sub-Committees' did not have leader or representative.

Solution: A leader or representative should be selected for each committee in order to motivate and guide the committee members.

5. CCNPP OM required the 50% Women participation in any aspect of the program; nonetheless, it is not feasible in Afghanistan Culture.

Solution: 50% women participation should be decreased by 20%-30%.

6. CDCs and GAs does not have a specific location (office) for the purpose of the regular meetings and to keep CDCs related documents there.

Solution: On the CDC level one Community center requires to be built.

2. List common monitoring findings which are due to FP or PMU shortfall.

1. The training materials and other posters did not submit on timely manner from FPs to PMU office.

Solution: All the documents should be submitted from FPs office to PMU office during 15 days.

2. The Sub Committees are not active.

Solution: It should be required that each sub-committee select or choose one person as a responsible to increase the activities and push the sub-committee to be active.

3. All the forms are filled by FPs, while the CDCs and Sub-Committees are not involving in the filling procedure.

Solution: The documents and all other forms should be completed by the CDCs and its Sub-Committees, and it is required that the FPs should be only facilitator.

4. The grievance process is a little lengthy and it takes a time to smoothly resolve the problems or complaints.

Solution: The grievance mechanism should be developed and the received complaints should be followed up from HQ Grievance Unit at soonest.

5. The Community awareness is lower about the CCNPP program.

Solution: a, The FPs should be provided Community awareness in each Quarter.

b, a meeting should be held in quarterly base, related training should be conducted for each CDCs, example, for health CDC, the health training should be conduct, for educational CDCs, education training should be held and same for other sub-committees.

c, the list of CDCs should be submitted from PMU to FPs to conduct a capacity building training.

Third Question: Was the frequency of monitoring visits to the field and other M&E arrangements enough?

1. Ratio of the field visits of Social Organizers and Engineers are less

Solution: A, the social Organizers should have two 2 visits for each CDC in a month.

B, Number of engineers or ratio of Engineering visits should be increased as we received the grievance from field and the TPM findings are also increased in the last quarter as well.

Fourth Question: Are the M&E tools (forms and reporting tools) enough for monitoring and reporting?

1. The CCNPP forms revised many times, which created problems for PMU and FPs, and also lack of Social audit form for proper data collection and storage.

Solution: The CCNPP forms should not be revised in less period of time and the current status is acceptable for PMU and FPs. Only it required the alteration/revision based on need. The revision of Forms randomly by Each Unit should be avoided, and a new Social Audit form should be developed.

Fifth Question: Are the operation arrangements such as finance, procurement, HR, administration and etc. by CCNPP Management effective and efficient for Monitoring and Evaluation?

2. Delay of Finance Installment causing many problems for PMU and FPs like postpone of work and other project activities.

Solution: a, Whenever the 50% block grant utilized, the FPs are requiring to request for the second installment. b, all the money should be disbursed in first installment by HQ, but it should be frizzed by Afghanistan Bank until receiving of an official letter from HQ office.

2. Lack of vehicle.

Solution: One vehicle should be allocated for a couple of M&E (2 M&E staff).

The process of staff hiring is a little lengthy, it causes the slow progress of work.

Solution: The process of staff hiring should be accelerated, furthermore, the privilege step should not be limited by HR, and if an employee highly qualifies it can give a step by agreement of line manager.

4. Problem of office (Place).

5. Lack of Shelf, camera in Kandahar and Jalal Abad provinces for files.

6. What were the main challenges in each year (2017, 2018 and 2019) for M&E?

1. Transport problems and lack M&E Staffs in 2017 – 2018;
2. Lack of coordination between PMU & FP in 2018;
3. Revision of CCNPP forms were also created problems in timely data collection;
4. FPs follow up is comparatively slow in 2019;
5. Grievances received are not addressing on timely manner

Social and Training Group

A systematic process for gathering information regarding Training and Social Mobilization team achievements, faced challenges during program implementation and proposed solutions and recommendations for better improvement of the program in the upcoming times or next phases

Q1. Are the composition of CDC/GA and Subcommittees adequately designed with current social context of community?

Positive Points:

- ✓ Capacity Building of the Subcommittees via applying the training sessions.
- ✓ Voluntary participation of the communities in forming subcommittees
- ✓ People engagement in subcommittees activities
- ✓ Consideration of gender equality

Negative Points:

- ✓ Low interest/participation of people in committees
- ✓ Too many subcommittees
- ✓ Inactivity of subcommittees in accordance with program requirements
- ✓ Low cooperation of governmental departments with subcommittees and councils
- ✓ Unspecified TOR of subcommittees

Recommendations:

- ✓ Reduction of subcommittees number
- ✓ Decreasing of subcommittee members at CDC level
- ✓ Thematic Subcommittees Establishment Only for GA level (1 man and 1 woman from each CDC)
- ✓ Since the people in the communities are largely illiterate, conditions must be provided for the selection of subcommittee members.
- ✓ funds allocation to the subcommittees for their respective activities

Q2. What are the challenges/problems of the social mobilization process in the area of training manuals, people participation in social mobilization and Training of Trainers?

Positive Points:

- ✓ The majority of people are aware of the program
- ✓ Public participation is provided
- ✓ People contribute to identifying and solving problems

Negative appoints:

- ✓ Low interest and participation, as people in urban areas often have personal occupations
- ✓ Inadequate space for large numbers of people
- ✓ Gathering of 60% of local members
- ✓ Too many meetings and gathering
- ✓ PMUs Social Mobilizers did not have proper plan to monitor social aspects of the program.

Recommendations:

- ✓ The number of sessions should be reduced
- ✓ Percentage of participants in meetings/gatherings should be decreased
- ✓ Considering concessions to council members

Q3. Describe the positive and negative experiences about the PLA, Election, and Development plan?

Positive points:

- ✓ Public participation in the elections legitimizes the CDCs/GAs elections
- ✓ Marginalized individuals participate in the election process

Negative points:

- ✓ Interference of influential people in the election
- ✓ Minorities are without representative or are not key members (office Bearer)
- ✓ Resignation of council members, especially office bearers, because they are not given salaries and privileges
- ✓ The posters are large
- ✓ PLA tools are many
- ✓ Participation of 60% people in community development plan meeting
- ✓ MSS Limitation
- ✓ Low budget in some Communities

Recommendations:

- ✓ Give salaries to council members
- ✓ Use posters in booklet form or banner
- ✓ No need for PLA at the transient level
- ✓ Only 3 PLA tools are sufficient (Well-being analysis, Leaking pot, Resource map)
- ✓ The budget allocation should be based on the needs of the CDCs

Q4: How do you assess the functionality of linkage with CDC/GA with people, CDC with GAs, CDC with municipality and line ministries?

Positive points:

- ✓ Using each other's lessons. And coordination of activities
- ✓ Solve similar problems and use each other's experiences

Negative Points:

- ✓ Ambiguity in the linkage process and mechanism
- ✓ Failure to finalize linkages forms
- ✓ MCCMC and PCCMC meetings are not held on time
- ✓ Less consideration of the relevant departments for MCCMC and PCCMC conduction, especially the municipality and the Provincial governor office
- ✓ High number of linkages sessions at the same time
- ✓ As per direction stipulated in program manuals the exchange visit between the cities is not applicable

Recommendations:

- ✓ Take action to take this issue (Linkages) seriously by the municipality and the province
- ✓ Decrease number of linkages sessions per phase (once per phase is sufficient - but at municipal and provincial level every 6 months)
- ✓ Making a drobox to ease access of program stakeholders to updated forms

Q5: Are the operation arrangements such finance, procurement, HR, administration and etc. by CCNPP management effective and efficient for Social and Training?

