

**Government of the Islamic Republic of
Afghanistan**

**Ministry of Rural Rehabilitation and Development (MRRD) and
Independent Directorate of Local Governance (IDLG)**

**Quarterly
Progress Report
Citizen's Charter Afghanistan Project (CCAP)**



Reporting period: 21st December 2020 to 20th March 2021

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1. EXECUTIVE SUMMARY

Overview

The goal of the Citizens’ Charter NPP is to contribute to poverty reduction and deepen the relationship between citizens and the state, by improving the delivery of core infrastructure and social services to all communities in Afghanistan through Community Development Councils (CDCs). The Citizens’ Charter builds on the experience from the National Solidarity Program, which delivered over \$2 billion in rural infrastructure in about 90% of communities across the country, with returns of about 40% from the community level infrastructure.







The Citizens’ Charter is an inter-ministerial effort of the Government of the Islamic Republic of Afghanistan to make service delivery more effective and citizen-centric. Through this program, all people of Afghanistan are entitled to minimum Service Standard, which includes universal access to clean drinking water; quality education in government schools; delivery of Basic Package of Health Services; and small-scale rural and urban infrastructure.








The program is going to be implemented in three phases over the course of 10 years by two Implementing Agencies: 1) Ministry of Rural Rehabilitation and Development (MRRD) in rural communities, and 2) Independent Directorate of Local Governance (IDLG) in urban communities. It is an inter-ministerial program among MoF, MRRD, IDLG, MoE, MoPH, and MAIL. The MoF has coordination role while the rest of ministries are the key stakeholders in the overall implementation of the program. The first phase is called Citizen’s Charter Afghanistan Project (CCAP) which will end in 2022 and will reach over 13,000 rural communities in 123 districts under MRRD and 1260 urban communities under urban CCAP. The sub-programs that are financed under CCAP include Maintenance and Construction Cash Grant (MCCG), Social Inclusion Grant (SIG)/Grain banks, Covid-19 relief response and Kuchi development program. Among these additional sub-programs under CCAP, Covid-19 relief response is implemented in both rural and urban communities and the rest are implemented only in rural Citizen’s Charter.

Progress to date

This quarterly report presents the progress of CCAP with its sub-programs for the period between 21st December 2020 and 20th March 2021.

The info-graphics below summarize the overall cumulative progress on the Citizen’s Charter Afghanistan Project (CCAP) for both rural and urban areas which show the total communities covered, CDCs elected which also indicates the ratio of female as CDC members. In addition, total grant disbursed to the beneficiary communities is also shown.

		
13,047 communities reached	13,002 CDCs elected	34 Provinces Rural + 4 Cities Urban covered
		
268,679 CDC members registered	49.75% female members	13.69 million beneficiaries

		
12,295 sub-projects financed ¹	\$298.81 million grants disbursed	\$497.23 million grants committed
		
78% eligible female voter Rural 49.33% Urban	50 % of Office Bearers are women	95.5% of CDC members are new at Rural 98% at Urban
		
5.4 million citizens benefited from 5,872 completed subprojects		

2. KEY ACHIEVEMENTS

In addition to the progress of the CCAP stated in the executive summary, below is the major progress on key results:

- Social Mobilization and Institutional Building:** CCAP has shown great cumulative progress as of the end of the reporting period. It has reached 13,057 rural and urban communities in 34 provinces of the country reaching 13.69 million beneficiaries cumulatively. Of the overall mobilized communities, CDC elections were conducted in 13,002 communities with the total number of members reaching to 268,679 of which 49.75% of the members are women. Of the elected CDCs, total 12,952 developed their Community Development Plans (CDPs). So far 2,681 cluster CDCs and Guzar Assemblies have been formed in the rural and urban communities of which 2,731 prepared their Cluster/Guzar Community Development Plans (CCDPs).
- Grant Management and sub-projects implementation:** The program disbursed US\$ 298.81 million to 8,150 rural and urban communities so far cumulatively for the total 12,012 projects they selected in their Community Development Plans (CDPs).
- Sub-project completion and beneficiaries:** As of now total 5,627 projects on clean drinking water supply, irrigation, basic electricity, basic roads, small-scale irrigation, park/recreation areas, power supply and women livelihood Projects have been completed in 4,795 rural and urban communities.
- Short-term employment generation:** A total of 7.9 million labor days generated for total of 0.75 million skilled and unskilled laborers through urban and rural completed subprojects, the below tables show the total number of labor days generated for skilled and unskilled laborers under core urban and rural CCAP and MCGG.

¹ Total 1326 projects financed at Urban CC of which 943 at community level and 383 at Guzar level

Table 2.1. Labor days generated and short-term laborers employed on daily wages under rural CCAP

Program	Completed Sub-Ps	# Of Skilled Labor days generated	# Of Unskilled Labor days generated	# Skilled Laborer	# Unskilled Laborer
Original CCAP	5,032	734,895	3,829,290	37,321	184,154
MCCG	1,097	151,021	3,566,185	8,095	89,154
Total	6,129	885,916	7,395,475	45,416	273,308

Urban Level Table for labor days' generated:



C/GA	# of Estimated Unskilled Labor Days	# of Estimated Skilled Labor Days	# of Actual Unskilled Labor Days	# of Actual Skilled Labor Days
CDC Level	2,175,513	474,913	1,734,586	359,749
GA Level	572,021	174,279	2,473	2,489

- Gender and women's participation:** Female CDC elected members has reached 49.75% in all 34 provinces and 4 urban cities. Gender division conducted field visits to observe women's participation in the program and provide the needed support, conducted refresher training on gender mainstreaming, and harassment in workplace. It also observed a cross visit in Daikundi province where female members of several CDCs participated.
- Women Livelihood Projects (urban CCAP):** Totally, 175 women livelihood subprojects have been financed in urban areas, out of which 103 subprojects have been completed and 72 subprojects are ongoing. By implementation of these subprojects, about 10,849 women will be direct beneficiaries as trainees, trainers, and support staff.
- Community Self-initiatives (grain banks Rural CCAP):** So far, 98,949, out of which, 1,575 vulnerable households benefited during the reporting period from 11,450 grain-banks established in rural communities under CC where food and non-food items worth US\$ 6.6 million were mobilized. A total of 39,275 "Stop Seasonal Hunger Campaigns" were conducted in 11,450 communities, of which, 13,397 campaigns were conducted during the reporting period to mobilize food and non-food items for grain-banks. Moreover, 319,892 \$ out of 3,900,000 \$ SIG grant disbursed in the reporting quarter. Moreover, 319,892 \$ out of 3,900,000 \$ SIG grant disbursed in the reporting quarter.
- Community Scorecards:** 99 per cent of the elected Rural CDCs reported the first round of the scorecard indicating their access to clean drinking water, road, basic electricity and need for small scale irrigation canals, 97 per cent of them reported the second round, and 90 per cent of these CDCs reported third round of the scorecard. Similarly, communities assessed and reported the MSSs status of total 646 health centers and 3,875 schools.. At the urban CCAP, 844 in 1st round, 842 in 2nd round and 764 in 3rd round out of 850 CDCs have conducted scorecards for both educational and health sector MSS of the four cities. A total of 35% CDCs meet all educational and health MSS in the first round, 33% in the second round, and 32% in the third round. In education sector, the three rounds of scorecards have been implemented from July 2018 to Dec 2019, in this period there is seen 5% improvement in providing five educational MSS to the communities and 6% improvement in CDCs have received all educational MSS provided by the schools. In the health sector, there is 6% improvement in providing health MSS and 2% improvement in CDCs have received health MSS in the 3rd round compared to 1st round.
- Grievances Redressing:** Of the total 3,758 registered grievances, 3,577 were investigated and resolved and the rest are under investigation. Majority of these related to allegations around the

weak performance of CDCs, infraction of CC Operational Manual (OM) procedures, quality of subproject implementation, and beneficiaries' targeting and subproject selection. In addition, the other big portions of the grievances reported are on the functionality of CPM/GRC sub-committees in the communities.

- **Monitoring:** Total 832 rural and urban communities were monitored during the reporting quarter. The overall trends of the monitoring results show an improvement in the social mobilization and institutional building as well in the sub-project implementation in the rural communities.
- **Institutional Maturity Index (IMI)** Of the elected rural and urban CDCs, 12,875 CDC have completed baseline IMI and 11,748 CDCs completed end-line IMI which indicates a greater shift in the maturity of CDCs from the baseline to the end line. The baseline self-assessment of the rural CDCs shows that only 1% of the CDCs are highly mature while this has improved to 25% in the end line. Similarly, 12% of the rural CDCs were found mature in the baseline while this has improved to 50% in the end line. Low maturity of the rural CDCs has decreased 27% from 50 to 23% and immaturity from 38% to 2% which shows 36% improvement. For urban CCAP, 53% CDCs were mature while in the end line it has increased 82%. For Urban CCAP IMI detail, refer to the Urban M&E section in this report.

Key Results (Rural)

	<p>Access to clean drinking water of over 1.6 million people in rural communities has been improved so far who receive 39 million liter of clean drinking water on regular basis. (25 liter of clean drinking water per person in 24 hours). Of these clean drinking water, 8.05 million liters of water were provided during the reporting quarter.</p>
	<p>Improved access of 129,191 people in rural areas to basic electricity by providing overall 1,136 KWs of electricity.</p>



Improved access to the nearest road and market of over 150,732 people in rural areas by constructing 374 KMs of basic road/bridges.



Total 386,229 people in rural areas were provided with overall 4.5 million days' work under normal CCAP
 Total 375,306 poor people in the rural communities were provided with at least 40 days of work against daily wage under MCGG. (650AFN/day for skilled laborers, and 350AF/day for non-skilled laborers).



As a community self-initiative effort, over 11,000 rural communities established grain banks. To mobilize the food and non-food items to these grain banks, 39,275 Stop Seasonal Hunger Campaigns were conducted, where food and non-food items worth US\$ 5,717,477 were mobilized.

Key Results in the Reporting Period (Urban)

Before	After
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Gozar of Airfield Blocks, 8 District, Mazar-e-Sharif city



Dostan CDC, Ansar Gozar, District 11, Herat city



Gozar 5, District 5, Jalalabad city



Khawaja Seddiq CDC, District 5, Kandahar city

3. FINANCIAL UPDATE

3.1. Summarized Financial/Expenditure Status Update

Table 3.1. Summarized Financial Status by components (US\$ Millions)

Component	Cumulative as the end of last reporting period			Progress During the Reporting Period			Cumulative from Start of CCAP to date		
	Planned	Actual	Variance	Planned	Actual	Variance	Planned	Actual	Variance
1. Total Grants	299.73	285.6	14.13	66	0	66	365.73	285.6	80.13
a. Rural	197.45	196.83	0.62	66		66	263.45	196.83	66.62
b. Urban	102.28	88.77	13.51	0	0	0	102.28	88.77	13.51
2. Capacity Building	71.4	62.32	9.08	18	1.23	16.77	89.4	63.55	25.85
a. Rural	53	52.23	0.77	18	1.23	16.77	71	53.46	17.54
b. Urban	18.4	10.09	8.31	0	0	0	18.4	10.09	8.31
3. Evaluations and Studies	1	0.26	0.74	1	0	1	2	0.26	1.74
a. Rural	1	0.26	0.74	1	0	1	2	0.26	1.74
b. Urban	0	0	0	0	0	0	0	0	0
4. Project Implementation Support	83.83	74.65	9.18	14	2.96	11.04	97.83	77.61	20.22
a. Rural	64	63.47	0.53	14	2.96	11.04	78	66.43	11.57
b. Urban	19.83	11.18	8.65	0	0	0	19.83	11.18	8.65
5. MCCG	59	58.49	0.51	27	14.11	12.89	86	72.6	13.4
a. Rural	59	58.49	0.51	27	14.11	12.89	86	72.6	13.4
b. Urban			0						

Total	514.96	481.32	33.64	126	18.3	107.7	640.96	499.62	141.34
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Table 3.2: Summarized Financial Status by funding source (US\$ Millions)

	Funding Source	Received (\$)	Disbursed/spent (\$)	Balance (\$)
MRRD	ARTF	243.66	234.05	9.61
	IDA	134.89	132.46	2.43
	MoF	9.90	9.90	0.00
	Danish	5.40	5.01	0.39
	German	9.88	8.17	1.71
	Sub-Total	403.73	389.59	14.14
IDLG	ARTF	87.25	84.84	2.41
	IDA	30.71	25.50	5.21
	MoF	1.40	0.52	0.88
	Sub-Total	119.36	110.86	8.50
Total	ARTF	330.91	318.89	12.02
	IDA	165.60	157.96	7.64
	MoF	11.30	10.42	0.88
	Danish	124.76	115.87	8.89
	German	340.79	327.06	13.73
	Grand Total	973.36	930.20	43.17

4. PROGRAMME IMPLEMENTATION

This section of the report is divided into two parts. First of this, reports on the progress of the main CCAP and the second on the sub-programs. The mixed-data reported under each section is evidence based where the quantitative data is provided by the MIS and qualitative data by the individual divisions.

Table 4.1: Program implementation progress

Output Indicator	Cumulative up to the end of previous reporting period		Progress during reporting quarter		Cumulative up to the end of current reporting period	
	Rural	Urban	Rural	Urban	Rural	Urban
# of communities mobilized	12,181	850	-	16	12,181	866
# of CDC elected/registered	12,140	850	1	11	12,141	861
# of CDC members registered	249,912	18,275	272	0	250,184	18,275
# of male CDC members	126,037	9,261	85	0	126,122	9,147
# of female CDC members	123,875	9,234	187	0	124,062	9,128
# of CCDCs/GAs registered	2,489	175	17	0	2,506	175
# of CDPs completed	12,076	850	26	0	12,102	850
# of CCDPs/ GA Plans completed	2,381	175	68	0	2,449	175
# of CDCs with subprojects financed	7,282	850	30	0	7,312	850
# of CDCs with subprojects completed	3,405	736	606	48	4,011	784
# of subprojects financed for CDCs	11,027	943	42	0	11,069	943
# of subprojects completed	4,102	793	930	47	5,032	840

# of subprojects financed for CCDs/ GAs	-	383	-	0	-	383
# of beneficiaries for CC soft components (CDP completed)	12,267,658	1,414,444	27,598	0	12,295,256	1,414,444
# of beneficiaries for CC grant financed completed subprojects	4,191,573	1,214,773	937,765	73,941	5,129,338	1,288,714
# of labor days generated	3,612,024	3,402,089	925,548	83	4,537,572	3,402,172
# of laborers employed	345,868	365,446	41,905	5,781	387,773	371,227
# of M/DCCMC coordination meetings held	515	23	100	1	615	24
# of PCCMC coordination meetings held	98	98	18	0	116	98

4.1. Main CCAP

In this section, we report our progress on social mobilization and institutional building, sub-project implementation, and gender, which is a cross-cutting issue across all sub-projects and sub-programs.