Negative points:

- ✓ At the beginning, trainings not conducted timely by PIU
- ✓ At the outset, the central team did not provide explicit answers to ambiguous cases •
- ✓ Changing forms continuously
- ✓ non-compliance of the MIS with the OM (relevant to the training topics)
- ✓ less understanding of the monitors, those who come from outside
- ✓ High monitoring of the councils(CDCs/GAs)
- ✓ Complexity of procurement and accounting processes (in councils)
- ✓ Training report Forms uploading
- ✓ Insignificant of MIS and social mobilizers at PMU

- ✓ Transportation deficiencies at PMU

Recommendations:

- ✓ Consideration of more funding for trainings, in next plans/phases
- ✓ Reduce forms and simplify them

Q6: What were the main challenges in each year (2017, 2018 and 2019) in at Training and Capacity Development level?

Positive points:

- ✓ Raising local people's awareness
- ✓ Run projects correctly
- ✓ Learn about the program's goals, objectives and principles

Negative Points:

- ✓ Lack of interest due to busyness in urban areas
- ✓ Training allocated time for each topic
- ✓ Incompatibility of training material with training topic (in some cases time is less but materials are too much and, in some cases, vice versa)
- ✓ The complexity of training topics
- ✓ Non-cooperation of municipality in organizing trainings for municipal employees

Recommendations:

- ✓ When hiring a social organizer, more attention should be paid to training skills
- ✓ A social organizer cannot handle more than 10 councils and must be employed for 3 years.
- ✓ Considering areas with difficulty we propose for devoting more time to completing training sessions
- ✓ Simplify training materials so it is better to illiterate people
- ✓ less decisive response during training sessions by the PIU training team
- ✓ training material and forms are not finalized yet
- ✓ Score cards outputs/results are not satisfactory to the communities which will cause to less interest of the communities particularly the relevant subcommittees (education and health)

Gender and Youth Group

1. Q1. How do you assess the 50% women participation in decision making process of CDCs and GAs meetings?

The women participation was explained on two sub-groups, according to women participation:

1. Kandahar and Jalalabad cities:

In the beginning of the program according to below reasons, the women participation was above 50%:

- Women were optimistic regarding the future of their children
- Believed on the development and rebuilding of their city
- Interested to CCNPP
- Raised women awareness through the CCNPP trainings
- Women Hopefulness on poverty reduction

In some areas, the women participation was weak due to:

- Cultural and traditional barriers
- Families problem of women mobility
- Illiteracy
- Late start of the women livelihood projects
- Low awareness of women regarding the CCNPP

2. Mazar e sharif and Herat

The same, at the beginning of the program according to below reasons, it was above 50%:

- The CCNPP began newly
- Benefits from the services of the CCNPP
- Interested to CCNPP

The reasons that impacted women participation in the middle of the program

- ✓ Women were busy with their own occupations at home or official work
- ✓ Improper traditions and cultures (Patriarchy)
- ✓ Ignoring and Not giving opportunity for women by chairman of the CDCs
- ✓ Shifting from one place to other place by getting married or family move
- ✓ Conduction of the community meetings at unsuitable times (prayer time or during the night)
- ✓ Ignoring or not considering women decisions in the GDP developing

2nd Question: Is the program adequately designed based on the Social and Cultural norms for the women participation in CDC's and GA's decision-making process?

Answer: Yes, the women participation was according to the norms because:

- ✓ 50% of women participation is considered in the CDC and GA formation especially as office bearers
- ✓ The CDC meetings are conducted separately for women
- ✓ Sustainable Development (women participation in implementation cycle of program to make decisions, building capacities and reduce the poverty)
- ✓ Maintaining of women networks within CDCs and GAs through meetings.
- ✓ Paying attention to the strategic and social needs of women; i.e. education, Health and strengthen the self- confidence of them

3rd Q: Are the Project Development Indicators Specific, Measurable, Achievable, Realistic and Time bound (SMART)?

The key achievement of women empowerment sub-committees are:

- ✓ Creation of job opportunities for women
- ✓ Created cooperative systems (small micro-finance loans) for women
- ✓ Raised the awareness of women on different aspects of economic and social activities
- ✓ Trained tailoring, weaving, embroidery and handmade clothes for women
- ✓ Encouraged and acquired families' support for girl's education
- ✓ Created a market for supplying the women's handicrafts and productions
- ✓ Opportunities of teaching religious lessons for girls in Madrasas/Islamic Schools
- ✓ Community female members supported FPs in market analysis for women projects

Challenges:

- Lack of resources
- Illiteracy
- Inappropriate traditional and cultural barriers
- Unawareness of women regarding their rights

The key achievement of youth sub-committees is:

- Monitoring of the CCNPP projects
- Creation of professional courses for youth
- Creation of library and promote the study culture among communities
- Stablishing the art courses for girls, like painting courses
- Stablishing gym for youth to work out everyday
- Encourage the families to support youth's education

The obstacles of youth to be active are as follows:

- Lack of support from relevant sectors
- Ignorance of shared youth plans and opinions
- Lack of resources
- Lack of coordination of relevant sectors with youth committees

Suggestions:

- Separation of women empowerment committees from vulnerable groups
- Merging some committees with equivalent functions, like education and youth, procurement and finance and environmental social safeguard
- To support youth sub-committees, especially women
- Establish the gender mainstreaming policy

4th Question: Are the Women Livelihood subprojects beneficial for the community people?

The women livelihood projects assessed useful due to below points:

- ✓ To empower women economically and socially
- ✓ Decreasing violence

- ✓ Strength women decision making skills and leadership
- ✓ Learning professional skills through livelihood projects
- ✓ Strength women self confidence

Suggestion:

- ✓ Building the women capacity through livelihood trainings
- ✓ Link the women entrepreneurs with market
- ✓ Creation of market for supplying the women's products
- ✓ To attract the male members of CDC to support the women projects' products
- ✓ Increase the budget for women projects

5th Question: Are the program management arrangements (finance, procurement, HR, administration and etc.) by DMM effective and efficient for Training and Development? If not, list at least five specific areas with at least one solution to improve it.

Yes, all the process of the CCNPP considered gender balance

Group members suggested that FPs should hire a gender officer in their organization in order to do gender related activities

6th Question: What were the main challenges in each year (2017, 2018 and 2019) in with Gender and Youth issues? List at least three challenges for each year and state how those challenges are resolved.

The key challenges from beginning of the CCNPP till date as below:

- Shortage of budget for gender related activities
- Improper cultures and traditions hinder women to participate in social activities in some parts of the country
- The improper social condition do not allow women to improve their abilities and the trust on women abilities are low
- Lack of kindergarten for women's staff.
- Lack of awareness on women's right in the community
- No proper mechanisms for implementation and monitoring of women projects
- Low capacity on women to analysis the market and need assessment

Recommendation:

- At the beginning of the program the management can allocate specific budget for gender unit for the workshops, campaigns, capacity building of women
- Conducting Gender awareness and women's right training for CDC is a good approach which is already conducting in the CDCs in terms of raising awareness and decrease the sensitization toward women social activities. (to be continue)
- Introduce women leaders as roll model to the community and raise the awareness through the religious scholars and the elders and influencer by using the Islam lessons regarding the women's rights.
- Establishment of Kindergarten at the DMM level or allocate financial support for the women staff who have small kids, the financial support which will support the ladies to take their kids to private kindergarten.
- To Increase the gender employee on the four cities.
- To organizing exhibitions and conferences to understand the benefits of using domestic products, especially women's livelihood projects.
- To conduct capacity building trainings for female staff

Communication Group

1. Is the communication strategy responsive for program publicity?

▪ **Strategy Effectiveness**

- ✓ Was according to the need of time
- ✓ Concentrated beneficiaries rather than audience
- ✓ Encouraging beneficiaries to change behavior
- ✓ Effective tools and equipment are taken into account for awareness
- ✓ Establish a mentality and promote among different stratum of the society.
- ✓ Encourage women to participate in development affairs of their CDC
- ✓ Using awareness tools, message of the program has been delivered.
- ✓ Mechanism of idea collection has been foreseen.