4.1.1. Social Mobilization and Institutional Building

The current institutions building mechanism has paved the way for the institutions to maintain the linkages with governmental and non-governmental organizations for the sake and improvement of their villages. Most of the CDCs and CCDs committees are engaging in the pursuance and implementation of their already generated plans which will play a crucial role in the development and sustainability of the institutions. Through the implementation of PRA exercises, the CDCs have the ability to assess the community's needs and put more focus on the involvement of vulnerable groups particularly (IDPs, Returnees, Kuchies, Disable, Widows etc.) in the upcoming developmental programs. The PRA/PLA exercises familiarized the community people regarding the fluctuation of incomes and expenses, real causes of poverty, unnecessary norms which has driven the community to the poverty, seasonal unemployment and hunger and its strategies etc.

a. Rural progress

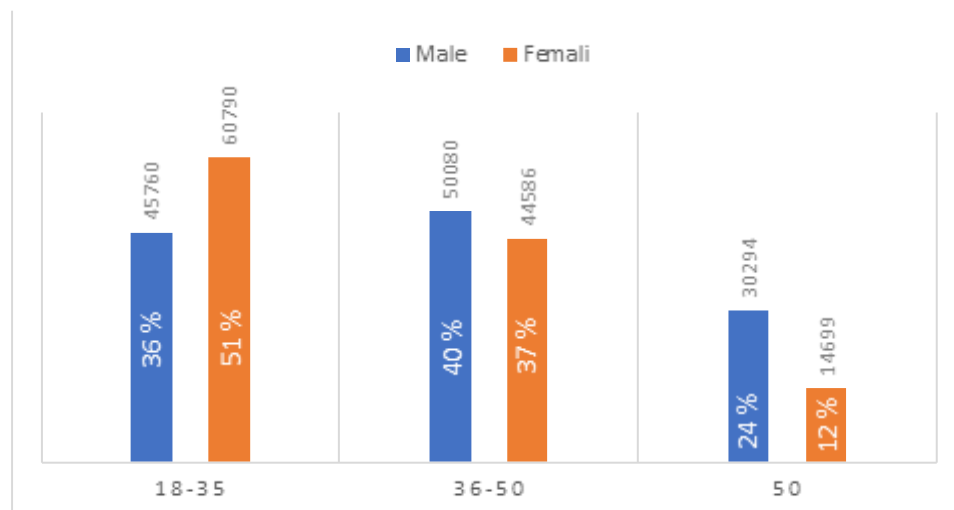
Table 4.2: Social Mobilization progress (planned vs achieved)

SN	Indicator	Cumulative up to end of last Reporting Period		Progress during reporting quarter		Cumulative up to the end of this reporting period	
		Planned	Progress	Planned	Progress	Planned	Progress
1	Community profile completed	12,890	12,181	181	10	12,890	12,191
2	CDCs Elected	12,890	12,140	190	12	12,890	12,152
3	WBA	12,890	12,090	204	23	12,890	12,113
4	CDP completed	12,890	12,077	204	27	12,890	12,104
5	Cluster CDC formed	2,487	2,482	5	2	2,487	2,484
6	Cluster CDCs CDPs completion	2,487	2,374	28	70	2,487	2,444
7	Numbers of PCCMC meeting held	102	98	20	18	102	116
8	Numbers of DCCMC meeting held	615	515	123	100	615	615

Note: Cumulative planned figures are same as the cumulative last quarter because the planned target for last quarter were not achieved so the same target planned for the reporting period.

For detail province and FP wise output level progress, refer to Annex C and D.

Figure 4.1. CDC members: age-wise breakdown



Plan for the next quarter

In the second quarter of 2021, 171 communities are planned to be mobilized.

b. Urban Progress

For implementation of urban CCAP there are four contracts:

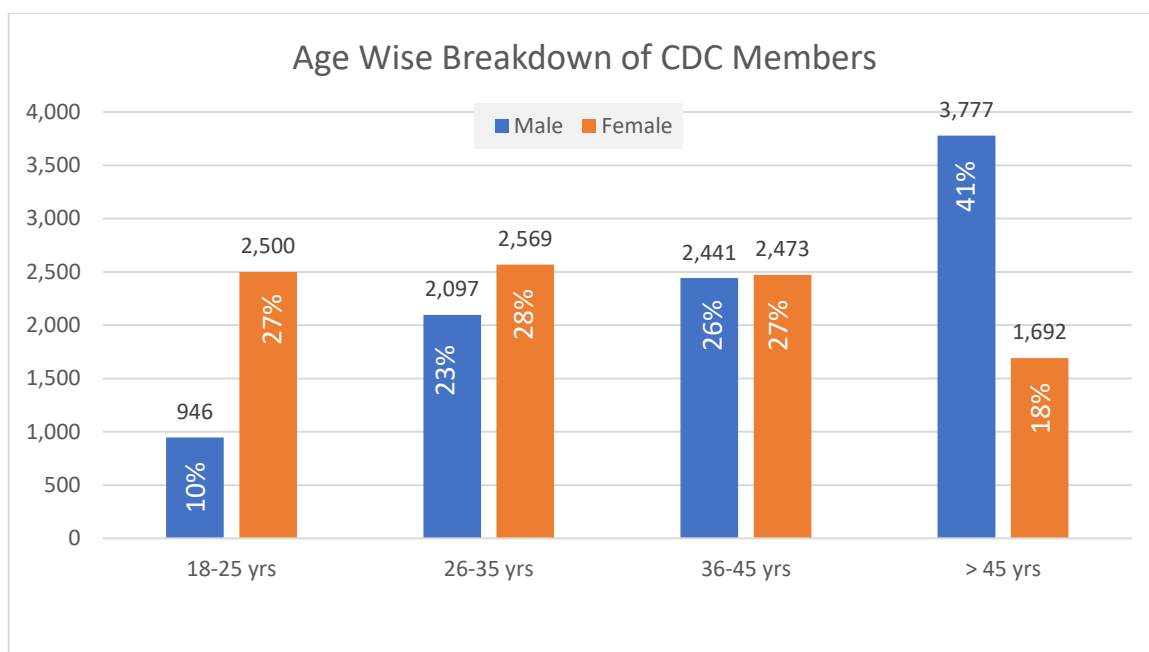
Batch 1- Original contract, covering 600 communities in the 4 major cities; batch 2- Additional Financing 1, covering 250 communities (150 Kandahar, 100 Jalalabad); batch 3- Additional Financing 2 covering 335 communities and 67 gozars in 9 new cities and Mazar-e-Sharif city from previous coverage; and batch 4-Peace pilot project which is implemented in Jalalabad city covering 75 CDCs and 15 Gozar Assemblies. Under original and Additional Financing 1 contracts, the urban CCAP has mobilized and elected 850 (100%) of the contracted communities. These CDCs have completed 850 (100%) of their community development plan (CDP). All the four urban cities' PMUs have fully established their contracted CDCs and completed their CDPs, the total number of established sub-committees are 4250 of which 850 is health, 850 is environment, 850 is vulnerable and 850 is youth sub-committees in their established communities.

At Gozar level, a total of 175 Gozars Assembly elections completed, 175 Gozars Development Plans (GDPs) have been prepared and 383 subproject proposals have been reviewed and approved by Project Implementation Unit (i.e., 100% Gozars Election Completed, 100% GDPs prepared and 100% of proposals have been approved for the total targeted 175 Gozars).

The contract for facilitation of additional financing 2 with the 10 facilitating partners have been signed and now the office opening and staff recruitments are under process. The training process of the FPs is going on. Under Additional Financing 2 contract, a total of 335 CDCs and 67 GAs will be established in 10 cities (9 new cities and 1 old city).

With regard to the Peace Pilot project contract, elections in 11 CDCs have been conducted and two communities have prepared their CDPs so far.

Figure 4.2. Age-Wise Breakdown of CDC members:



4.1.2. Sub-Project Implementation²

a. Rural

During this reporting period, we completed 936 sub-projects, prepared proposal for 536 sub-projects, and started total 42 sub-projects. For further details on projects' status (completed and on-going), please refer to table 4.3. In addition, for detailed output-based data on sub-projects by sector refer to Annex B, and for province wise implementation progress on key outputs refer to Annex C.

Table 4.3: Sub-projects' status

Sector	Cumulative up to last Reporting Period			During the reporting period			Cumulative		
	Approved	Completed	Ongoing	Approved	Completed	Ongoing	Approved	Completed	Ongoing
Grid Extension	446	24	231	35	14		495	38	231
Irrigation	6,000	1,705	2,213	220	410	8	6,638	2,115	2,221
Renewable Energy	946	54	759	9	57		1012	111	759
Transport (Road & Bridge)	788	112	340	41	29	14	872	141	354
WASH	6,984	2,218	2,256	233	426	20	7,663	2,644	2,276
Grand Total	15,164	4,113	5,799	536	936	42	16,680	5,049	5,841

The table below reports the number of Subproject Project Proposals (SPPs) and Sub-Project Financial Status (SFSRs) approved and rejected for the first quarter 2021. It discusses the number of projects proposals approved and rejected. 1,497 SPPs and SFSRs rejected at the HQ level was due to

² The progress of sub-projects under MCGG and Kuchi sub-programs as additional financing under CCAP is not included in this section, but later under the *sub-programs* section.

unavailability of GPS points, and problems with the design and/or cost escalation and ESS related issues.

Table 4.4: sub-projects progress status by sectors

Sector	# of SPPs Approved	# of SPPs Rejected	# of SFSRs Approved	# of SFSRs Rejected
WASH	360	201	476	87
Irrigation	277	199	476	180
Road and Bridge	88	34	36	4
RAE	69	60	151	86
MCCG	0	21	450	219
EQRA + SDF	224	219	441	187
Grand Total	1,018	734	2,030	763

Plan for the next Quarter:

The table 4.5 describes our sub-projects plan for the next quarter (21stMar 2021 – 20thJun 2021) and for the entire year). We aim to complete 2,410 in the 2nd quarter and 6,353 during the year.

Table 4.5: sub-projects next quarter plan by sectors

Sector	Sub-Projects' Proposals Development		Sub-Projects Completion	
	2 nd Quarter 2021	Annual	2 nd Quarter	Annual
Grid Extension	30	136	18	191
Irrigation	410	1765	1013	2477
Renewable Energy	62	317	117	445
Transport (Road & Bridge)	54	226	144	318
WASH	472	2082	2678	2922
Grand Total	1,030	4,526	2,410	6,353

b. Urban

The urban CCAP already has disbursed USD 53.41 million to 850 CDCs' bank accounts for financing 943 CDC level subprojects (45 water supply, 834 transport, 9 park/recreation areas and 55 power supply) hence, all the targeted 850 CDCs have received 100% of their grants and 773 CDCs have utilized 100% of their grants; while, 840 CDC level subprojects (38 water supply, 754 transport, 6 park/recreation areas and 42 power supply) have been completed so far.

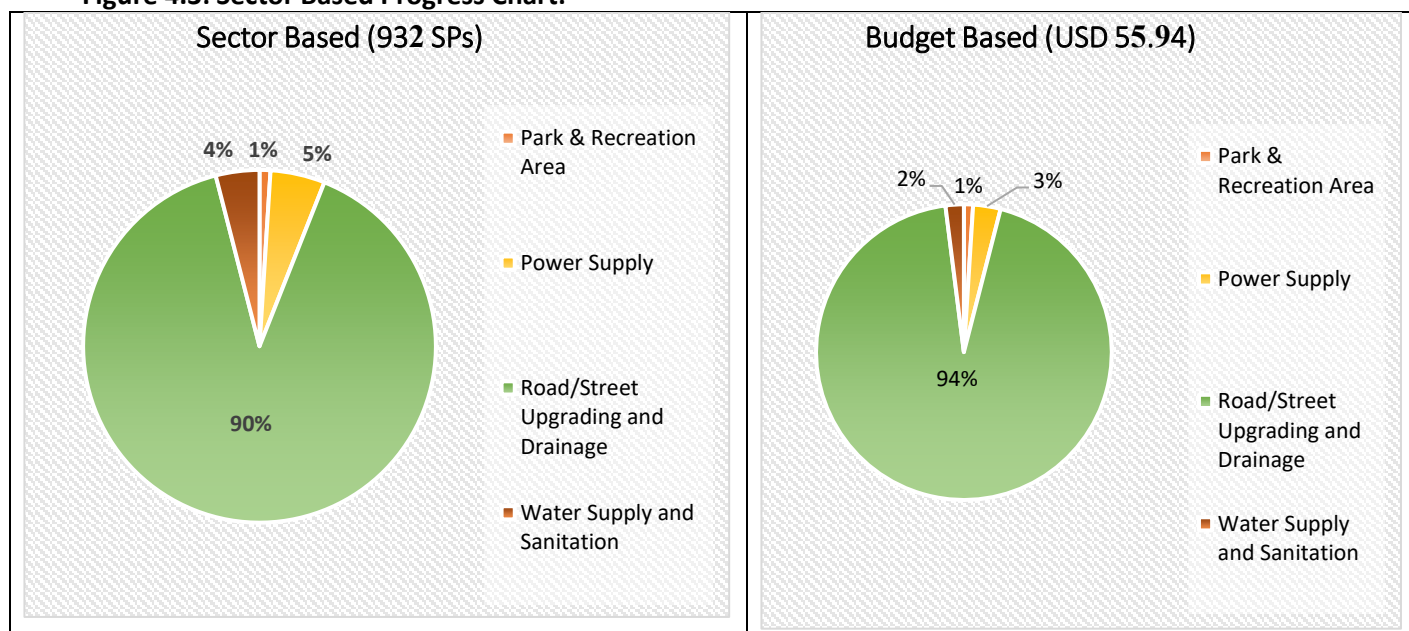
At Gozar level, USD27.07 million has been disbursed to 175 Gozars bank accounts by which 383 Gozar level subprojects (17 water supply, 157 transport, 6 park/recreation areas, 28 power supply and 175 women livelihoods) have been financed while 132 Gozars have received 100% of their grants and 51 Gozars have utilized 100% of their grants. Also 182 Gozar level subprojects (8 water supply, 10 power supply, 61 transport and 103 women livelihood) have been completed so far.

Totally, USD 80.48 million have been disbursed to 1326 CDC and Gozar levels subprojects (62 water supply, 991 transport, 15 park/recreation areas and 83 power supply and 175 women livelihood Projects). Implementation of these subprojects will generate 3.4 million labor days, cover 56,000 sqm park and recreation area with 13,060 beneficiaries, extend 160 km power supply network with 89,598 beneficiaries, water supply network 282 km with 74,314 beneficiaries, and road/street upgrading 940 km, pathways/sidewalks 80 km and drainage/side ditch 1,300 km with 1,387,894 beneficiaries.

Table 4.6. Summarized CDC level Sector Wise Subprojects

Sector	# of SP Submitted	# of SP Financed	# of SP Completed	Grants Committed SP (AFN)	Grants Disbursed To CDCs (USD)	Estimated # Beneficiaries for Financed SPs	Actual # Beneficiaries for Completed SPs
Park & Recreation Area	9	9	6	40,719,452	510,213	13,060	8,123
Power Supply	55	55	42	144,012,284	1,941,596	89,598	69,510
Road/Street Upgrading and Drainage	824	824	701	3,778,093,573	52,547,232	1,371,829	1,171,517
Water Supply and Sanitation	44	44	34	70,889,956	938,507	72,694	55,591
Total	932	932	783	4,033,715,265	55,937,548	1,547,181	1,304,741

Figure 4.3: Sector Based Progress Chart:



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Table 4.7: Summarized Gozar level Sector Wise Subprojects:

Sector	# of SP Submitted	# of SP Financed	# of SP Completed	Grants Committed SP (AFN)	Grants Disbursed To GAs (USD)	Estimated # Beneficiaries for Financed SPs	Actual # Beneficiaries for Completed SPs
Park & Recreation Area	6	6	0	4,4578,326	411,798	40,734	0
Power Supply	28	28	10	188,028,197	1,663,960	196,072	70,700
Road/Street Upgrading and Drainage	157	157	61	1,766,693,945	21,140,955	1,273,200	485,509
Water Supply and Sanitation	17	17	8	123,267,192	1,148,662	145,061	67,946
Women Livelihoods	175	175	103	235,808,340	2,706,837	1,406,762	849,202
Total	383	383	182	2,358,376,000	27,072,212	3,061,829	1,473,357

* The actual disbursements to CDCs and GAs have taken place in Afghani currency so far, there is not record of each disbursement in US currency. The exchange rate for USD amount shown in MIS is calculated as an assumption; therefore, due to different exchange rates there may be some discordance in the amount disbursed CDC wise and the amount disbursed sector wise.

4.2. CCAP's sub-programs

4.2.1. Maintenance Cash and Construction Grant (MCCG) - Rural

The MCCG is a cash grant provided to the selected communities to rehabilitate existing or construct new public infrastructure sub-projects, in such a manner that a minimum of 60% of the grant for the given community will be utilized for paid labor for the approved sub-projects. It is calculated as follows: The # of HHs in the community is taken from the CCAP community profile forms. 35% of the total # of HHs in the community is taken and multiplied into 40 labor days at the rate of AFA 350/person/day for unskilled and 650 AFN/day for skilled laborers. This then provides the amount of the minimum 60% paid labor component and 40% non-labor.

A total grant of US\$48 million was disbursed to the 2,085 communities in 14 districts and 9 provinces where no community received MCCG grant during the reporting period. A total of 1,097 communities completed MCCG work, including 795 communities utilized 100% of the grant. The total grant of completed project is US\$ 26.13 million out of which US\$ 16.17 million is used for labor and US\$9.96 million for non-labor work. In addition, over 3.6 million labor days have cumulatively been generated until now, including over 349,759 labor days for the reporting period. In addition, 14,760 unskilled laborers and 434 skilled laborers were provided a minimum of 40 days' work per household during the reporting period. For detail output results, refer to table F1 and Annex F.

	
<p>MCCG Construction Stone Masonry Retaining Wall – 140 length meter cubic meter 420 projects during implementation in Baghlan’s Puli e Khumri (13-1301-M0084) 2021</p>	<p>MCCG Tertiary Road graveling 3.3 KM Width meter projects during implementation in Baghlan’s Puli e Khumri (13-1301-M0084) 2021</p>

Plan for the next quarter:

- Disbursement of around 10 million USD to 400 communities³
- Generating around 1,343,000 labor days to 3300 laborer for 40 days each.

4.2.2. Grain Banks- Rural

Grain Bank, a community-led strategy that enables communities to reduce the impact of prolonged food shortages where women, men and children of very poor households face hunger, especially during the lean and/or winter seasons (more than 3-4 months). It is a strategy to mitigate hunger, and encourage and support collective action that helps to bring down the intensity of extreme poverty and starvation (such as seasonal hunger, loss of access to interest-free borrowing and commercial loans) in HHs that have no able-bodied person and/or cannot meet their daily minimum food requirements.

The table below shows the total number stop seasonal hunger campaigns completed in 34 provinces in the communities where grain banks have been established. It also shows the food and non-food items mobilized by the better-off people of the communities to enrich the grain banks and benefit the vulnerable and food insecure households.

The table 4.8: progress to date of main indicators under Grain Banks

Output Indicators	cumulative up to the end of last	Reporting Quarter	Cumulative up to the end current
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³ This was planned for the reporting period to be disbursed, but due to lack of money in the program’s account, it did not take place. The rest of the planned activities in this section are dependent on the disbursement.

	reporting period		reporting period.
# of provinces covered	0	0	34
# of districts covered	0	0	106
# of Communities with established Vulnerable Groups Sub-Committees	9,487	1,963	11,450
# of “stop seasonal hunger campaigns” completed	25,878	13,397	39,275
# of communities with food/grain banks set up	9,320	1,985	11,305
Estimated value of goods/labor/cash raised by communities (US\$)	\$5,178,484	\$ 1,457,872	\$6,636,356
Actual # of beneficiaries in communities with food and non-food items have been distributed (Households)	97,374	1,575	98,949

In addition to the above major achievements, 450 jeribs of agricultural land was voluntarily dedicated by the community members for sustainability and maturity of the grain banks. The average duration for which the land is dedicated is from 2-5 years. To avoid confusion, part of this land has been dedicated under the Grain Bank while other part of this land has been dedicated under the SIG.

4.2.3. Social Inclusion Grant (SIG)- Rural

The SIG Scheme focuses on rural districts with high numbers of displaced populations. It contributes towards the Government’s ‘Stop Seasonal Hunger campaign’ where communities mobilize food/cash to support very poor households (often headed by women, disabled, old, those reporting substance misuse and with no capable wage earner) for the winter lean season and beyond. Communities who have collected a minimum of AFN 68,000 (in kind/cash) receive a matching grant (SIG) from the Government.

Table 4.9: SIG Batch# 1: Returnee and IDP

Output Indicators	cumulative up to the end of last reporting period	Reporting Quarter	Cumulative up to the end current reporting period
# of provinces covered	0	0	9
# of districts covered	0	0	13
# of communities covered	1,887	26	1,913
# of communities that have SIG Proposal Approved	1,784	97	1,881
Total SIG matching grants disbursed (US\$)	\$1,879,189	\$173,811	\$2,053,000
Actual # of beneficiaries in communities with SIG grants distributed (HH)	44,343	1,346	45,689

The total number of communities who were contracted under the batch #1 for Returnee and IDP communities is 1,985. Out of the 1,985 communities contracted, 1,913 communities were covered. 1,881 number of SIG proposals were approved in 13 districts of 9 provinces. The total matching grants disbursed under SIG batch #1 is \$2,053,000 from which 45,689 households were benefited. Remaining disbursements will be distributed during the lean season, as planned.

SIG Batch# 2: Drought affected communities

The SIG batch #2 is designed and implementing in 2,207 for drought affected communities in 16 districts of 6 provinces. These expanded SIG communities were selected in consultation with MOF, where MOF used data from UN agencies to select drought affected districts and provinces. This initiative started in March 2019 and it is ongoing. From the 2207 drought affected communities

contracted, 1,386 have been covered so far. From the total covered communities, 1,417 SIG proposals have been approved. The total matching grants disbursed under SIG batch# 2 is \$1,419,000 from which 19,835 HHs have actually been benefited. The remaining distribution will take place during the lean season, as planned.

Table 4.10: SIG batch# 2 progress on key indicators

Output Indicator	cumulative up to the end of last reporting period	Reporting Quarter	Cumulative upto the end current reporting period
# of provinces covered	0	0	6
# of districts covered	0	0	16
# of communities covered	1,466	220	1,686
# of communities that have SIG Proposal Approved	1,430	87	1,517
Total SIG matching grants disbursed (US\$)	\$1,314,054	\$104,946	\$1,419,000
Actual # of beneficiaries in communities with SIG grants distributed (HH)	17,993	1,842	19,835

SIG Batch #3: Early Warning, Early Finance and Early Action (EWEFEA)

SIG batch # 3 is also designed and implementing in 977 drought affected communities in 13 districts of 2 provinces Badakhshan and Paktya which these expanded SIG communities were selected in consultation of MOF, where MOF used data from UN agencies (data ranking) to respond drought affected area under EWEFEA. This initiative is started in December 2019 and it is ongoing, the remaining distribution will take place in the lean season , the detail of progress of the activities in 977 contracted communities as mentioned in the bellow table..

Table 4.11: SIG Batch #3 progress to date – (EWEFEA) implemented by VGD/CC

Output Indicator	cumulative up to the end of last reporting period	Reporting Quarter	Cumulative up to the end current reporting period
# of provinces covered	0	0	2
# of districts covered	0	0	13
# of communities covered	480	116	596
# of communities that have SIG Proposal Approved	421	93	514
Total SIG matching grants disbursed (US\$)	\$386,865	\$41,135	\$428,000
Actual # of beneficiaries in communities with SIG grants distributed (HH)	5,828	1,124	6,952

Plan for the next Quarter:

- Follow up of grain banks and compilation of 500 grain banks and SIG semi-annually reports.
- Proposal preparation and verification of 174 SIG matching grant in the targeted communities.
- Completion of 174 SIG matching grant in the targeted communities.
- Follow up of 174 SIG matching grant distribution to very poor household.

Challenges:

1. Some FPs have already handed over grain banks to CC PMUs, while have not completed the submission of second round of semi-annual/CDC.

2. As clearly stated in the grain bank hand over checklist, despite most of the grain banks have been handed over with no food/none-food items stored (empty).
3. As the FPs contract will over by June 2021, still we have problematic CDCs where SIG implementation has been stacked/incomplete.

Recommendations:

1. This should be officially communicated with FPs through a coordination meeting in order to get maximum use of the period and submit all second-round semi-annual report for the remaining CDCs by the end of their contract with CC/MRRD.
2. The form and content of the grain bank handover checklist was clearly discussed with FPs' representatives in a meeting at CC/HQ for their understanding, and shared with FPs' through FPMD later on for their further action and perusal. So that, it is expected that grain bank to be handed over with the minimum amount outlined in the checklist.

Relevant FPs, PMUs with the help of social organizers and community elders is expected to influence the Taliban and convince them to allow SIG distribution where poorest population of communities would be benefited.

4.2.4. Kuchies Development- rural

The Kuchies Development Sub-Program (KDSP) is a Citizens' Charter Sub-Program. The program aims to reach semi-nomadic and fully nomadic Kuchies communities by establishing Kuchi Community Development Councils (KCDCs) in Afghanistan, and deliver the basic package of services under the program's menu. KDSP expects to link and bring improvement in the lives of vulnerable groups in line with core objectives of the Project Development Objective (PDO) of the Citizen's Charter. However, the standards and trends of services in the implementation part differentiate the approaches between the Kuchies Development Sub-Program (KDSP) and the mainstream Citizen's Charter. Nonetheless, the program equally adheres to the principles of equity, inclusion, participation, accountability, and transparency.

Table 4.12: Kuchi Development Sub-Program activity progress

Output Indicators	cumulative up to the end of last reporting period	Reporting Quarter	Cumulative upto the end current reporting period
# of KCDCs mobilized	748	53	801
# of KCDCs Elected	734	48	782
# of WBA completed	713	33	746
# of KCDPs developed	711	32	743

The social mobilization of the Kuchi communities positively improved the social morale of the Kuchi communities, and has restored their trust towards the Afghan government, which was seriously decreased over the last two decades. The social awareness of the Kuchi communities about the ministries and the services they provide has been increased in the program intervention areas. The majority of the Kuchi people who were reluctant to apply for the Tazkira (Nation ID card) are now willingly applying for it, and have started visiting the line ministries in order to receive government support in solving and or decreasing their communities' problem. Despite the late hiring of the Kuchis District engineers the KDSP managed to survey and design 556 sub-projects, and implement 164 sub-projects consisting access to potable water, road graveling, culverts, and retaining walls. The progress is illustrated in the table 4.11 below.

Table 4.13: Kuchi sub-program KCDCs membership

Output Indicators	Sectors	First Quarter	cumulative up to the end of last reporting period	Cumulative
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# of sub-projects surveyed and designed	Water Supply	141	184	325
	Road and bridges	18	29	47
	Irrigation	5	50	55
	Power	0	129	129
Total		164	392	556
# of sub-projects on-going	Water Supply	114	27	141
	Road and bridges	13	5	18
	Irrigation	3	2	5
	Power	0	0	0
Total		130	34	164
# of sub-projects financed	Water Supply	0	195	195
	Road and bridges	0	27	27
	Irrigation	0	18	18
	Power	0	0	0
Total		0	240	240

In the program intervention area, 93% of the Kuchi communities do not have access to clean drinking water, and women are required to walk long distance even for hours carrying piles of water. In addition, Kuchi women end up taking a substantial part in the livelihood of a Kuchi households, which is often neglected. The literacy level amongst Kuchi women is significantly lower who find it difficult to understand the social mobilization tools. Despite of these challenges, majority of the Kuchi women experienced casting their votes at community level election for the first time. Some of them are also members of the decision-making committee of their community. The social mobilization tools were equally delivered to women and men, which increased a sense of equity amongst Kuchi women. The table 4.12 indicates Kuchi women's membership in office bearing committees and their participation in the community level elections

Table 4.14: Kuchi women participation

Item	# CDCs	Total Members	# Male	# Female	% Male	% Female
# Office Bearer	782	3,073	2,101	972	68	32
Over all Female Membership in KCDC	782	13,396	7,211	6,185	54	46

4.2.5. Dastarkhwan-e Meli (CCAP Covid-19 relief response)

Dastarkhwan-e Meli is an emergency response of the government to reach the needy people during the COVID-19 outbreak. The government supported almost 90 percent of the communities in rural and urban communities by providing a package of food and non-food items worth AFN 4,000.

The program is implemented in two portions: 1) CCAP Covid-19 relief response, and 2) COVID-19 Relief Effort for Afghan Communities and Households (REACH). The first portion of the program is an additional financing and a new component under the existing CCAP. The progress, challenges and recommendations of the CCAP Covid-19 relief response are reflected in this report and it does not include REACH which is a separate project, and will be reported separately. The CCAP Covid-19 relief sub-program is implemented by MRRD in rural and IDLG in urban communities.

Each target community is visited three times before the actual distribution of the packages. In the first visit, the SOs' make communities (including CDCs) aware of the program and train the CDCs on beneficiary selection methodology and the actual distribution approaches. The SOs then identified the beneficiaries/eligible households (middle, poor and very-poor) considering the selection criterion. However, it is to be noted that the majority of the country faced poverty shocks due to

COVID-19, the support was extended to over 90% of HHS.

a. Rural CCAP Covid-19 relief response progress

Total 280,424 households benefited from the food and non-food packages so far which form 89 % of people in 2,195 rural communities covered so far. The table below shows the overall cumulative, and during the reporting quarter progress of covid-19 relief response in rural communities.