▪ **Strategy Challenges/Deficiencies**

- ✓ Lack of clear mechanism for communication with program line administrations including ministries and media.
 - ✓ Lack of new and effective channels for improvement of awareness
 - ✓ Concentration on materials of publication.
 - **Recommendation**
 - ✓ Capacity building of provincial communication staff (internal and external)
 - ✓ Awareness program for students (Mobile Cinema)
 - ✓ Strengthen coordination with social unit + technical (quality) + M&E + Gender and Youth and reflection of message.
 - ✓ Conduct a survey on public awareness by M&E
2. How do you assess the effectiveness of communication tools (publications, social media, TVs, Radios, media, events and etc.?)
- **Effectiveness**
 - ✓ Make Success stories more simple and understandable
 - ✓ Build trust between government and people
 - ✓ Establish social groups
 - ✓ Encourage scholars, teachers for the campaign of the program through posters, short films, stories etc.
 - ✓ Develop effective materials
 - ✓ Promote socials pages
 - **Challenges/Deficiencies**
 - ✓ Lack of further facilities for communication unit
 - ✓ Lack of Capacity at provincial level
 - ✓ Lack of coordination between the program and media
 - ✓ Lack of studio and other required equipment's
 - **Recommendation**
 - ✓ Capacity building of provincial communication staff
 - ✓ Awareness program for students
 - ✓ Strengthen coordination with media groups
 - ✓ Provision of professional equipment
 - ✓ Facilitating Partners should hire a communication officer at provincial level.
3. Are the operation arrangements such as finance, procurement, HR, administration and etc. by CCNPP management effective and efficient for public communication? If not, list at least five specific areas with at least one solution to improve it. (30 min)
- **Effectiveness**
 - ✓ Effective Measures
 - **Challenges/Deficiencies**
- Human resource**
- ✓ Hiring Photographer, Designer, Reporter, text proofreader and coordinator at provincial level
 - ✓ Awarding step for communication staff
- Procurement**
- ✓ Lack of professional camera and technical equipment
- Finance**
- ✓ On time payment of travel allowances and a budget for printing materials
- **Recommendation**
 - ✓ **Reaching/ solving the above challenges**

4. What were the main challenges in each year (2017, 2018 and 2019) in Public Communication?

Main Challenges

Year; 2017:

- ✓ Lack of technical materials
- ✓ Lack of human resources
- ✓ Lack of guidelines for promotional and informative materials

- ✓ Lack of interest by other media
- ✓ Lack of working equipment and materials

Year; 2018:

- ✓ Lack of technical materials
- ✓ Lack of studio for voice and audio recording
- ✓ Low quality and quantity of printing materials (not satisfactory)
- ✓ Lack of capacity building trainings and programs for communication unit staff
- ✓ No exchange visit (study tours) among covered cities of the program
- ✓ Lack of administrative facilities for conducting national and local level trainings

Year; 2019:

- ✓ Lack of proper working space for staff
- ✓ Hiring English text proofreader
- ✓ No enough campaigns and coordination
- ✓ Lack of technical materials
- ✓ Lack of an affective and clear mechanism for communication and coordination with sectorial directorates and media

1. Gender Focal points, FPs' Chief Trainers workshop report (Rural CC)

The gender focal points workshop was initially conducted in order to understand the applicability of the current 50% of women's participation policy and gender strategy, the performances of the social organizer, lessons learnt, overall challenges and recommendation related to gender and women's participation in different aspects of the program. The chief trainers and gender focal points of all FP packages were invited to the workshop for a focus group discussion on specific questions related to gender (page ... in Annex)

The participants were divided into three groups representing different provinces. The grouping was done not based on the program current geographical division, but based on the similiter in terms of culture, security, traditions, accessibility and etc.

Each groups' findings, best practices, lessons learnt, challenges and recommendations are discussed individually in the report.

Total 6 questions were introduced to each group for brainstorming.

Grouping

Group 1: (The provinces that are in good position or performing as expected in terms of women's participation and gender balance in the program all aspects. (Bamyán, Daikundi, Ghor, Herat, Badghis, Badakhshan, Jawzjan, and Kabul)

Group 2: The provinces with moderate satisfactory performances in terms of women's participation and gender balance in the program all aspects - Baghlan, Samangan, Nimroz, Parwan, Kapisa, Panjshir, Faryab, Badghis, Nangarhar, Balkh, Takhar, Khost and Paktia.

Group 3: The provinces face difficulties in terms of women's participation and gender balance in the program all aspects - Sarpul, Farah, Helmand, Ghazni, Nooristan, Laghman, Logar, Maidan Wardak, Kandahar, Paktiya, Zabul, Urozgan

Findings

Group 1

Focused Provinces: Bamyán, Daikundi, Ghor, Herat, Badghis, Badakhshan, Jawzjan, and Kabul)

50% women's participation in the CDC/Cluster CDC and their sub-committees activities

The 50% presence of women in the first category of provinces in CDC / Subcommittee at the cluster level is not a serious problem, but due to geographical, economic, remoteness, home and family occupation, social and cultural constraints presence of women are reduced. For example, too much distance causes women to not participate in linkage sessions.

Women's role in the current design of the program

The group brainstormed on the current role of women in the program design and ways to improve it where the group recommended the following to improve their role:

1. Developing gender awareness programs for men to reduce overload work;
2. Have guidelines and strategies that consider the active presence of women at the design level of program planning as essential.
3. In the program design by women the role and responsibilities of women in rural areas should be considered.
4. The current role of women in the provinces of first group is significant as the level of perception, interest in community development, and women's interest in improving economic, household and community development are actively contributing.
5. In general, there were no cultural restrictions on the geographical areas of the first group, but there were small exceptions.

Female social organizers effectiveness in women's mobilization

The results of group discussion show that the female social organizers were able to encourage women for their active participation, build their capacity and involve them at the community level decision making starting with awareness raising to the CDPs and sub-committees formation. For example For example, a father was forced into marrying his daughter to an addicted man, but he was pushed through the council and mullahs until the marriage was terminated.

Main challenges that hinder women's active participation as a CDC member and ordinary community member and recommendations to overcome these challenges

Note: The challenges and recommendations below are the actual results of the discussion where some of the recommendations may not be feasible or according to the existing policies)

Table 8: Key challenges and recommendations

Challenges	Recommendations
<ul style="list-style-type: none">- Inaccessibility and remoteness of the area where women cannot attend the meetings- The roads are impassable- Financial problems (Women's participation has caused women's involuntary participation) <ul style="list-style-type: none">- The volume and pressure of work on social organizers has had an impact on the quality of work. And that was actually the best lesson learned, if the work load was reduced, better quality work would be done, and better employees could handle their jobs.	<ul style="list-style-type: none">Considering transportation facilities for women and their Mahrams(companions)- Improving basic services, creating income-generating programs for women- Increasing hiring of social organizers in the structure and having enough time to coordinate and inform people
Excessive involvement of women in household affairs	Developing awareness programs for men and their involvement in the household affairs
<ul style="list-style-type: none">- Symbolizing the role of women- Lack of coordination between men and women within the CDC and subcommittees	<ul style="list-style-type: none">Awareness and building capacity of men and women- Strengthen and improve coordination between women and men in CDC members and establish a monitoring system for policy implementation

- Seasonal challenges prevented women from participating in participatory and development activities because men could attend the meeting in any climate but women could not.	Considering climate issues, seasons, proper planning as per climate
Illiteracy, low level of awareness, low level of self-confidence	To raise literacy levels, provide training courses, sometimes raise women, and enhance their capacity to engage in social activities
- Not having Tazkira(NIC) - Lack of a suitable place for women to attend meetings - Not paying attention to women's views	Taking into account the facility for women. Construction of community centers to hold CDCs meetings. Ensure that women are present at the meetings and that the social organizer is active.
Hiring a social organizer on site sometimes causes negligence and inefficiency in the program	Strong supervision is needed for social organizer works. - Shifting social organizers at district or provincial level.

Gender strategy

The group members brainstormed in order to explore on the gender strategy's implementation in the field and the overall contents taking the cultural, social, security and other issues into consideration.

The overall recommendation was that in addition to looking at the women's participation quantitatively, we also need to focus on the quality of their participation. Women's active and meaningful participation is linked to the facilities to be provided to them that include transportation, Mahram, appropriate and accessible location for the events, kindergartens for their kids.

1. Dedicating specific portions for women in leading role.

Group 2

Focused Provinces: - Baghlan, Samangan, Nimroz, Parwan, Kapisa, Panjshir, Faryab, Badghis, Nangarhar, Balkh, Takhar, Khost and Paktia.

50% women's participation in the CDC/Cluster CDC and their sub-committees activities

There is no challenge in the majority of the communities, while in around 10% of the communities, 50% of women's participation in the CDCs is challenging.

At the CDC level meetings, majority of women's can participate while at cluster level meetings, the flexibility from 30 to 40 percent to be given. In addition, women's income oriented projects to be offered to the communities.

50% female participation given the prevailing customs and traditions and security issues in a number of provinces is not possible therefore considering future environmental problems it is necessary to consider the percentage of female participation (50-30%).

Women’s role in the current design of the program

According to the current policy, the women’s role has been assured in certain activities in most of the communities while maintaining their active participation is challenging since women normally look for specific projects. In addition, longer educational and training projects could attract their active participation.

Examples:-

Women's participation in the policy is right, but the program must give women an incentive at the end of the project, or create social savings groups, so that women can succeed in their economic affairs. The creation of social savings groups for women in the villages have encouraged them to increase their decision-making skills and capacity.

Female social organizers effectiveness in women’s mobilization

The answers from this group were not very much relevant to the question as they explained the female SO’s Role.

Main challenges that hinder women’s active participation as a CDC member and ordinary community member and recommendations to overcome these challenges

Note: The challenges and recommendations below are the actual results of the discussion where some of the recommendations may not be feasible or according to the existing policies).

Table 9:

Challenges	Recommendations
<ul style="list-style-type: none"> • Insecurity • Remoteness in the communities (dispersal) • The existence of powerful people in the village • The rule of custom and obscene traditions • Poor economy of families • Inappropriate atmospheric condition • Not having NIC(Tazkira) • Lower education levels • The number of female employees is graduated from 12th or 9th classes of school, which has an impact on the presentation of subject. • Excessive workload in the Program • Lack of support from male staff for female 	<ul style="list-style-type: none"> • Implementation of strategy in insecure areas • Agreement with public authorities for the Program implementation • Recruitment of staffs from the communities • Holding meetings at the small groups level • Giving role for CDC activities • Coordination and agreement with them • Using religious people(Mullahs) and recruiting them as staff members (from example in Nimroz Province) • Conducting literacy courses by provincial directorate of MoE and

<p>staff</p> <ul style="list-style-type: none"> • 50% of social organizers (males and females) not participating in program training • The absence of male social organizers during the activities of female social organizers • Complexity of training materials • Lack of capacity building plans for staff (female and male) outside of the program • - Major challenges preventing active participation of women. 	<p>districts offices</p> <ul style="list-style-type: none"> • Conducting literacy courses by volunteer youths • Developing income generating projects for encouraging and participation of more women • Short break of activities till opening of traffic • Preparing the program work plan given the areas climate conditions (Nimroz, Badakhshan, Baghlan) • Encouraging people for taking Tazkira (National Identity Card) for engaging in the program.
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Group 3

Focused Provinces: - Sarpul, Farah, Helmand, Ghazni, Nooristan, Laghman, Logar, Maidan Wardak, Kandahar, Paktiya, Zabul, Urozgan

50% women’s participation in the CDC/Cluster CDC and their sub-committees activities

Following the brainstorming of the group members, the conclusion was that the actual participation women in group 3 provinces is between 10 to 30 percent. At the initial stages, in some provinces, women’s participation in the social mobilization activities (Women’s Mobility map, leaking pot, development plans) is found satisfactory while they lose their interest with passage of time as they cannot see any project specifically for them in the program that can help them improve their economic status.

Women’s role in the current design of the program

The role of the women is almost good, but when the CDP is made because it's not a specific project for the women, so it makes them less interested.

Female social organizers effectiveness in women’s mobilization

The social organizers put maximum of their efforts in order make sure women’s participation in the program, build their capacity, and involve them in the decision making at community level, but given the overall barrier and challenges in these provinces, female social organizers have been able to achieve these from 30 to 40 percent which is slightly poor.

Main challenges that hinder women’s active participation as a CDC member and ordinary community member and recommendations to overcome these challenges

Challenges	Recommendations
Security issue.	
Inappropriate customs and traditions and gender sensitivity.	Raising awareness of the PMU and FP staff on women's rights from an Islamic perspective, the law and their role in the social development.
Lack of facility for women's participation in previously implemented programs.	Raising awareness of community women about women's rights from the perspective of Islam, the constitution and their role in the community development
The high volume of training and its complexity.	Enhancing the specialized skills of male and female SOs (communication, litigation, understanding, conflict resolution and peace building)
Presentations as lectures.	Allocation of funds for female projects.
Low level of awareness of DMU, PMU, FP and people about women's rights and their role in community development.	Including clergymen and elites in the program.
Poor cooperation of male SOs with female SOs in program implementation.	Providing trainings in simple language, pictorial and video for women.
Lack of respect for the customs and traditions of the area with regard to religious considerations by staff.	In extremely insecure areas, women's participation is completely impossible and only filled on the form. So it is better to reconsider this.
Remote CDCs and communities including cluster.	Preparation of manuals in simple language.
Lack of female literate workers in the area.	
Low number of employees and overwork.	
The ratio of obscene customs in the communities that women cannot participate in the linkage and CDCs meetings.	
The more distance between the CDCs related to a cluster, women have no active participation in the cluster CDC and its subcommittees.	
Resignation of female SOs for not earning salary at a given time or on time.	

FPs package managers and Chief Trainers session (2nd day of the workshop)

Teamwork questions on the Program

1st group

Focused Provinces: Bamyan, Daikundi, Ghor, Herat, Badghis, Badakhshan, Jawzjan, and Kabul.

Head trainers of Facilitating Partners and Packages Managers

a. Plan and concept of the program: (proper policies, guidelines, activities, strategies implementation, designed tools to achieve program goals and expected results).

4. How do you evaluate the current plan of the program with regard to policies, guidelines, activities, and strategies implementation to achieve the program's goals and outcomes? (Best practices, lessons learned, challenges and suggestions).
5. How do you see the social mobilization and institutionalization plan in general? (This section includes but is not limited to participatory tools, CDCs and their subcommittees, Cluster CDCs and their subcommittees, community structure, etc.
6. What do you think of the current procurement and financial management mechanism of the community? Please comment on policies, guidelines, processes, tools, etc. (Best practices, lessons learned, challenges and suggestions).