Table 4.15: COVID-19 relief response progress

Indicators	During the reporting period	Cumulative up to the end of the reporting period
# of communities with awareness and profiling conducted	361	11,251
# of communities with beneficiary HHs selected	789	10,602
# of communities received COVID-19 relief package	1,747	3,942

For detail progress on covid-19 relief response, refer to the table F2, and Annex F.

b. Urban CCAP Covid-19 relief response progress

Table 4.16: Summarized city wise coverage breakdown:

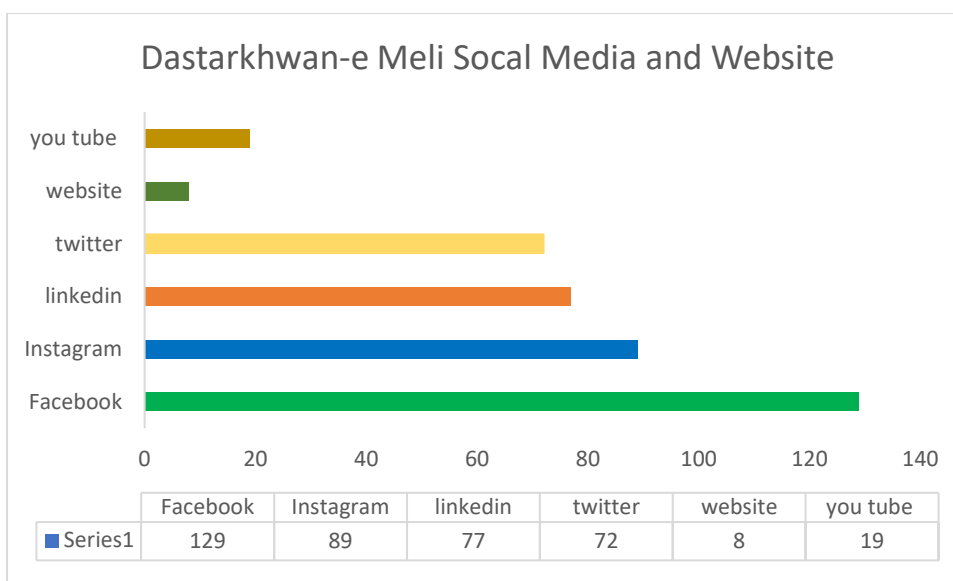
S. No.	City	CDCs under coverage	Tranche one distribution done	# of current Total HH	# of HH 1st Tranche Distribution done	% of beneficiaries	Total Budget of Afghanistan
1	Jalalabad	200	191	46,732	41,798	89.44%	167,192,000
2	Herat	200	139	39,709	30,647	77.18%	122,588,000
3	Kandahar	300	300	74,981	63,984	85.33%	255,936,000
4	Mazar-e-Sharif	30	1	268	268	100.00%	1,072,000
Grant Total		730	631	161,690	136,697	84.54%	546,788,000

Mobilizations and Recruitments:

- Completed recruitment process for hiring of 167 staffs (142 male, 25 female) (32 HQ and 135 field level), 16 vacant positions will be filled soon.
- Functionalized GRM call center 24/7,
- Recruitment of 10 call operators, 3 GRM officers and 1 senior GRM officer.
- Developed GRM manual, grievance registration form and got the WB NOL for these materials.

Media and Communications:

- 6 videos with messages of Dastarkhwan-e Meli related issues have been produced.
- As you can see in the below chart totally 394 post have been updated in the social pages and the website; besides, we have updated some series in social media pages in order to attract variety of audience group such as before – after picture series of each subproject, photo of the week (good picture of one CC completed subprojects), 24 hours’ story at Facebook timeline where large number of people are interacting, sharing and commenting.



Training of FPs:

- On 13 March 2021, conducted 2 days’ training for Dastarkhwan-e-Meli 12 provincial communication officers (10 male, 2 female), the topics of Media Relation, Media Monitoring, Effective Press Release, Success Story writing Tips, social media, photography and videography, were covered in the training sessions.
- Developed GRM training plan in coordination with KMDP and MRRD colleagues.
- Conducted training for call operators, GRM officer, Senior GRM officer, FP chief trainers and PMU colleagues

Problems during distribution process:

- Delay in recruitment and procurement processes
- Political disputes against Dastarkhwan Milli
- Slow administrative work around government offices

4.2.6. Peace Project Implementation (Urban)

Based on the need of communities and in line with the government ANPDFII, during the CCAP restructuring, the peace pilot project was included in the CCAP project. The Peace Project is in addition to the urban CCAP development activities, to support the implementation of peace activities at local level. The objective of the peace pilot is to support a social peace initiative at the local level by creating the conditions for improved social cohesion, enhanced mutual cooperation, and a harmonized peaceful environment by using the established, trusted local Community Development Councils. This project is in the design and preparation phase with the cooperation of the World Bank, the peace pilot is located in Jalal Abad city and so far, election process has been completed for 11 CDCs. The Peace Pilot is an initiative in which urban CCAP IDLG wants to pilot the direct implementation of Community Driven Development projects in line with the modality of CCAP, in 75 CDCs and Gozars of Jalalabad City in which the IDPs and returnees are high. The total budget of the peace pilot for urban area is USD 9,513,240, covering 75 CDCs and 15 GAs at Jalalabad city.

5. GENDER EQUALITY AND SOCIAL INCLUSION

5.1. Rural

Participation and *inclusion* are among the guiding principles of Citizen’s Charter to maximize the participation and inclusion of all community members including women, female headed households and other vulnerable groups of the community. The program is committed for inclusive

implementation of all regardless of ethnicity, disability, age, gender, economic status, religious and political convictions, etc.

Nearly 50% of the CDC members are women in the rural CC. Gender related outcomes are mixed with most of the activities in CCAP, but some more achievements can be listed as bellow:

Anti-Harassment Training in HQ-Kabul – January 2021: The program for the first time conducted a day and half training on Anti-harassment policy of the ministry and CCNPP to 200 staff at HQ from all departments.

For more detail on gender, refer to Annex E.

Lessons Learnt:

- Informing the community people, particularly the females on their achievements and good work that they have done which had a positive impact on their further activities. The people’s appreciation and encouragement, has increased their enthusiasm and interest in the implementation of the CCAP project.
- Gaining the trust of the general public is the best option to facilitate the program.
- Success stories and field visits, as well as interviews with local residents in some areas, demonstrate that Implementation of various activities at the CDCs level and conducting of workshops for men have reduced domestic violence in some areas

Gender next quarter and 2021 plan

- Finishing GBV training for REACH staff.
- Provincial Missions according to annual plan, only if the security allows.
- Gender training along with ESS training for the CCNPP staff.
- Maintain coordination and cooperation with all departments of CCNPP to ensure gender mainstreaming.
- Following ISM-Feb 2021 actions points to be done.

5.2. Urban

As you can see in the bellow table, percentage of female CDC members is 49.93% and male CDC members is 50.07%, over the field level participation of women as CDC members and office bearers is very good (almost 50%).

Table 5.1: Gender based participation breakdown:

Member	Total	Male		Female	
		#	%	#	%
CDC Members	18,275	9,147	50.05%	9,128	49.95%
CDC Office Bearers	3,444	1,720	49.94%	1,724	50.06%
Eligible Voters	653,342	331,018	50.67%	322,324	49.33%
Actual Voters	445,329	226,622	50.89%	218,707	49.11%
Beneficiaries	1,416,306	715,686	50.53%	700,620	49.47%

Gender Related Progress:

- Checked and verified completion reports of 130 women’s livelihood projects.
- During March 2021, four exhibitions of women's livelihood projects’ products were held in the four cities, which were visited by a large number of men and women.
- Developed training materials for marketing of WLPs’ products, this training will be held for Social Organizers and Gender Officer.
- Represented the urban CCAP in MoWA, MoE, WBF, AWCCI and MoEC meetings
- Prepared training materials for Additional Financing managers and REACH managers.

- Worked closely with the training unit to conduct the gender awareness, gender integration, Women Livelihood Project, and youth participation trainings.
- From 21 to 24 March 2021, conducted on line training on Gender Based Violence to the PIU and REACH gender staff, totally, 20 trainees (8 female and 12 male) participated in this training.
- Conducted two monthly meetings with urban CCAP female staff for discussing women related issues, one held on February 25, 2021 with participation of 12 female staff and the other held on March 6, 2021 with participation of 15 female staff.
- Prepared a report on women’s roles, responsibilities, and achievements in urban CCAP, which was broadcasted via Radio Bayan in collaboration with the Communication Unit colleagues

Women’s Livelihood Projects:

Checked, verified and approved all 175 women’s livelihood subprojects of which, 175 subprojects were financed, 72 subprojects are ongoing and 103 subprojects have been completed. As you can see in the blow table, 10,849 women are the actual direct beneficiaries of the WLH projects, who are involved as trainees, trainers, and support staff.

Table 5.2: Sector Wise Level Women’s livelihood Subprojects

Project Title	# of Subprojects Financed	Ongoing	Completed	Actual female Trainers	Actual Female Trainees	Actual Female Support Staff	Planned Budget (Afs)
Bakery Facilitating	7	2	5	14	895	0	8,844,000
Cake and Cookies Production	12	4	8	12	855	4	15,688,000
Chicken farm Facilitating	11	0	11	39	2,000	0	14,740,000
Child Protection Centers/Kindergarten Vocational Construction	7	1	6	0	0	0	9,380,000
Confectionery Production and training	3	3	0	0	0	0	4,020,000
Embroidery Vocational Training	25	11	14	61	1,320	13	34,136,800
Fast Food Facilitating	3	3	0	0	0	0	4,020,000
Food processing Production and training	3	3	0	0	0	0	4,020,000
Girls’ classrooms Construction	13	8	5	0	0	0	18,452,800
Pickle and Jam Production	2	1	1	4	40	4	2,382,740
Process of Dairy-Protein Production and training	2	1	1	1	36	3	2,680,000
Saponification Facilitating	8	0	8	31	1,269	0	11,310,400
School boundary wall Construction	3	1	2	0	0	0	4,168,000
Shoes Factory Production	3	3	0	0	0	0	4,020,000
Tailoring Vocational Training Facilitating	54	24	30	103	3,254	113	72,906,400
Vocational training Conduction of vocational training	8	1	7	44	729	5	10,598,400
Woman Park & Garden Construction	2	2	0	0	0	0	2,380,800
Women community center Construction	9	4	5	0	0	0	12,060,000
Total	175	72	103	309	10,398	142	235,808,340

Table 5.3: Lessons Learned:

S. No.	Lessons Learned
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1	Women's active participation in women's livelihood projects (WLP) has taught us that women are very active and interested in WLP, as it provides them with both business skills and incomes. These two things encourage them to actively and enthusiastically participate in such projects.
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6. MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

6.1. Key inhouse Monitoring Findings

a. Rural (Core CCAP, MCCG, Covid-19 Relief Response)

Key Monitoring Findings (CCAP): A total of 572 sampled communities were monitored in 84 districts of 29 provinces by provincial monitoring officers (PMOs), in the reporting period. Communities were randomly and proportionally selected from each stratum (district). The results from the monitoring are discussed below:

An overall improvement was reported in the social mobilization of the program comparing to the last reporting period. The improvement availability of posters, the establishment of CDCs sub-committees, and frequency of the meetings organized by the CDCs' members, while availability grievances boxes in the communities remain stable (refer to Annex G for further details). The data from the sampled communities shows a minimal decline in the infrastructure project where the sub-project completion rate was lower as compared to the last reporting period. Almost 100% of the sampled communities confirmed that the selected projects in accordance to their needs and priorities. In over 90% of the sampled communities, people confirmed that they benefited from the chosen sub-projects. The remaining 8% were mostly people who already had access to clean drinking water or were left out from the water supply network due to remoteness. Over 95% of the sub-projects in the sampled communities were found in accordance with the design and specifications of the technical proposal.

It was reported that the projects' implementation was either delayed or suspended in 41 (7%) of the sampled monitored communities. The main reasons for the delay include technical problems, delayed disbursement of grants, social problems, delays in community procurement, insecurity, cold weather, etc. One of the other reasons was communities prioritizing their first project to implement even when the first and second projects started parallel to one another. This is based on the needs of the community, grant availability, and labor availability for specific projects. Almost 99% of the sub-projects in the sampled communities were reported with no deviation in the Bill of Quantity. The signing board on the project site in the communities indicates the project title, start, and end date, donor or implementer, etc. These boards were reported available on the project's site in 19% of the sampled communities. We discovered that the financial and procurement documents of the projects need to be kept properly and should be well-maintained by the CDCs members for accountability, record, ownership, and audit purposes. This information was available with the CDC members in 78% of the sampled monitored communities. On average, 60% of the community members were found trained on the Operation and Maintenance (O&M) of the projects (men=650 and women=230).

For detailed and comparative monitoring findings on main CCAP, refer to Annex G

A.2. Key Monitoring Findings (MCCG):

Overall, 72 projects were monitored in 61 communities. Monitoring officers monitored 35 sub-projects in 30 communities in 1st round, 19 sub-projects in 14 communities in 2nd round, and 23 sub-projects were monitored in 17 communities in the third round.

Table 6.1: Key monitoring comparative results on MCCG from field visits

Key Indicators	First Round	Second Round	Third Round
MCCG Poster posted in the public place	0%	7%	12%
Resource Map availability	97%	100%	100%
WBA Poster availability	100%	100%	100%
Was the quality project rated in good quality	100%	95%	96%
MCCG projects reported without delay in implementation according to the original plan	94%	84%	65%
Lottery was compulsory in the communities	53%	21%	47%
Lottery was considered in the compulsory communities	81%	100%	25%
Engineers and SOs visits recorded from the communities	100%	100%	100%

The projects delay was reported higher in the third round of the monitoring visit due to technical and social problems. Based on the monitoring findings, we found the CDCs where the lottery should have been introduced due to the categories of poor people is above 35%. However, MCCG staff neglected to explain the labors the lottery selection criteria, and the CDCs did not act in accordance with the MCCG OM. Moreover, based on our qualitative observations, the number of laborers listed in the attendance sheet in the MCCG projects in Kunduz province did not match the actual labors working in the field. A team has been assigned to investigate the issue and report back to management.

a.3. Key Monitoring findings on Covid-19 Relief Response:

Key findings from field observation:

The provincial monitoring teams visited total 944 communities during the food distribution in order to make sure that the program is smoothly implemented, the quality packages are distributed to the actual target group, and people keep preventive measures and social distance at the distribution sites. From the total visits conducted so far, 378 took place during the reporting period. The table below shows key cumulative monitoring results:

- In 98% of the communities the targeting was done based on WBA
- In 96% sampled communities, all the eligible HHs received the food packages.
- In 95% (901) of the communities all female headed HHs received the packages
- In over 99% of the communities the HHs with person with disabilities received the packages.
- In 99% of the communities the approved and signed beneficiaries list was available on the distribution site.
- In 99% of the communities the same amount of food package was distributed to the HHs.
- In 89% of the sampled communities the procurement documents were available with CDC members
- In 91% of the communities the CPM teams were present at the distribution site of which 72% teams were briefed on their role in the distribution process.
- The conflicts were reported in 10% of the monitored communities of which 64% were resolved and addressed.

Key Monitoring Findings from the phone monitoring surveys with Beneficiary HHS:

Table 6.2: Coverage:

	CPM		Sub-total CPM	Households		Sub-total HHs
	Male	Female		Male	Female	
Complete Interviews	433	32	465	16,203	371	16,574
Not Agree	78	22	100	70	1	71
Switched off	345	61	406	2,810	105	2,915
Invalid number (Not in the system)						
Wrong person number	277	64	341	1,757	71	1,828
Less/more digits						
Not responded	163	25	188	868	26	894
Refused to talk	31	3	34	109	4	113
Total	1,327	207	1,534	21,817	578	22,395

Total 16,574 beneficiary HHs were interviewed in order to make sure they received the reported packages with good quality. Of the interviewed HHs, over 96% (15,931) confirmed that they received the food packages. Total 8 HHs said they were given cash, 549 HHs said they received nothing and total 86 HHs said they don't know. This matter has been forwarded to the implementation teams for further clarification and follow-up.

Over 96 % (15,357) of the HHs confirmed that the quality of the packages was good, 2.85% (549) said it was fair, and 120 HHs said it was not good. Over 99% of the HHs consumed the packages, total 91 HHs said they stored the food, and 14 HHs sold the package for cash. Almost 79% (12,526) HHs were very satisfied, 20.60% satisfied, 0.62% (98) HHs somewhat satisfied, and total 31 HHs said they are not satisfied with distributed packages. Of the HHs that were not satisfied, only 7 filled grievances on which none of them got any feedback.

For more detailed monitoring results on covid-19 relief response, kindly refer to Annex H.

b. Urban (Core CCAP, and Covid-19 Relief Response)

A total of 260 monitoring field visits have been conducted in the 4 cities by PMU M&E officers using the monitoring form 1 and 2. Overall, improvements have been observed in social mobilization, institutional building and subprojects implementation process comparing to the last reporting period. Meanwhile, 104 visits have been conducted to those CDCs which were monitored previously. Summary analysis of these monitoring visits has been included in the following tables

Key findings from urban monitoring reports:

1. CDC Governance

Description	First round	Second round	Variance	
average frequency of social organizers visits a CDC in a month	3.74	2.18	-1.56	↓
average frequency of engineers visits a CDC in a month	7.3	1.1	-6.2	↓
Availability of minutes of the meetings or observation books in the CDC	67%	35%	-32%	↓
Average number of CDC member who attended meetings	13.2	13.6	0.4	↑
Absenteeism of vice-chairperson in the CDC meetings	10%	8%	-2%	↓
absenteeism of Secretary in the CDC meetings	22.1%	5%	-17.1%	↓
Has the CDC completed Baseline IMI?	61.5%	63%	1.5%	↑
Has the CDC visited another champion CDC	90%	85%	-5%	↓
Has the CDC visited by another champion CDC yet	71%	82%	11%	↑
Has the CDC representative attended in MCCMC or PCCMC yet?	76%	87%	11%	↑

2. Sub-committees performance

Description	First round	Second round	Variance	
Has the thematic sub-committees established in the CDCs?	100%	100%	0%	≡
Do the committees' members know their roles and responsibilities?	82%	93%	11%	↑
Has the committees' members held meetings during last two months?	20%	18%	-2%	↓
Is project management subcommittee established in the community?	97%	99%	2%	↑

3. CDCs non thematic committees performance

Description	First round	Second round	Variance	
Have the project management committee received training on project management?	96%	99%	3%	↑
Do project management committees have their plans for project implementations?	70%	83%	13%	↑
Did the project management committees have their regular meetings on project implementation?	64%	79%	15%	↑
Are the subprojects implemented according to the design specified in proposals?	89%	92%	3%	↑
Is there any environmental subcommittee established in the community?	100%	100%	0%	≡
Have the Environmental committees received trainings of environmental and social safeguards?	99%	99%	0%	≡
Do environment subcommittees have their monitoring plans?	58%	77%	19%	↑
Do the subprojects have ESMPs?	87%	93%	6%	↑
Is ESMP considered during implementation of subproject?	83%	93%	10%	↑
Have the project management committee received training on how to operate and maintain the sub-projects.	98%	100%	2%	↑
Does the project management committee have Maintenance plan?	64%	82%	18%	↑
Is there anyone in the community trained to operate and maintain the subproject?	73%	89%	16%	↑
Average number of male trained members in operation and maintenance	3.9	3.4	-0.5	↑
Average number of female trained members in operation and maintenance	1.8	1.4	-0.4	↑

4. CDC Accountability and Sub-Project Progress, Quality, and Inclusiveness

Description	First round	Second round	Variance	
Is the sub-project proposal available in the community?	100%	100%	0%	≡
Are the community satisfied with subproject selection?	100%	100%	0%	≡
Is there a CPM sub-committee established in the community?	100%	100%	0%	≡
Did CPM committees monitor any activity of community or subprojects?	75%	77%	2%	↑
Have CPM committee members got training on CPM?	96%	98%	2%	↑
Was there any social audit conducted during last three months?	64%	12%	-52%	↑
M&E Officer's overall satisfaction with sub-project selection, implementation and progress?	99%	97%	-2%	↓

6.2. Third Party Monitoring (TPM)

a. Rural

Overall Status of the monitoring deviations in 1st quarter 2021:

As of this reporting period, we had received a total of 3,783 deviations on CC sub-projects of which 2,219 deviations have been rectified and closed. 438 deviations are pending with TPMA for rectification. 1,126 deviations are opened and had been assigned to field engineers for rectification in order to take corrective action. The overall deviations summary is as follow:

Table 6.3: Status of the monitoring deviations

Deviation Category	Opened			Pending for rectification					Closed			Grand Total
	Not read	Acknowledged	Rectification in progress	Pending review	More info required	Further Investigation	Rectification not resolved	Pending Ministry Action	Partially Rectified	Fully Rectified	Non-rectifiable	
Critical		5	4			1		6		21	1	38
Major	91	362	97	57	11	4	23	106	32	631	108	1,522
Minor	86	348	133	52	7		25	146	42	1328	56	2,223
Grand Total	177	715	234	109	18	5	48	258	74	1980	165	3,783

The above cumulative figures differ from the annual report because almost 1400 minor deviations have changed into notifications.

For deviation breakdown on in each category, refer to the Annex I

b. Urban

Since the start of new TPMA, a new platform has been developed and all the deviations related to Engineering Unit being reported through this platform. The urban CC is obliged to feedback to the deviations in due date. So far, 606 deviations out of 706 have been rectified and rectifications of the remaining deviations are underway.

Table 6.4: Status of the monitoring deviations category wise:

Deviation category	Opened			Pending with TPMA for rectification			Returned from TPMA		Closed		Grand Total
	Not read	Acknowledged	Rectification in progress	Pending review	More info required	Further Investigation	Rectification not resolved	Pending Ministry Action	Non-rectifiable	Rectified	
Critical	0	1	2	0	0	1	0	1	0	9	14
Major	2	11	4	2	0	0	1	17	24	114	175
Minor	6	15	4	0	0	0	0	2	7	483	517
Total	8	27	10	2	0	1	1	20	31	606	706

Table 6.5: Status of the monitoring deviations provincial wise:

City	Opened			Pending with TPMA for rectification			Returned from TPMA		Closed		Grand Total
	Not read	Acknowledged	Rectification in progress	Pending review	More info required	Further Investigation	Rectification not resolved	Pending Ministry Action	Non-rectifiable	Rectified	
Herat	2	8	7	0	0	0	0	0	0	82	99
Mazar-e-Sharif	0	0	0	1	0	0	0	0	1	178	180
Kandahar	1	7	0	0	0	0	0	4	14	173	199

Jalalabad	5	12	3	1	0	0	1	16	16	174	228
Total	8	27	10	2	0	0	1	20	31	606	706

6.3. Community Scorecard

Scorecard is a community participatory assessment tool where the services users (the community members) and services providers (doctors, nurses, teachers, principals and etc.) come together and assess the availability, quality of services and also the behavior and treatment of the services providers.

The CC Score Cards are a bottom-up means for the Government to obtain feedback from communities in terms of its services provision in Education and Health, as well as rural Infrastructure. Health and Education scorecards are implemented at the facility-level (one per school or clinic), and infrastructure scorecards (in rural only) are implemented at the community level. The Community Infrastructure MSS Scorecard section measures the basic MSS (Universal Access to Clean Water, Basic Road, Basic Electricity, and Small-Scale Irrigation) at the Community level. To complete the score cards, the elected CDC members and the relevant sub-committees visit the facilities and meet with the services users to assess whether the facility or infrastructure meets the Minimum Service Standards committed to people by the Government. Feedback is then provided to the facility management and the results are shared with the larger community. Finally, the findings are reported through the Citizens' Charter MIS to Government officials by district, provinces, and nation-wide. Each community covered by the Citizens' Charter will complete score cards every six months, with reports to be provided to the relevant District, Provincial and Central Government Offices and Ministries.

At Glance:

What is a score card?

It is a community-based monitoring tool that assesses services, projects, and government performance through community participation.

MSS Scorecard Coverage and results

a. Rural Scorecard

A total of 34,731 MSS Scorecard completed for infrastructure MSSs regardless for all rounds, out of which 12,050 is completed in first round, 11,781 in second round and 10,900 in third round. In Health section, a total of 1,849 MSS Scorecards completed so far, 646 in the first round, 621 in the second round and 582 in the third round. A total of 1,0616 Education MSSs Scorecard completed for Education facilities in all rounds, which comprise 2,305 MSS Scorecard in first round, 2,404 in the second round and 2,306 in the third round.

There are very a few scorecards filled for the fourth round, which is not representative, therefore it is not captured in this report.

Table 6.6: MSS Scorecard coverage

Indicators	1st Round	2nd Round	3rd Round
# Of communities reported scorecard on clean drinking water and Infrastructure	1,2050	11,781	10,900
# Communities have access to clean drinking water as per the MSSs	3,883	4,904	5,303
# Of communities have access to basic electricity as per the MSSs	3,056	3,256	3,180
# Of communities that have access to basic road as per the MSSs	8,967	8,899	8,535
# Of communities that need for small scale irrigation	9,372	9,261	9,337
# Health Centers reported on scorecards	646	621	582
# Health Centers provide all Minimum Service Standards	509	526	494

# Of schools reported on the scorecards	3,875	3,454	3,287
# of schools provide all Minimum Service Standards	2,305	2,404	2,306

NB: Since there are only three rounds in the FP contracts, we don't have sufficient numbers of scorecards from the 4th round. It's not representative of the community.

Access to clean drinking water and infrastructure: In the first round, a total of 12,050 MSS scorecards for infrastructure MSSs completed in the first round, out of which 3,883 (32%) communities have access to clean drinking water. While 3,056 (25%) communities have access to basic electricity as per the MSSs. While 8,967 (74%) of the reported communities have access to basic road and 9,372 (78%) of the reported communities need small scale irrigation infrastructures. In the second period, a total of 11,781 communities reported infrastructure MSSs, out of which 4,904 (43%) communities have access to clean drinking water MSSs, 3,256 (28%) communities have access to basic electricity MSSs, 8,899 (76%) communities have to basic road MSSs, 9,261 (79%) communities need small scale irrigation infrastructures. In the third round, 1,0900 communities reported infrastructure MSSs, where 5,303 (49%) communities meet clean drinking water MSSs, 3,180 (29%) have access to basic electricity, 8,535(78%) communities have access to basic road, 9,337(86%) communities need small scale irrigation MSSs.

Health: A total of 646 health facilities reported MSS Scorecard in the first round, out of which 509 (79%) meet all health MSSs. Also, in second round, 621 health facilities reported on health MSSs, out of which 526(85%) meet all health MSSs. A total of 582 health facilities reported health MSSs in the third round, out of which 494(85%) meet all health MSSs

Education: A total of 3,875 schools reported education MSSs in the first round out of which 2,305 (59%) meet all education MSSs. While, in the second round, 3,454 schools reported education MSSs, out of which 2,404 (70%) meet all education MSSs. Also, in third round, 3,287 education facilities reported, out of which 2,306 (70%) meet education MSSs.

Table 6.7: MSS Scorecard Summary by indicator and round

Indicators	1 st Round	2 nd Round	3 rd Round
# of communities reported scorecard on clean drinking water and Infrastructure	1,2050	11,781	10,900
# Communities have access to clean drinking water as per the MSSs	3,883	4,904	5,303
# of communities have access to basic electricity as per the MSSs	3,056	3,256	3,180
# of communities that have access to basic road as per the MSSs	8,967	8,899	8,535
# of communities that need for small scale irrigation	9,372	9,261	9,337
# Health Centers reported on scorecards	646	621	582
# Health Centers provide all Minimum Service Standards	509	526	494
# of schools reported on the scorecards	3,875	3,454	3,287
# of schools provide all Minimum Service Standards	2,305	2,404	2,306

Plan for the next Quarter:

Table 6.8: MSS Scorecard future plan

MSSs Scorecard Future Plan for reporting Period						
# of CDCs Elected	# of comm. Reported 1st Round	First round Plan for next reporting period	# of comm. reported 2nd round	2nd round Plan for next reporting period	# of comm. reported 3rd round	3rd round Plan for next reporting period
12,140	12,050	90	11,781	359	1,0900	1,240

For more detailed MSS Scorecard process, indicators and results please refer to Annex J.

b. Urban Scorecard

During the reporting period, the scorecards round wise comparison to the timeline was conducted, this means that how many times either a facility or CDC has conducted the scorecards. The urban CCAP out of 850 CDCs has conducted 1st round of scorecards for both educational and health sectors MSS in 844 CDCs of the four cities, the remaining 6 CDCs may have benefitted from private Schools, Clinics, or Governmental Hospitals. A total of 35% CDCs meet all educational and health MSS in the first round, 33% in the second round, and 32% in the third round.

In education sector, the three rounds of scorecards have been implemented from July 2018 to Dec 2019, in this period there is seen 5% improvement in providing five educational MSS to the communities and 6% improvement in CDCs have received all educational MSS provided by the schools. In the health sector, there is 6% improvement in providing health MSS and 2% improvement in CDCs have received health MSS in the 3rd round compared to 1st round.

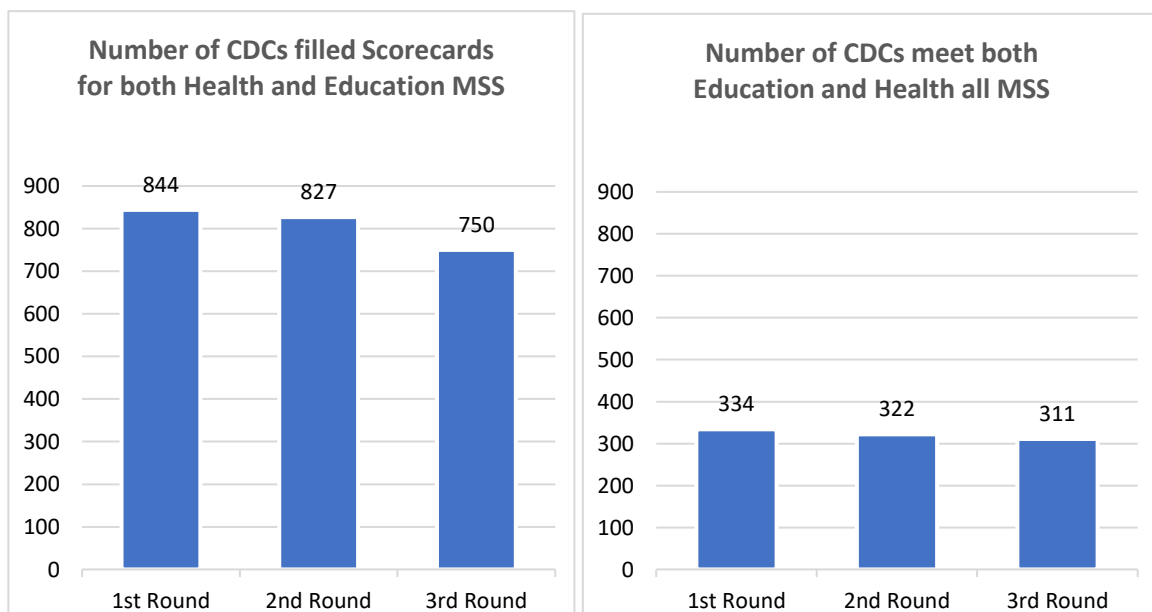
It is worth mentioning that the health sector improvement has been measured only through six health indicators set by the urban CCAP, but it cannot be generalized to all services provided by health facilities. Because as per communities’ feedback received over the three rounds of Scorecards practice, the communities mostly require attention in providing quality medicines, ambulance services, clinic infrastructures, and other health services.