Design part of the program:

1. The MSS in the mountainous and urban areas is not responsive to the purpose of the program. Example: Twenty-five households do not have access to a drinking water supply, and urban suburbs already have minimal access to services.
2. Determine the criteria for the secretary and treasurer of the CDC during the election. For example, being literate and knowledgeable and having experience in finance and procurement matters.
3. The procurement and finance mechanism is good, but the finance is a little bit complex at the CDC level.

b. Social mobilization and institutionalization (the practical aspect is under the focus):

- What has been the best thing for you in mobilizing and institutionalizing?
- What lessons have you learned while mobilizing and institutionalizing the program?
- What challenges did you face while mobilizing and institutionalizing the program?
- What do you propose to overcome the challenges?

1. Effective use of the results of the score card findings by the relevant authorities at the district and provincial level.
2. The number of training hours is high given the level of understanding of the people. Example: procurement and finance which can be from 16 hours to 8 hours.
3. Climatic challenges beyond distance have affected program implementation (snowfall, road closures, and distance gap).

4. The mobilization process has not been paralleled with the physical implementation of projects, which has had a negative impact on program progress.
5. The implementation period of the program is short for three years, it is recommended to increase to four years.
6. The contradiction between the community development plan and the cluster development plan.
7. The teaching methodology should be simplified and the pictorial posters should be used for better understanding of people.
8. Social organizers for each of the 15 communities should be assigned as a group from start to finish of the program.
9. The thematic subcommittees should be reduced from six to four. The ESS subcommittee should be merged with agriculture and youth subcommittees with a maximum of 12 members and a minimum of six.

c. Internal and external coordination (both design and performance):

- How do you evaluate overall coordination at the district and provincial level? (This includes DCCMC, PCCMC meetings and other suggestions).
 - What are the major challenges in effective coordination at district and provincial level? (Please describe each level in the flip chart separately)
 - How do we overcome these challenges to improve coordination at different levels?
- ✓ Poor coordination between the FPs and parts of the program.
 - ✓ Schedule district committee meetings with cluster representatives are held every six months and do not require quarterly meetings. That is, quarterly communication sessions with each cluster were not feasible enough to meet six-month sessions.
 - ✓ Visit the champion CDC once inside the district and the representatives of the CDC members inside the province and outside the respective district once. Cluster visits outside the province should be eliminated.

d. Sustainability

- 1) How can we involve CDCs, cluster CDCs and their committees in the development work (when government assistance is not available in the community)?
- ✓ Recruitment of personnel(women) in some areas was not available due to capacity requirements in the area.
 - ✓ Food banks have not been successful in some areas because poverty is high and people need external support, hence SIG need to be extended.

Teamwork questions on the Program

2nd group

Focused Provinces: - Baghlan, Samangan, Nimroz, Parwan, Kapisa, Panjshir, Faryab, Badghis, Nangarhar, Balkh, Takhar, Khost and Paktia.

Main trainers of Facilitating Partners and Packages Managers

a. Plan and concept of the program: (proper policies, guidelines, activities, strategies implementation, designed tools to achieve program goals and expected results).

- 1) How do you evaluate the current plan of the program with regard to policies, guidelines, activities, and strategies implementation to achieve the program's goals and outcomes? (Best practices, lessons learned, challenges and suggestions).
- 2) How do you see the social mobilization and institutionalization plan in general? (This section includes but is not limited to participatory tools, CDCs and their subcommittees, Cluster CDCs and their subcommittees, community structure, etc.
- 3) What do you think of the current procurement and financial management mechanism of the community? Please comment on policies, guidelines, processes, tools, etc. (Best practices, lessons learned, challenges and suggestions).

a. Plan and concept of the program:

Question 1: - The proportion of women and men involved in the policy should be reviewed. For example:-

- Community Development Council (CDC): Considering 30% to 50% female participation.
- Cluster Community Development Council (CCDC): Considering 30% to 50% female participation.
- Policy implementation should be flexible in insecure areas, long winters, and impassable areas with dispersed population in term of time, percentage of participants, and number of families in a council.
- The number of subcommittees should be reduced and similar committees should be merged. Also the number of members of each committee should be reduced. For example, the Committee of Agriculture and the Environment should be merged.

- The structure of the committees should be adjusted in a way to meet the needs of the line ministries; the additional structure of the committees should be eliminated, if existing in the area, in order to avoid parallel structures.
- Percentage of performances / payments commensurate with the workload per milestone / step, such as Step 5, which includes the highest workload and time. But only 10-12 percent of the payments are considered.
- CLDD: building capacity of CLDD staff members should be compared to pay.
- Project Selection Criteria as per MSS causes areas with dispersed population to be excluded from some projects. Therefore, these criteria should be revised. For example, water supply for 25 families / 25 liters of water per 24 hours for a family. Because of the physical distance of the families, they are deprived.
- Program Operational Manual should be reviewed and shared with us given the time and need of the program and obtained experiences, for example, number of training participants.
- The number of activities on the Participatory Monitoring Committee and Social Audit Committee should be reduced and also the number of forms should be reduced.
- Organizational structure: - This structure should be revised in the social area. Its current structure will degrade the quality, encourages staff turnover, and wastes investment on staff capacity. Therefore, 1. Employees are retained from the beginning of the program to the end of the program. 2. Social organizers and trainers of the programs are considered separately.
- Food banks do not have separate employees so it adds the workload on the shoulders of current social organizers and degrades the overall quality of work. Therefore, separate employees should be considered from start to end of the program.
- Mechanisms of procurement and accounting are not problematic, but in some provinces the principles are not observed and an effective oversight process needs to be introduced to take into account the principle of transparency and involve the procurement committee.
- Contracts are awarded to companies without involvement of councils.
- The procurement Committee is not considered in the procurement process.
- There were no jobs for council members and the capacity of the council would not increase there.
- Long-lasting and technical training materials designed for the community's members that are higher than level of understanding and knowledge of them and also training levels are not as per adult training or it is pedagogy. Therefore, training materials should be simplified and adult training methods (andragogy) should be introduced, and as far as possible pictorial materials should be used.
- The size of the posters is very large and there is much quantity of them, so there is not enough space to store and install them so they should be smaller and should be reduced in quantity.

b. Social mobilization and institutionalization (the practical aspect is under the focus):

- What has been the best thing for you in mobilizing and institutionalizing?
- What lessons have you learned while mobilizing and institutionalizing the program?
- What challenges did you face while mobilizing and institutionalizing the program?
- What do you propose to overcome the challenges?

Question b: Best Performance

- Involvement of women in the development process at the CDCs level.
- Change in men's minds toward women's participation.
- Relative participation of women in training and non-training sessions.
- Incorporate women's relative theories into the development process.
- The method of holding comprehensive and inclusive elections.
- Positive change in people's attitudes towards reducing unnecessary expenses and controlling them.
- The Food Bank is a useful way to help vulnerable and poor families, but the terms and conditions of that food bank process must be removed in order to raise money in a proper way.
- Assessing the quality of public services by sub-committees and informing service providers to improve public services. For example, when the teacher was not present in the classroom, is present, or there was no classroom for women and people were trying to fix it, or for example in Kandahar, there was no female doctor in the clinic, and this was discussed at the linkage meetings and now it's solved. Or, for example, a teacher was reduced 10 minutes of each lesson, but in the scoring card it is solved. The scoring card has done its best so far and will be followed up seriously to produce long-term results.