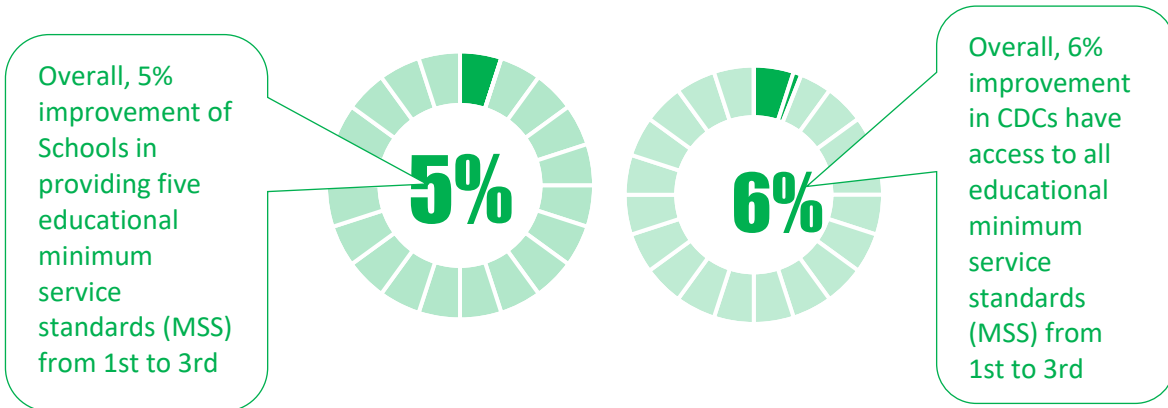
To conclude, in comparison to the CDCs population, the health services provided by health facilities are not sufficient. In general, we had also some technical challenges in the first and second rounds of scorecards, communities’ awareness was very low about the scorecards, and some of the CDCs were not established, and the technical filling procedure of scorecards was also not clear to the FPs and communities’ people.

The fourth round of urban CC scorecards started in the four cities in January 2020, in the fourth round 597 CDCs filled scorecards for Health and Education MSS, but due to COVID-19 pandemic lockdown, scorecards were not filled for the rest 253 CDCs which will be fulfilled by PMUs of the 4 major cities at the near future. The bellow table shows round based completed scorecard by CDCs.

Bar Chart: Number and Percentage of CDCs filled, and meet both educational and Health MSS.

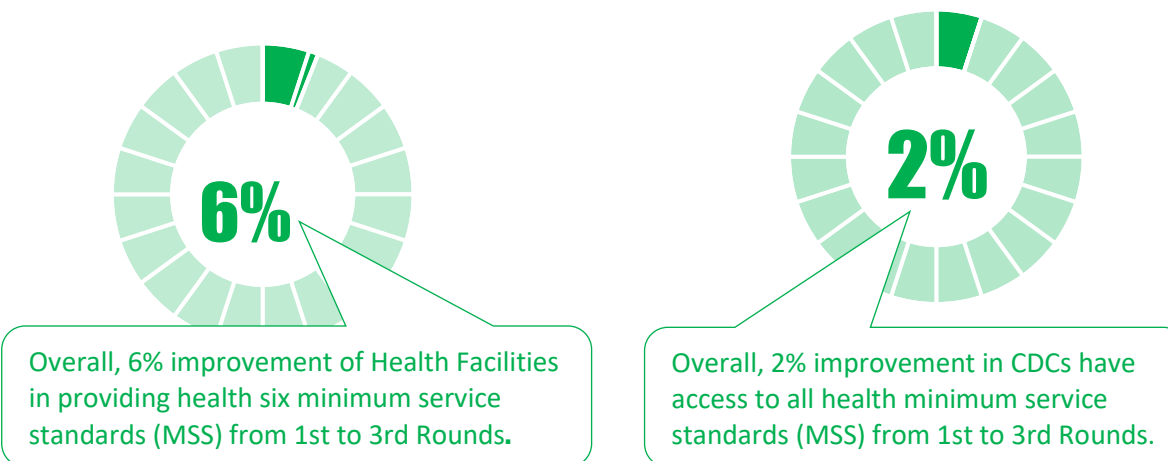
Overall percentage improvement of Schools and CDCs in providing educational MSS





As per graph 03, during 1st round of scorecards 52% and during 2nd rounds 50% of schools had provided all education MSS to the communities, while in the 3rd round the percentage of Schools excided to 57% that indicates a good improvement in MSS delivery by school over the three rounds of scorecards implementation. Besides, focusing on the CDC level result, there is also around 6% improvement; because, percentage of CDCs have access to educational MSS has increased from 40% to 46%.

Overall percentage improvement of Health facilities and CDCs in providing health MSS



As per the above pie chart, the percentage of improvement in health facilities provided all health MSS and percentage of CDCs have access to all health MSS incremented from the 1st round up to the 3rd round by 6% and per CDCs level by 2%.

It is worth mentioning that this improvement measure only through the six health indicators set by urban CCAP, but it cannot be generalized to all services provided by health facilities. Because as a communities’ feedback received over the three rounds of Scorecards practice, the communities mostly require attention in providing quality medicines, ambulance services, clinic infrastructures, and other health services. To conclude, in comparison to the CDCs population, the health services provided by health facilities are not sufficient.

6.4. The Citizens’ Charter Institutional Maturity Index (IMI)

The CC IMI is a self-evaluation tool that is designed to not only assess Community Development Councils (CDCs) and their sub-committees, but to be an educative process through which the elected representatives in CDCs and those that serve in CDC Sub-Committees engage in self-reflection to consider their interactions and their work. CDCs and the Sub-committees should go through the self-evaluation process after first 6 months of their creation (election) as a baseline and then after two

and half year of the first IMI.

Purpose of IMI report

The purpose of the IMI report is to present the key findings and information on CDCs and their respective sub-committees' activities, performance and maturity level. It helps M&E division and CCAP senior Management to find the current maturity level of CDCs and future decision making in terms of the community needs in capacity building. It is also a helpful tool for CCAP to evaluate the FPs' Social Organizers performance.

a. Rural Results

Table 6.9: IMI baseline and end-line by regions

Region	# of Elected CDCs	# of IMI filled for baseline period	# of IMI filled for End line period	Total
Center (Kabul)	2,835	2,805	2,742	5,547
East (Jalalabad)	2,415	2,409	2,359	4,768
Northeast (Kunduz)	2,174	2,171	2,166	4,337
Northwest (Mazar)	1,224	1,222	1,202	2,424
South (Kandahar)	1,637	1,597	885	2,482
West (Herat)	1,858	1,856	1,679	3,535
Total	12,143	12,060	11,033	23,093

Table 6.10: Overall CDCs' maturity comparison between the baseline and end line

CDCs Maturity level	Baseline (#)	Baseline (%)	End-line (#)	End-line (%)
High Mature	128	1%	2,812	25%
Mature	1,388	12%	5,488	50%
Low Mature	6,021	50%	2,493	23%
Immature	4,523	38%	240	2%
Total	12,060	100%	11,033	100%

b. Urban Results

This report covers the analysis of Institutional Maturity Index which have been exercised by CDCs and subcommittees twice as baseline and end-line. As of February 2021, 850 CDCs have completed the baseline and more than 715 CDCs and sub-committees have completed the end-line IMI Forms. This analysis has been produced for those CDCs and subcommittees which have completed both baseline and end-line IMI.

- IMI filled by CDC office bearers and other members = 668
- IMI filled by CDC health subcommittee members = 672
- IMI filled by CDC education subcommittee members = 672
- IMI filled by CDC youth subcommittee members = 670
- IMI filled by CDC ESS subcommittee members = 670
- IMI filled by CDC VGD subcommittee members = 671

As per the End-line IMI quantitative analysis, most of the CDCs and sub-committees are medium or high mature and some are in very/low maturity level. There are number of reasons for low mature CDCs/subcommittees, one of the reasons is CDCs internal affairs and being busy with their personal business.

According to the end-line IMI, 99% of the CDCs, 93% of Education, 93% of Health, 91% of Environment, 91% of Youth and 90% of Vulnerable Group subcommittees are at the maturity stage. On average, 29% CDCs, 29% Education, 30% Health, 29% Environment, 29% Youth and 32% Vulnerable Group subcommittees' maturity have been improved compare to the baseline IMI.

Both, men and women wing of the CDCs have obtained same average percentage (82%) in CDC IMI exercise. In Education subcommittee, the men 78.5% and women 75.8%, Health subcommittee, the men 78% and women 75.8%, Environment subcommittee, the men 77.2% and women 75.2%, Youth subcommittee, the men 77.2% and women 75.1% and Vulnerable subcommittee, the men 75.9% and women 74.2%.

The CDC and subcommittees maturity in governance are on average, CDCs 81%, Education 76%, Health 76%, Environment 75%, Youth 75% and Vulnerable Group 73%. The average percentages come under medium and high maturity in governance

Bellow table summarizes the overall average percentage in each evaluation area. The baseline overall average percentage for CDCs and subcommittees were 48%, and 29% respectively in baseline IMI. The maturity of CDCs and subcommittees have been improved during the course of training delivery and participatory exercises, as the end-line IMI is 77%. The status has been changed from low maturity to medium maturity. On average the CDCs and subcommittees have got 77% in governance, 81% in accountability, subcommittees got 60% on raising community awareness related to their mandate, 76% in coordination with other subcommittees and 83% contributing to their self-confidence.

Table 6.11. Evaluation Area CDC Education Health Environment Youth Vulnerable Group

Evaluation Area	CDC	Education	Health	Environment	Youth	Vulnerable Group
Overall Baseline	53.33	48.34	47.20	47.28	46.61	43.10
Overall End line	82.42	77.14	76.85	76.19	76.10	75.01
Percent Improvement	29.09	28.79	29.65	28.91	29.49	31.91
Governance	81.15	75.58	79.90	74.59	74.75	73.30
Accountability	85.02	78.87	78.23	81.29	81.07	81.12
Resource Mobilization	80.55	N/A	N/A	N/A	N/A	N/A
Transparency	88.92	N/A	N/A	N/A	N/A	N/A
Awareness Raising	N/A	75.05	74.05	50.24	73.58	73.55
Coordination with sub-c.	N/A	75.44	76.99	76.96	77.28	74.82
Coordination with GA sub-c.	N/A	82.33	80.56	N/A	N/A	N/A
Operation & Maintenance	86.70	N/A	N/A	N/A	N/A	N/A
Contribution to self confidence	N/A	82.09	83.11	81.99	82.61	82.94

The analysis also shows that Kandahar and Mazar-e-Sharif cities are at higher maturity number or very satisfactory. While other two cities are at the medium or satisfactory level of maturity. There are some CDCs and subcommittees which their maturity has been deteriorated compared to the baseline, e.g. 4 CDCs on average 5.5%, 18 education subcommittee by 6.72%, 15 health subcommittees by 6.67%, environment subcommittee by 7.19%, 12 youth subcommittee by 7.58% and 16 vulnerable group by 6.9%. Those CDCs and subcommittees which are deteriorated had internal social problems. There are 6 (1%) CDCs, 48 (7.1%) education, 51 (7.6%) health, 61 (9.1%) environment, 62 (9.2%) youth and 71 (10.6%) vulnerable group subcommittees which their maturity are low and are under unsatisfactory level, these requires that the FP and PMU further invest in their capacity building for improving their maturity.

6.5. Grievance handling

Table 6.12: Grievances detailed breakdown for both rural and urban CCAP

Indicator	Cumulative up to end of previous reporting period		Progress during this reporting period		Cumulative up to end of this reporting period	
	MRRD	IDLG	MRRD	IDLG	MRRD	IDLG

	M	F	M	F	M	F	M	F	M	F	M	F
# of grievances received	2,697	83	367	18	522	48	2 2	1	3,219	131	38 9	19
# of grievances investigated and solved/closed	2,507	79	362	18	365	38	1 4	0	3,062	121	37 6	18
# of grievances under investigation	190	4	5	0	157	10	8	1	157	10	13	1
Grievance Breakdown By the WB indicators												
Corruption charges against CDCs (individual members/joint)	51	2	0	0	11	0	0	0	62	2	0	0
Weak performance allegations of CDC	562	16	76	3	45	36	5	0	607	52	81	3
Infraction of CC OM procedures	778	14	119	4	236	2	1 1	1	1,014	16	13 0	5
Social safeguards	10	0	0		7	0	0	0	17	0	0	0
Environmental safeguards	8	0	4	1	0	0	0	0	8	0	4	1
Sub-project implementation/quality	502	9	168	10	86	4	6	0	588	13	17 4	10
Beneficiary targeting and sub-project selection	293	5	0	0	63	0	0	0	356	5	0	0
Project Management related grievances (HR, Financial & Procurement)	249	30	0	0	46	4			295	34	0	0
N/A to CC	244	7			28	2			272	9		

a. Rural

During this reporting period 570 grievances received. Out of this, 597 grievances resolved, which includes 194 unsolved grievances from last reporting period (403+194 = 597) and 167 (157 Male & 10 Female) grievances are under process.

The total number of grievances received so far has reached 3,350. Out of this, 3,183 were resolved and feedback provided to the complainant and 167 are under investigation.