Lessons learned:

- The effective way of participatory mobilizing and institutionalizing has been demonstrated.
- Adoption of programs and projects from internal and external sources has been carried out by people and people have also been able to attract external resources to implement their projects.
- The high sense of ownership of women and the provision of appropriate ideas in the development process that now no longer any woman in the village called by mother of Ahmad or a male person or spouse of Adam or a male person, but rather these women have confidence and being able to say their own names.
- The size and quantity of the posters are out of control of CDCs so keeping them always to be blamed.
- Initially, we mostly went to the CDP individually, but then we realized that after the council elections we had to move to the cluster development plan in order to take advantage of joint projects.
- In recruiting female social organizers, we found that a high education degree can guarantee high quality work, and a low education degree such as grade 12th grade and below did not work well.

Challenges:-

1. Highly and partially insecurity in the covered areas.
2. Women don't give their photo and Tazkira (National Identity Card) and there is no mobility for women outside the village and the district - obscene traditions like not paying attention to women's viewpoints.
3. Failure to provide 21 and 15 days training to all hired social organizers means that those who didn't receive on the job training were poorer than those who received 21 and 15 days training. Regular changes in forms and posters.
4. Excluding the poor and marginalized members of the CDC in the decision-making process (no trust on poor people).
5. The illiteracy of the community people and the election of older people as CDC members, especially women in some places.
6. Faint involvement of some program engineers in the CDP work process.
7. Changes in Project Price - Initially the project price was based on the needs of the community but later the decision changed and also change brought in SIG.
8. Low capacity of PMU staff than the program.
9. Lack of specific houses in MIS for modified forms. Lack of MIS / database staff in districts that include more CDCs.

Solution:-

- 1) Designating mobile statics team to distribute the Tazkira(National Identity Card).
- 2) The complete training course considered for each social organizers so as not to have problems in the next phase.
- 3) Raising the capacity of the poor, providing them with good opportunities and sustainable job.
- 4) Encourage villagers to select young and literate people.
- 5) Determining specific criteria, such as literacy level for key members of the CDC.
- 6) Hiring staff at the beginning of the program and not later.
- 7) Provide training courses for PMU staff.
- 8) Consider the enough number of employees for MIS.

c. Internal and external coordination (both design and performance):

- How do you evaluate overall coordination at the district and provincial level? (This includes DCCMC, PCCMC meetings and other suggestions).
- What are the major challenges in effective coordination at district and provincial level? (Please describe each level in the flip chart separately)
- How do we overcome these challenges to improve coordination at different levels?

Coordination: -

- PCCMC and DCCMC don't know much about programs and don't play their role effectively.
- Faint presence of women in DCCMC membership.

- Poor coordination between district and province.
- The period of the CC Management Committee meetings should be changed from quarterly to biannually, as the district committee members are busy and cannot attend quarterly.
- PCCMC and DCCMC members are not interested in their duties and they are busy.

d. sustainability

- 1) How can we involve CDCs, cluster CDCs and their committees in the development work (when government assistance is not available in the community)?
 - All structures created should be used for project implementation by the ministries and their subsequent units. This avoids the creation of parallel structures and keeps the structures survive. This requires an important and robust decision, a general agreement with the ministries.
 - Development plans should be customized to the needs of all sector ministries. Therefore, focused development plans on all sectors should be adjusted in order to practice bottom-up planning.
 - Score card: Public service evaluation through score card will continue even after leaving of FPs. The designed score card system introduced should be evaluated effectively in order to analyze and share results with the concerned ministry and follow-up plan to be implemented and followed.

Teamwork questions on the Program

3rd group

Focused Provinces: Sarpul, Farah, Helmand, Ghazni, Nuristan, Laghman, Logar, Maidan Wardak, Kandahar, Paktia, Zabul, Uruzgan.

Head trainers of Facilitating Partners and Packages Managers

a. Plan and concept of the program: (proper policies, guidelines, activities, strategies implementation, designed tools to achieve program goals and expected results).

7. How do you evaluate the current plan of the program with regard to policies, guidelines, activities, and strategies implementation to achieve the program's goals and outcomes? (Best practices, lessons learned, challenges and suggestions).
8. How do you see the social mobilization and institutionalization plan in general? (This section includes but is not limited to participatory tools, CDCs and their subcommittees, Cluster CDCs and their subcommittees, community structure, etc.
9. What do you think of the current procurement and financial management mechanism of the community? Please comment on policies, guidelines, processes, tools, etc. (Best practices, lessons learned, challenges and suggestions).

Section A: -

The design of the program has been successful, particularly in the area of mobilization:

- The implementation of the CCNPP strengthened the sense of ownership among the people. For example, in Jagouri, when the DCCMC meeting was held at the district level, government officials include of district governor were not aware of the details of the program and their respective affairs regarding the program, but when they knew, they announced their readiness and cooperation.
- At the community and cluster level, people gathered comprehensive social, cultural, and economic information.
- The inclusion of all segments of society in social and development activities was facilitated through transparent elections.
- Transparency and accountability culture at the community and district level should be promoted. At the beginning of the score card, the relevant institutions did not cooperate with the score card committee, but after receiving of formal letter now they have good cooperation.

b. Social mobilization and institutionalization (the practical aspect is under the focus):

- What has been the best thing for you in mobilizing and institutionalizing?
- What lessons have you learned while mobilizing and institutionalizing the program?
- What challenges did you face while mobilizing and institutionalizing the program?
- What do you propose to overcome the challenges?

Best Performance:

- Marginalized people were elected on the basis of election as CDCs, CDCs committees, and CCDCs and arbitrariness and coercion have been avoided.
- As per new procedures the new public utility projects included in development plans and prevented the interference of powerful people.
- Unnecessary expenditures reduced by facilitation of leaking pot tool.
- Based on wellbeing analysis tool large amount donations were provided for the 4th category of families through grain bank, here no one would be subjected to anyone else who has helped.
- Availability of multiple manuals and policies for insecure areas.
- Establishment of DMU government team at district level.
- Design of first and second trainings (1st ToT and 2nd ToT) and timely implementation of these trainings.
- Availability of DCCMC and PCCMC structure.

Challenges and problems:

- Delay in completing the manuals, especially (insecure areas policy – 2nd ToT Trainings in Pashto Language, Gender Strategy).
- Frequent changes and modifications to the program forms.
- Lack of clarity in the responsibilities of PMU staff. For example, it wasn't cleared who do clustering, but then it was cleared.
- Milestones mismatch with workload and activity range requirements for 50% participation of women in all program activities.
- Greater workload, particularly the implementation of the CDCs sub-committees and clusters operational plan.
- Downsizing social organizers according to the program plan in 2nd and 3rd years.
- Manuals, training materials and forms are complex.
- Deprivation of some communities based on rural MSS from sub-projects.
- Lack of a fair and equitable measure of budget allocation in the community, such as where well was not needed but dug. NSP was better and clearer in terms of budget allocation. So a lot of the three-year program time was spent on design and a lot of time was spent on the project recently.
- Lack of time and resources to compensate for delays in activities based on insecurity and unwanted customs.
- The program keeps the people so busy.
- Illegal interference by the government agencies, National Council and Provincial Council in some provinces in the staff recruitment and election of CDCs and in all sectors.