Table 6.13: Additional indicators under grievances

No	Category	Cumulative up to end of last reporting period	Progress during this reporting period	Cumulative up to end of this reporting period	
				#	%
1	Financial and Procurement	581	192	773	23.10%
2	Infrastructure Construction or Rehabilitation	512	89	601	17.90%
3	Monitoring (CPM/GRC)	430	60	490	14.60%
4	Minimum Services Standards	298	63	361	10.80%
5	Project Management-related Grievances (recruitment, procurement, financial or harassment)	279	50	329	9.80%
6	Others (N/A)	251	30	281	8.40%
7	Election at Community Level with improper process	211	46	257	7.70%
8	Development Actors at the Community (SOs, Engineers)	126	11	137	4.10%
9	Corruption	53	11	64	1.90%
10	Lack of Awareness, Participation in Exercises and Planning	21	11	32	1.00%

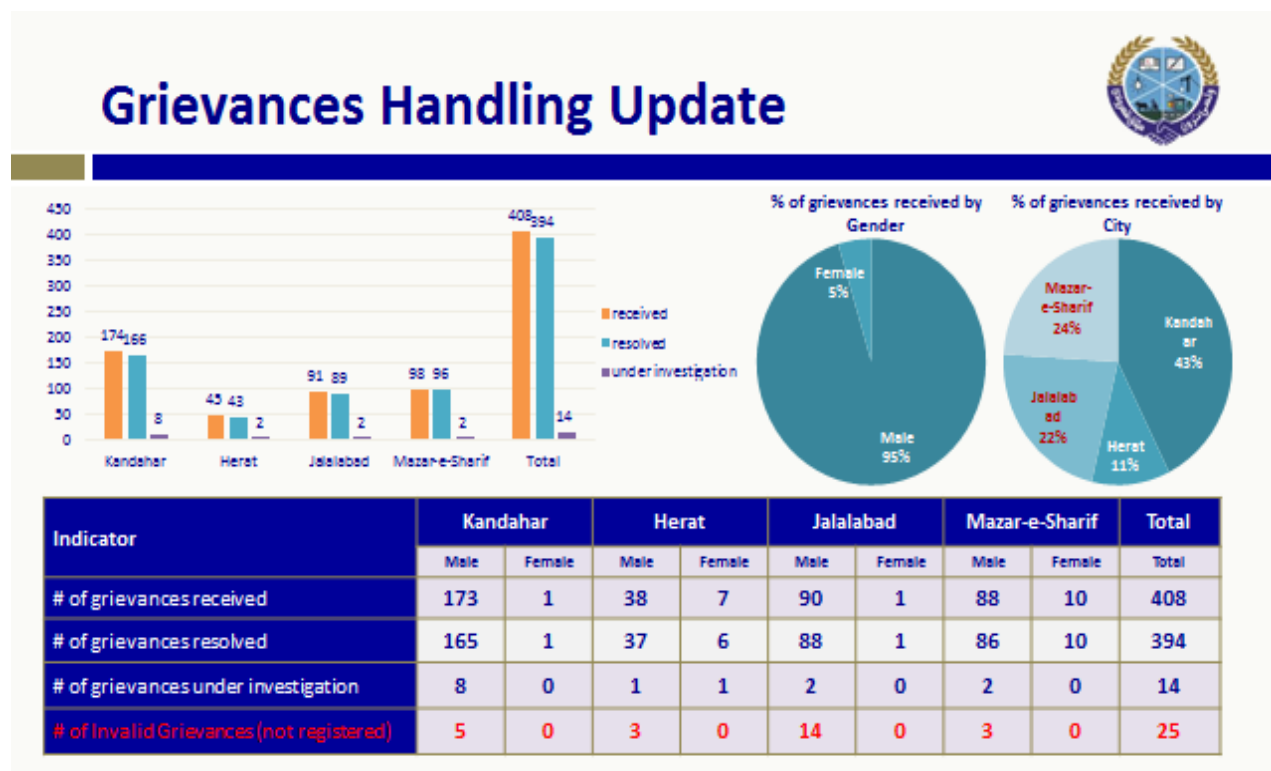
11	Social Safeguards	10	7	17	0.50%
12	Environmental Safeguards	8	0	8	0.20%

b. Urban

The Citizens' Charter direct and indirect stakeholders are large number of people and organizations. In order to hear the voices of people who are not benefited from the program or dissatisfied with the provided services, the program has established a full functional grievance redressal mechanism which receives grievances via a hotline number of 3330 which is functional 24/7 after official hours, from 8 am to 4:00pm the grievances/ complains will be recorded by the system automatically and will be addressed accordingly. The hotline 3330 is toll free for grievors and the cost is paid by program.

The Grievance Redressal section of the program has received a total of 408 complaints from the beginning of the program till end of the reporting period, of which 394 grievances have been resolved and 14 grievances are under investigation which will be addressed soon.

During the reporting quarter 23 grievances have been registered of which 14 grievances have been redressed and 9 grievances are under investigation.



Analysis of 408 Grievances:

- Most grievances are related to subproject implementation (41%), infraction of policy/procedure (34%) and weak performance of CDC (20.1%)
- Least grievances are in land acquisition and delayed implementation (0.4% each)
- Most grievances reported through phone call (45. %), personal visit (29.1%), petition (21.1%) and email (4.7%)
- Almost all grievances are reported by men 389 (95.3%) and 19 (4.7%) by women.
- Most grievances reported from Kandahar city (43.5%), Mazar (23.8%) Jalalabad (21.6%), and least grievances reported from Herat (10.9%)
- Most grievances reported in first six months of 2020 (33.5%) while in first six month of 2017 there was 0%

For more detail on grievances, refer to Annex K.

6.6. Community Participatory Monitoring (CPM)

a. Rural

Table 6.14: Summary of CPM conducted in rural CCAP communities

Indicator	As of last reporting period	During the reporting period	Cumulative as of end of current reporting period
CPM Committees established	10,174	1640	11,814
CPM members (Male)	57,279	11,259	68,538
CPM members (Female)	54,214	11,463	65,677
Total CPM members	111,493	22,722	111,493

b. Urban

CCAP is a national development program which will encompass the entire country, in order to ensure that the transparency and accountability at the community level, the independent CPM committees have been established at the CDC and GA levels in order to regularly monitor the CDCs performance and subprojects progress and quality. A total of five structured monitoring visits are required to be conducted by CPM committees over 36 months of the program facilitation. Five distinctive monitoring forms have been developed that after CDC and GA establishment within each 6 months should be filled by the CPM committees. Each monitoring visits by CPM committees follow a social audit which call large number of community residents and provides the result of monitoring. The below table shows how many communities have conducted community participatory monitoring (CPM):

Table 15: Summary of CPM conducted in the 4 major cities:

S.NO	City	# of CPM 1	# of CPM 2	# of CPM 3	# of CPM 4	# of CPM 5	Total
1	Herat	200	200	200	197	189	986
2	Jalalabad	200	195	138	105	34	672
3	Kandahar	300	300	300	300	300	1500
4	Mazar-2- Sharif	150	150	150	150	150	750
Grand Total		850	845	788	752	673	3,908

7. OPERATIONS PROGRESS

7.1. Management Information System (MIS)

The MIS is the main source of data for the CCAP program. It organizes and stores the data to be used by program staff to implement their sub-programs and sub-projects using evidence. The users can access the program progress, extract data and automatically generates quantitative reports such as summary sheets. It helps improve transparency and accountability. Its primary audiences include internal (the communities, CDCs, CCDCs, FPs, PMU field staff, and program staff) and external stakeholders (line ministries, donors, evaluators and auditors of the program). The program regularly focuses on improvement of the Management Information System in order to be responsive to the difference information need of the program and the stakeholders:

a. Rural

- Installation of Finger prints device and Training of HRMS system to Badakhshan, Takhar, Nimroz and Kunduz PMUs.
- Training conducted on E-Cashbook system for all 34 provinces.

Modules Developed.

- Launch of Cashbook management module for finance division.
- Development of Kuchi Monitoring Forms 1, 2 for M&E division.
- Development of IMI for Kuchi CDCs.

Reporting Modules Developed:

- Kochi form1 and form2
- IMI Kuchi

b. Urban

- Integration of Dastarkhwan-e-Meli reports into the CCAP Website.
- Modified SIG MIS systems
- Data quality check and reporting of SIG is conducted on daily basis
- Periodic quality assurance checks and errors rectifications of MIS is conducted on quarterly basis
- Data backups, data security and related software and server contract updating are maintained of regular basis
- Developing update training manuals in national and English language
- Developed and implemented assets management system

Plan for next reporting period

a. Rural

- To conduct MIS refresher training for the provincial and district MIS officers.
- To upgrade and implement CDC Withdrawal policy into the system
- To rollout E-Payroll Generation to all 34 provinces
- To develop the recruitment module into the HRMS system.
- To upgrade of all MIS & IT policies

7.2. Procurement

a. Rural

The below listed procurement activities include activities such as Toners and Cartridges, Stationary, Armored Rental Vehicle for DMP, SSL Certificate, Rental Vehicle for HQ, Container for HQ and Conex with Installation for Exam center. Of the 7 procurement activities, 2 of them were included in the Procurement Plan and were shared with the Bank via the Systematic Tracking of Exchange in Procurement (STEP). The remaining 5 activities are under Incremental Operation Cost (IOC). Cumulatively 7 contracts were signed for different packages under goods/non-consulting services with total amount AFN 8.007 million. Total 14 procurement activities/packages are under the procurement process and planned for the next quarter.

Table 7.1. Completed Packages:

SN	STEP ID	Description
1	IOC	Toners and Cartridges
2	IOC	Stationary
3	IOC	Armored Rental Vehicle for DMP
4	IOC	SSL Certificate

5	IOC	Rental Vehicle for HQ
6	MRRD/CCAP/GD/279	Container
7	MRRD/CCAP/GD/293	Conex with Installation for Exam Center

Table 7.2: Plan for the next quarter

Please note that the same activities in the table below were planned in pervious reporting to be completed which are still in the progress and are expected to completed in the next quarter.

SN	STEP ID	Description	Status
1	MRRD/CCAP/GD/292	IT Equipment for HQ and Field Office - The year 2020	This package is pending with Admin Division
2	MRRD/CCAP/WR/295	Joint Project Water Supply Joint Project Bagrami District Kabul Province	This package is pending with Engineering Division
3	MRRD/CCAP/WR/296	Kakraks' Joint Project of Canal Rehabilitation and Construction of Weir Nangarhar Province	This package is pending with Engineering Division
4	MRRD/CCAP/GD/297	Engineering Equipment for Field Offices	This package is pending with Admin Division
5	MRRD/CCAP/GD/299	Office and Electrical Equipment for field offices	This package is pending with Admin Division
6	MRRD/CCAP/SR/300	The hiring of the firm for rental vehicles of field offices - Cluster One	SPD is shared with Bank for NoL
7	MRRD/CCAP/SR/301	The hiring of the firm for rental vehicles of field offices - Cluster Two Provinces	SPD is shared with Bank for NoL
8	MRRD/CCAP/SR/302	The hiring of the firm for rental vehicles of field offices - Cluster Three Provinces	SPD is shared with Bank for NoL
9	MRRD/CCAP/SR/303	The hiring of the firm for rental vehicles of field offices - Cluster Four Provinces	SPD is shared with Bank for NoL
10	MRRD/CCAP/SR/304	The hiring of the firm for rental vehicles of field offices - Cluster Five Provinces	SPD is shared with Bank for NoL
11	MRRD/CCAP/SR/305	The hiring of the firm for rental vehicles of field offices - Cluster Six Provinces	SPD is shared with Bank for NoL
12	MRRD/CCAP/SR/306	The hiring of the firm for rental vehicles of field offices - Cluster Seven Provinces	SPD is shared with Bank for NoL
13	MRRD/CCAP/GD/298	Container for Baghlan PMU	
14	MRRD/CCAP/IC/294	International Technical Consultation for Engineering Division	ToR is submitted to the Bank for clearance

b. Urban

Successfully, the contract for facilitation of additional financing 2 with all facilitating partners of the targeted cities for establishing 335 CDCs and 67 GAs in in the 10 targeted cities (9 new cities and 1 old city) have been signed.

Table 7.3: Procurement (Urban):

Completed Procurements		end of previous period		current reporting period		Cumulative	
		# of contract	Value US\$ millions	# of contracts	Value US\$ millions	# of contracts	Value US\$ millions
Goods, works, non consulting	IDLG	68	2.50	9	0.30	77	2.80
Consulting services	IDLG	9	10.28	10	4.24	19	14.52
Total		77	12.77	19	4.54	96	17.31

7.3. Staffing breakdown

a. Rural

During the reporting period, 4 women and 38 men recruited. Recruitment of women continues to remain a challenge for us. 42 people were recruited and 29 resigned, 71 staff was allocated to IOC MRRD. Out of 71 positions, HRCSD filled only 56 positions, and 15 positions are still vacant and IOC staff also included into the below table.

Table 7.4: staff breakdown by gender and unit

RURAL NTA Levels	Gender-disaggregated			Unit disaggregated			
	Male	Female	Total	HQ	Province	District	Total
Management (A & B)	15	1	16	16	0	0	16
Professional (C, D & E)	1,348	79	1,427	177	357	893	1,427
Support (F, G and H)	910	148	1,058	109	256	693	1,058
Total #	2,273	228	2,501	302	613	1,586	2,501
Total %	90.9%	9.1%	100%	12.0%	24.6%	63.4%	100%

Table 7.5: Staffing status

S#	Grade	NOL	Current	In the process	Vacant
1	A, B	38	16	5	17
2	C, D, E	1,724	1,427	38	259
3	F, G, H	1,088	1,058	30	0
Total		2,850	2,501	73	276

b. Urban

Of the total 235 staff approved in the staffing plan, 209 were contracted, the recruitment for 10 new staff is under process, and 16 more staff will be recruited later in the CC implementation. 20% of the recruited staff are female. During the reporting quarter, 3 staff member resigned (2 Male and 1 Female).

Table 7.6: Table below shows breakdown of contracted staff:

URBAN NTA Levels	Gender-disaggregated			Unit disaggregated		
	M	F	Total	HQ	Municipality	Total
Management (A & B)	26	2	28	24	4	28
Professional (C, D & E)	100	34	134	61	73	134
Support (F, G and H)	42	5	47	29	18	47
Total #	168	41	209	114	95	209
Total %	80%	20%	100%	54%	46%	100%

7.4. Public Communication

a. Rural

Engagement and relationship with media maintained over the reporting period. A large number of media outlets at the national and local level were engaged through various activities by conducting meetings, information dissemination through emails and phone calls, sharing regular footages, daily news bulletins, press releases and stories, taking them to the project sites, MRRD and CCNPP management participation at their programs to discuss the CCNPP as well as airing PSAs. As result, the media monitoring captured 1,858 times reflection of CCNPP, its projects and activities on the local and national media outlets. Based on our strategic relationship built with Bayan radio, in addition to participating at several exclusive interviews about CCNPP and its sub programs on this outlet, Radio Bayan/CJPOTF also sponsored broadcasting of a video spot on CCNPP for more than 800 times through

7 leading national and 4 regional TV networks. Also 10 different radio spots were freely aired through Bamyan radio (Bamyan province) Gorbot radio (Kabul). A meeting was also held with the representatives of several medias to meet MRRD Deputy Minister for Programs, aiming to foster and build upon relationship with them such as Tolo, Tolo News, Khurshid, 1TV, Kabul News, Ariana, Meli and Shamshad TVs. Further, we have also started sharing important press releases news and success stories with the international media to raise their awareness and interest on CCNPP and its achievements.

As part of traditional messaging, the program continued authoring articles covering various important achievement of CCNPP in national daily newspapers regularly, such as Hewad, Eslah, Kabul times, outlook, Afghanistan in both English and national languages. Meanwhile, some regional TV channels like Hewad, Hero, Roshani and Asia have been taken to the project sites to cover the CCAP projects and they developed reports on the program in a number of provinces e.g. Farah, Herat, Laghman, Samangan, Balkh, Khost, Kapisa, Zabol and Badakhshan.

The CCNPP website and social media accounts including the Facebook, Twitter, LinkedIn, Instagram and YouTube channels have been updated with news reports, pictures, videos, documentary films, success stories, press releases, vacancies and procurement services announcements. In general, 25 TV spots, 30 reports' links (containing video and print disseminated by media outlets), 8 documentary films, 30 success stories (Dari, Pashto & English), 5 press releases, tens of pictures, 430 news reports on CCAP projects, 12 beneficiary quotes of CCAP projects have been uploaded onto these pages. Meanwhile, the comments, messages and feedbacks provided by Facebook page visitors have been answered properly.



Kabul NEWS TV Journalist was taken to Guldara District of, Kabul province to report about a bridge construction project



A scene of Mobile Cinema Show display to villagers

For more detail on public communication, refer to Annex M

Key Plans for next reporting period:

- Launch an awareness campaign around CCNPP and its sub-programs through contracted TV and Radio outlets
- Concentrate on the traditional communications and messaging tools
- Take national media reporters to the CCAP Projects in the field.