Suggestions:

- Essential training for all program staff should be provided before starting the program (all social organizers should receive training in the classes, not just field training).
- Further trainings should be provided to the SOs in order to increase their capacity and skills for peace building, communication, group and team building, and women's rights from an Islamic perspective, their role in community development.
- Simplifying all program manuals and training materials and translate it into Dari and Pashto.
- The number of thematic subcommittees' members should be revised.
- Briefing the responsibilities of each office and the responsibilities of its employees who are responsible.
- Revise policy on insecure areas and consider additional time and resources. When 50% of women are not accepted in insecure areas then how 20% should be accepted.
- Reduce the number of forms and make it simple to understand.
- For facilitation of grain bank additional facilitation budget should be provided.

Lessons learned

- The religious people (mullahs) and elites should be included in the program for solving the social problem and better implementation of social mobilization and giving awareness in insecure areas as teamwork.
- Regional election at the community level.
- Having sectoral subcommittees and establishing CDCs at the cluster level.
- Separate meetings between men and women, and the existence of equal numbers of women members.
- The manuals, forms, and training materials should be shared with the Program IAs and stakeholders before providing to provincial trainer or head trainer.

c. Internal and external coordination (both design and performance:

- How do you evaluate overall coordination at the district and provincial level? (This includes DCCMC, PCCMC meetings and other suggestions).
- What are the major challenges in effective coordination at district and provincial level? (Please describe each level in the flip chart separately)
- How do we overcome these challenges to improve coordination at different levels?

Women's participation at DCCMC & PCCMC meetings is poor.

Insecurity and long distances lead to poor participation of women at the district and provincial meetings.

Security and convenience for women should be improved to participate well at the district and provincial level meetings.

sustainability

- 2) How can we involve CDCs, cluster CDCs and their committees in the development work (when government assistance is not available in the community)?
- CDC members should be given a greater role in local government, and should be formally recognized by local government agencies. Government sectors should use CDC and its subcommittees and accept them as a responsible institution. The CDC by law should be made and should be enforced by the government.
 - CLDD is an additional structure and has no effective use.

OTHER FINDINGS FROM THE TAF SURVEY:

In 2018, a third (32.8%) of Afghans at the national level was optimistic about the direction the country is taking, while 61.3% were pessimistic. In comparison, Citizen's Charter (CC) districts in the East and Lashkargah in the South had higher level of optimism on average than the national average. Furthermore, districts in the North West, Khan-e Chahar Bagh, Shibirghan and Mazar-e-Sharif, and Jaghuri in the Central region reported lower level of optimism than the national average.

At the national level, 71.1% of Afghans report fearing always, often or sometimes for their personal safety or safety of their family members. Among the CC districts, respondents from districts in the East, from Jaghuri in Central region, and from Khan-e Chahar Bagh in the North West have considerably higher level of fear than the national average. Conversely, respondents from Mir Amor in Central region, from Shibirghan and Mazar-e-Sharif city in the North West report considerably lower level of fear.

Afghanistan unemployment stands at 23.9%.³ Among survey respondents, at the national level, majority of female respondents report being unemployed (87.7%) while only a fifth of men report the same (19.5%). The picture is similar among respondents from CC districts. Among those that work in CC districts, farming is the top form of employment among men in rural areas. Skilled worker/artisan and teaching at schools are among the top types of work women perform in the rural areas. In the urban areas, skilled work/artisan and small businesses are the top types of work men perform.

Employment is one of the top concerns for Afghans according to the *Survey of the Afghan People*. In 2018, 23.7% of Afghans cited unemployment as reason why Afghanistan is going in the wrong direction. Unemployment is perceived as top problem facing youth (73.4%) and second top problem facing women (25.5%). Among Afghans who desire to leave the country if given the opportunity, unemployment is cited as the second top reason (51.5%) after insecurity.

Moreover, 57.2% of respondents at the national level report worsening employment opportunities since last year, while only 8.5% report improvement. In comparison, respondents from Lashkargah, Shinwar and Pul-e-Alam districts report slightly higher level of improvement of employment opportunities than the national average. However, for the rest of the districts the situation appears to be worsening; particularly, in Shibirghan and Mazar-e-Sharif, where majority of respondents say their employment opportunities have worsened since last year (62.7% and 68.2%, respectively).

Overall, 59.6% of survey respondents at the national level think the National Unity Government (NUG) is doing a good or somewhat good job. Most respondents from CC districts on the other hand have slightly better perceptions about the Government's performance. The perception is most positive in the Eastern region, Jalalabad city and the districts of Pul-e 'Alam and Shinwar, where over 80% of respondents say NUG is doing a good or somewhat good job. The only two districts that fall under the national average is Jaghuri and Mazar-e-Sharif.

Overall, 61.4% of respondents report satisfaction with democracy. Democracy is defined as electing the president and parliament by voting, rather than appointment or selection by some leaders. The gap between the national and the respondents from CC districts with regards to perceptions of democracy is not considerable for most districts. The most tangible difference comes from Shinwar (43.8%) with lowest level of satisfaction and Mir Amor (74.4%) with the highest level of satisfaction.

Overall, 36.8% of *Survey* respondents at the national level expressed desire to leave Afghanistan

³ Central Statistics Organization (CSO), Afghanistan Living Conditions Survey 2016–2017, Highlights Report (Kabul: CSO, 2018), [http://cso.gov.af/Content/files/Surveys/ALCS/Final%20English%20ALCS%20Highlight\(1\).pdf](http://cso.gov.af/Content/files/Surveys/ALCS/Final%20English%20ALCS%20Highlight(1).pdf)

given the opportunity. Urban and male respondents are more likely to express desire to migrate, among other factors that are explored in detail in the *Survey of the Afghan People 2018* report. In CC districts, respondents from Jaghuri, Khan-e-Charbagh and Mazar-e-Sharif report tendency to migrate if given the opportunity (62.3%, 49.0% and 44.1% respectively). On the other hand, respondents from Lashkargah have the lowest desire to migrate (10.7%).

Respondents in CC districts have higher confidence in CDCs compared to the national average. With the exception of Jalalabad, the majority of respondents report having confidence in CDCs.

Respondents in Mazar-e-Sharif, Shibirghan and the Central districts of Jaghuri and Mir Amor report the highest level of confidence in CDCs among all CC districts.

At the national level, 16.4% of respondents say the quality of electricity supply has improved since last year; while 39.3% say it has deteriorated. Among CC districts, only respondents from Lashkargah, and the Northern districts of Shibirghan, Khan-e-Charbagh and Mazar-e-Sharif report higher level of improvement in electricity supply than the national average. Conversely, almost no respondent in Chakhansur district and few respondents in Central and Eastern region report improvement in electricity supply.

A fourth of respondents at the national level say that their access to roads have improved since last year (23.0%), while a third of respondents say it has deteriorated (32.0%). In CC districts, more than half of respondents from Lashkargah report improvement in their access to roads (50.5%). Respondents from the Central and North West region report the lowest improvement in their access to roads since last year. Furthermore, respondents from Chakhansur, Jalalabad and Jaghuri report the highest levels of deterioration in their access to roads (37.9%, 35.7% and 35.7%, respectively).

At the national level, 18.6% of respondents report improvement in their access to clean drinking water since last year, while 37.2% report that it has worsened. Comparatively, a large number of respondents from Lashkargah and Mazar-e-Sharif report improvement in their access to clean drinking water (39.3% and 30.3%, respectively). On the other hand, majority of respondents in Chakhansur, Shibirghan and Khan-e-Charbagh say their access to drinking water has deteriorated since last year (70.6%, 57.2% and 52.1%, respectively).

At the national level, more than half of respondents (51.4%) report no change in their access to irrigation facilities; on the other hand, 9.3% report improvement and 36.8% report worsening. Among CC districts, only respondents from Lashkargah district, and Jalalabad and Mazar-e-Sharif cities, report higher level of improvement in their access to irrigation facilities than the national average (22.9%, 16.4% and 10.8%, respectively). However, more than half of respondents from Chakhansur, Shibirghan, and Khan-e-Chaharbagh districts report worsening access to irrigation facilities over the past year (75.7%, 54.9% and 52.6%, respectively). Respondents from these districts also say their access to clean drinking water has deteriorated, perhaps indicating an overall impact of the droughts.

Overall, 67.5% of respondents at the national level expressed that they agree with women being members of CDCs. This indicate a slight decrease from 74.3% in 2015. Most respondents of the CC districts also have positive views about women in CDCs. The highest support comes from the Central districts of Mir Amor and Jaghuri (94.2% and 88.9%), and Shibirghan and Mazar-e-Sharif in the North West (90.2% and 88.2%). The lowest support was captured in Chakhansur and Shinwar districts (43.0% and 53.7%).

Overall, more than half of respondents are aware of CDCs in their local areas (56.3%). Male respondents are significantly more likely to be aware of CDCs compare to female respondents (61.7% vs 51.0%). This proportion varies from the highest of 74.4% in Jaghuri to the lowest of 35.4% in Mazar-e-Sharif city. Moreover, awareness of CDC is higher among rural residents compare to urban residents (58.6% vs 47.1%).

main functions of CDCs in their community; the majority cited representing community needs (60.3%) followed by implementing infrastructure projects (39.7%). The same trend holds true across all districts, with the exception of Shinwar, where respondents cite implementing of infrastructure projects more than representing community needs (59.3% vs 53.1%).

Less than half of respondents report participating in a CDC activity (42.7%). But this statistic is heavily dependent upon the stage of CC implementation in the district. Asking respondents about specific types of CDCs activities that they have participated in, the majority mention voting in CDC elections (30.6%), followed by meeting regarding CC (22.1%), voting on types of projects to undertake (20.8%). On the other hand, the least cited activities are participation in discussion about citizen scorecards (12.4%); a CC activity reserved for the later stages of implementation, and participate in food and grain banks (12.6%).

participation among male respondents is double (55.9%) that of female respondents (29.6%). By province and district, participation in the various activities varies.

In a follow-up to awareness of CDCs, an overwhelming majority of respondents are satisfied with the performance of CDCs in their local area (76.3%). Satisfaction with CDC Performance. By place of residence, rural respondents are slightly more likely to be satisfied with the performance of CDCs compare to urban respondents (72.4%). Over half of respondents in all districts are satisfied with CDCs performance, however, the satisfaction level is highest in Jaghuri district (90.9%) while this proportion is only 67.5% in Jalalabad.

Among those who are satisfied with the performance of CDCs, the top cited reason was that CDC represents community needs (64.0%), followed by CDC implements infrastructure projects (38.2%), CDC helps with conflict resolution (24.7%), and CDC coordinate with other nearby communities (21.7%).

To what extent they think they have influence over CDC decision-making, almost 9 out of every 10 respondents say they have a lot, somewhat or a little influence (88.2%). Perception of influence is highest among respondents from the urban centers (Mazar-e-Sharif and Jalalabad) followed by the North West region.

The majority of respondents think CDCs are trustworthy (82.9%). Trust is highest among respondents from Jaghuri and Mazar-e-Sharif (92.2% and 89.9%), and it is lowest among respondents from Chakhansur and Lashkargah districts (75.9% and 75.5%).

On the other hand, 15.1% of those who are aware of CDCs say CDCs are not trustworthy. By gender, women are more likely to agree with this statement than men (17.6% compared to 12.9% men). And by strata, rural respondents are more likely to say CDCs are not trustworthy than urban respondents (15.6% compared to 12.5%).

Among those who think CDCs are not trustworthy in their local area, the main reasons provided are CDCs being corrupt (43.9%, n= 76), CDCs do not pay attention to people's ideas and views (23.1%, n = 40), and CDCs are not serving well (17.3%, n = 30). Allegation of corruption is commonly used among all regions. Lack of attention to people's ideas and views is more commonly cited among respondents from the North West and Central regions.

More than half of those who are aware of CDCC / Gozar assemblies cite representing community needs as one of their main functions (65.2%), followed by implementing infrastructure projects (35.0%), and coordinating with other nearby communities (28.3%). Representing community needs was cited the most as a function of CDCC / Gozar assemblies by respondents across all districts, with the exception of Jalalabad, where implementing infrastructure projects was cited at higher level (77.1%) than representing community needs (32.9%).

More than half (55.3%) of respondents were aware of CC programs. Awareness was highest among respondents from the Central region and North West, but was lowest among urban respondents in Mazar-e-Sharif and Jalalabad. Moreover, 39.8% of respondents have heard about CC projects in their local area, less than the 55.3% of respondents who knew about CC program but said they were not aware of CC program in their local area. The awareness of local projects is highest among knowledgeable CC respondents from the East.

When asked about types of infrastructure projects that being implemented in the local area, drinking water (44.3%) and roads (35.6%) are the most commonly mentioned projects. Irrigation (20.3%) and

electricity (7.8%) projects are also mentioned. Moreover, 32.3% say that a project has been announced but it has not yet started. Drinking water is mentioned the most frequently in the East region and the least in the urban centers (52.8% and 30.8%). Roads is mentioned in the Central region the most and the lowest in the North west (46.3% and 18.6%). Irrigation is cited the most in the East region and the lowest in the urban areas (35.5% and 7.7%). Lastly, electricity projects are mentioned the most in the urban areas (16.5%), and between 5 and 10 percent in the rest of regions.

Overall, the vast majority of respondents reporting knowing a CC project in their local areas say the project will be beneficial for their community (96.3%). There is no major difference between types of projects and how respondents see those projects being beneficial. There is however, slight difference in perceptions of how much beneficial the projects will be among respondents from different regions. The largest number of respondents who think the projects will be “very beneficial” are from the Central region (85.1%); while in the North West the share of respondents who think the projects will be “very beneficial” is the lowest (55.3%).

When asked for the reasons why they think CC projects will be beneficial, more than half of respondents say the project will solve people’s problems (56.2%). Other reasons include employment opportunities (25.4%), providing water (20.2%), facilitating transportation and movement (16.7%), and improvement of economy (10.4%).

A follow-up question was asked about overall satisfaction with CC activities in the local area. More than four-fifth of respondents said they are either very satisfied or somewhat satisfied with the CC activities in their area (83.5%). While there is no significant regional differences, male respondents reported slightly higher level of satisfaction with CC activities (86.7%) than women (79.4%).

Among those who are satisfied with CC activities, the majority of respondents cite increasing employment opportunities (73.4%) as the reason for their satisfaction. Other responses include economic benefits (40.3%), infrastructure (35.2%) and community building (27.9%). Employment as a reason for satisfaction was cited by over half of respondents in all districts. Employment is cited mostly by respondents in Shinwar district (90.0%) while respondents in Chakhansur are least likely to cite this response (53.6%).

On the other hand, among respondents who were not satisfied with CC activities, over half of respondents cited corruption (64.2%) and not enough projects (55.8) as main reasons behind their dissatisfaction; while about one-fourth cited poor quality of projects (27.4%) and not enough funding (25.3%); and ineffective projects was cited by about one-fifth (21.1%).

When asked about who benefits the most from CC program, the majority of respondents say people in general (73.0%). Other responses include poor people (34.0%), young people (30.1%), member of CDC (14.1%), while (12.7%) cite donors as the beneficiaries of CC program.

Moreover, those who say they are dissatisfied with CC activities are more likely to say the beneficiaries of CC would be members of CDC and the donors.