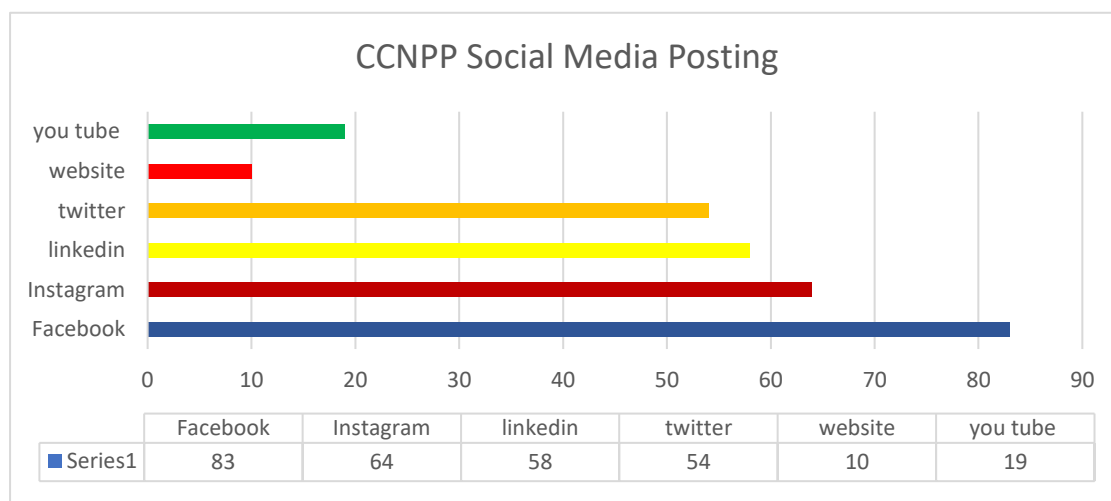
b. Urban

Media Campaign and Media Monitoring:

1. During this reporting period, a total of 5,000 media heads/hits which reaches to 55 media hits per day have been monitored through local TVs and Radios at national and provincial levels. At the same time more than 4 TV/Radio talk shows have been conducted through popular media agencies (e.g. VOA, RTA and Radio Bayan). The heads were mostly positive, elaborating the

people contribution and participation in the projects selection also contained testimonials where mostly municipalities were praised and the program expansion continually requested.

2. A 7 months advertisement campaign that has been started at provincial level on 10th March 2021, continuing successfully. The campaign covers the 32 most viewed local uptake TV channels and radios in different provinces which have broadcasted about 5292 spots, so far.
3. Monitored the media outlets within house capacity and shared its results with CCAP Senior Management to be considered as lessons learned in drafting policies and decision-making processes henceforth.
4. As per Afghanistan Access to Information Law, updated and uploaded the CCAP most recent progress, press releases on various activities of the program, 6 success stories in video format on program engagement and impacts, CCAP 13 vacancy announcements and 29 video spots carrying different messages in the program website.
5. Updated 212 posts, before – after picture series of each subproject, a good picture of one completed subproject as photo of the week and 24 hours story on the program social pages and website.
6. Produced 18 videos with messages of champion CDC performances, MSS project impacts, women



livelihood projects, before and after, and Dasterkhan-e Meli videos and etc.

Table 7.7. Important Lessons Learned

S. No.	Lessons Learned
1	The Field Media Communication Officers wide range networking with local media outlets at the city level is crucial and provides a very suitable platform for conveying key messages through different programs.

7.5. Environmental and Social Safeguards (ESS)

a. Rural

During the reporting period, for 2276 CCAP, 100 Kuchies and 238 MCCG subprojects proposals ESS documents have been entered in the system, the details are as below:

Progress to date:

Table 7.8: The CCAP ESS progress for the reporting period is as below:

Indicator	# (Main CCAP)	# (Kochi Sub-program)	# (MCCG)
# of Site Selection done	2,276	100	238
# of ESMPs prepared	2,275	100	238
# of voluntary land donations	1,106	24	3

# of purchased land	9	0	0
# of Public land (community/gov)	380	34	97
# of ESS sub-committees established	457	0	0
# of Communities trained on ESS from start	11,846	0	0
# of ESS related grievances recorded	3	0	0
# of subprojects ESS monitored checklist developed	2,182	97	234
# of compensation	0	0	0

Main Achievements:

CCNPP ESMF revised Nov 2020 translated in Dari Language and submitted to field for better use, meanwhile, the REACH Safeguards Documents (ESMP and SEP) finalized, uploaded on Program website; related documents are shared with field colleagues for implementation. A REACH Safeguards training was conducted for CCNPP Master Trainers (34).

3 Joint Projects named "13.1 RCC bridge of Sangjoye Loman, Ghazni province (2CDCs)", Dari Noor Road Project remaining part, Nangarhar Province (10 CDCs), and "Haji Ab Jamil and KhaderQul MHP Project, Takhar Province (2CDCs)" were reviewed by the CCAP rural ESS teams and are now under review by the World bank colleagues.

On the subject of Land providing and documentation for the implementation of projects at field level, a MoU drafted between MRRD and ARAZI; that shows how to deal with land at the field under responsibility of each party, this document is shared with World Bank and received their comments as well. Fortunately, there is an instruction by ARAZI, which says, all designs for the development projects should be done on governmental land. This instruction supports the program for better implementation but the MoU will be modified for public and private (donation/Purchase) land in the near future.

Regarding the TPM Quarterly report findings "cutting trees"; proper coordination done with relevant PMUs and their feedback shows that CDCs did and achieved their commitment to replant trees instead those cut due to no alternative of Project implementation (see below pictures).

On ESS capacity, ESS training on Site Selection for Takhar and Panjshir PMUs (district and PMU engineers) was conducted. Replanted areas, (trees were cut due to no alternative for avoiding).



	
<p><u>CDC Commitment to Re-plant in Samangan</u></p>	<p><u>CDC Commitment to Re-plant in Jawzjan</u></p>

Plans for next quarter

- Coordination with the TPMA (Third Party Monitoring Agent) for uplift technical errors related to field data collection will be extended;
- Progress of Social Risk Assessment action plans for the IDPs, returnees and Economical migrants will be reflected in the next quarterly report;
- Training to field staff on how to prepare report;
- Capacity building (Trainings) on ESS based on Training Plan;
- Follow up on ESS related data entry.

b. Urban

Social Risk Assessment:

The Implementation Measurements/Plan for SRA recommendations was developed and shared with WB. The implementation of the proposed mitigation measures will be followed up and implemented under IDLG/ CCAP AF2; however, some recommended mitigation measures, e.g., the mitigation measures regarding gender inequity, poverty, impoverishment and lack of food, unresolved grievances, project data management information systems – data quality and false promises which raise expectations and inadequate support, already have been planned/Implemented under CCAP AF1.

Jalalabad Park Safeguards Corrective Action Plan (SCAP):

Jalalabad Park Safeguards Corrective Action Plan (SCAP) was finalized and approved by WB. As soon as the SCAP was approved by the WB, the urban CCAP assigned a Safeguard Specialist to implement the SCAP on the ground. As the SCAP implementation accomplished from 21st Dec. 2019 to 9th Jan. 2020, during which all PAPs and PAFs received their compensation amount while the PAFs, in addition to the money, received their plots of land as well. Finally, the WB assigned the TPMA to prepare an audit report on implementation of the SCAP and shared it with the WB for review and approval. From April to September 2020, the TPMA conducted regular missions to Jalalabad city for preparing report on implementation of Jalalabad Park Project Safeguards Corrective Action Plan (SCAP), due to some

discrepancies between TPM report and the report which was prepared by IDLG, TPMA's report was revised three times and finally was approved by the WB and the case was closed.

Table 7.10: subprojects safeguards issues

Indicator	Cumulative up to the end of the previous reporting period	Variation (+/-) during the reporting period	Cumulative up to the end of this reporting period
# of Site Selection done	1,325	0	1,325
# of ESMPs prepared	1,325	0	1,325
# of voluntary land donations	37	0	37
# of purchased land	4	0	4
# of Public land (community/Gov.)	19	0	19
# of ESS sub-committees established	1,025	0	1,025
# of Communities trained on ESS	1,025	0	1,025
# of ESS related grievances recorded	9	1	10
# of Monitored ESS issues in SP	815	117	923

Key Achievements:

1. Attended the ESS refresher training, ESS knowledge sharing session and enrichment session of REACH safeguards training material (ESS) which were conducted by World Bank ESS colleagues.
2. Prepared draft version of CDCs and GAs procurement training material
3. Finalized the Stakeholder Engagement Plan (SEP) and Environmental and Social Management Plan (ESMP) for REACH program with cooperation of MRRD, KM and WB colleagues.
4. From 20th February to 3rd March 2021, 3 safeguards staffs PIU participated in the social safeguards training conducted by WB. This will help ESS focal points during preparation of ESS related documents.
5. Revised and translated ESS training material from English to local languages (Dari and Pashto). Since, these materials are distributed to the CDCs and GAs, we needed to translate them into local languages so that the contents be understandable to them.
6. The social risk assessment final version was reviewed and finalized.

8. INTER-MINISTERIAL COORDINATION

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

8.1. At the national level:

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

8.2. At the sub-national Level:

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

8.3. Governance & Coordination Progress:

In this reporting period, the MoF team worked closely with line ministries towards implementing the CC Governance, Coordination and Reporting Mechanism at place. Various coordination meetings at directors' level and technical committees' level were held. It's worth mentioning that due to COVID, it has been difficult to set up all of those meetings and adhere to the planned schedule.

Coordination Meetings Progress:

Indicators	Implementing Agency	Total	
		Planned Cumulative	Progress Cumulative
# MCCMC Meetings	Urban	28	20
# DCCMC Meetings	Rural	524	397
# PCCMC Meetings	Rural	208	90
	Urban		
# High Council for Poverty Reduction Meetings	MoF	12	8
# of CC Ministerial Steering Committee Meetings	MoF	6	6
# of Meetings at the Deputy Ministers Level	MoF	6	4
# of Meetings at the Directors Level	MoF	24	19

9. SUCCESS STORY

a. Rural

Changing Rural Women's Living Standards

In addition to ensuring development and social welfare, the Citizens Charter National Priority Program of the Ministry of Rural Rehabilitation and Development (MRRD/CCNPP) is committed to strengthening rural communities' economy and bringing positive changes in the villagers' living standards by executing infrastructure projects at village level across Afghanistan. One of the major services provided by the Citizens' Charter is the creation of a positive mobility in rural women's living standards. With the help of awareness campaigns conducted by the Citizens' Charter, the rural women are now capable of enjoying their rights in the community. They can work how to improve the social welfare by implementing the development schemes in their communities along with men. To prove certain reality, we may focus on Zabit Community Development Council (CDC), as an example, in Kuhsan district of Herat province.

Kuhsan, one of Herat's western districts is located some 125 km away from the center of Herat province. Based on a statistical report provided in 2006, this district had a diverse population of 56,500 comprised of different ethnic groups e.g. Pashtuns, Tajiks and Turkmen. Almost 90% of lands in this district are arable. The role of women in developmental and social activities has increased after the Citizens' Charter extended its coverage to this district. Their participation in the capacity building programs conducted by the Citizens' Charter has helped them perform effective and productive activities for the sake of their community development.



Miss Tazagul Yari, one of the most innovative and active CDC members, who has served days and nights in a bid to bring positive changes in the lifestyle of her village women said: "After the Citizens' Charter covered our community, it has had tangible impacts on women's living standards in various spheres. The awareness programs conducted by the Citizens' Charter in our community have largely benefited the women who are currently able to ensure their presence and prominence in the society by taking active part in the construction and development of their community through their own initiatives."

"By conducting regular meetings at community level, I encouraged the village women how to improve their livelihoods with the assistance of the existing CDC created through the MRRD/CCNPP. The influential and affluent village women have established the poultry farms whereby they distribute chickens and chicks to impoverished families in an attempt to improve their livelihoods. In addition,

we have been able to conduct a tailoring and some other vocational courses to teach women how to process jam and produce confectionary from mulberry and blackberry and how to turn vegetables into pickle during the Covid-19 pandemic,” added Miss Tazagul Yari.

The Citizens’ Charter has promoted the role of women in CDCs in order to enable them to participate in decision-making processes as well as encouraging them to work closely with men to find appropriate solution to community-related difficulties.

For two other and this story, kindly visit the links below:

<http://www.ccnpp.org/NewsDetail.aspx?MID=478>

<https://dastarkhanmili.org/?p=4085>

b. Urban

Citizens’ Charter Unites People for the Better Future

City: Mazar-e-Sharif

District: 8

Gozar: Rabia Balkhi

Rabia Balkhi Gozar Assembly (GA), consists of 5 Community Development Councils (CDCs) formed by Citizens’ Charter in the 8th District of Mazar Sharif City. Large number of internally Displaced Persons (IDPs) is living at the 8th District of Mazar Sharif with less access to the primary services.

The Gozar Assembly (GA) is made of almost 1,385 household’s covers 9,695 people. The residents were living together but there was no mechanism to bring people together for realization of their resources and challenges and promoting cooperation and collaboration using their resources and addressing their problems. Mr. Mohammad Jaleel Sherzad, 37yearsold and the chairperson of the Gozar Assembly (GA) said, “Before Citizens’ Charter came to our area, no one took the responsibility to encourage people to address their problem using their own potential; and collective work had lost its true meaning for us and we did not value it due to several reasons”.

Mr. Sherzad adds, “Citizens’ Charter Program created the CDC and conducted the Participatory Learning Actions (PLAs), these helped us to realize our resources and potential as well understanding our problems and enabled us to take collective actions. We could have remarkable achievements and had positive impact both individually and socially”.

As Mr. Shafiq Ahmad, 28 years old & member of Gozar Assembly (GA) says, “Even we are financially weak and our living condition is not so good, but we realized the power of collective actions and we launched a door to door visit and collected clothes and other accessories from neighbors and distributed among IDPs. Besides the chairperson of the Gozar Assembly (GA) drafted a letter and asked the Directorate of Refugees in Mazar Sharif for supporting IDPs living in our neighborhood”. The community self-help also build our confidence to take more community collective actions and address the community problem using community internal resources.

Other community self-initiatives have been the efforts of the people to promote and expand the culture of reading books to improve literacy. The youth member of the Gozar Assembly (GA) collected books from the Gozar Households and created the first primary library named Fasle Naw (New Chapter) initiated by the people.



12 to 15 students of the Gozar come daily to the library for studying books. A piece of land has been provided by the community to build the library room. In order to improve literacy, the women of the community, the GA created home-based literacy classes where they teach children, girls and women.

The women also started the self-initiatives of community saving fund so that they can collect money and would lend up to 10,000 AFN for poor women for their income generation initiatives.

Another major initiative the residents of Rabia Balkhi Gozar undertook was to have cleared and cleaned the area which had turned into a big garbage collection point. The chairperson of the Gozar adds, “Previously this area was for garbage collection. Children, pedestrians and residents had been fed up with the stink of the garbage and it caused different diseases”. During a meeting and consultation with council members, we have decided to clean the area and convert the garbage collection point into a green recreation spot and collectively planted trees and different plants.

According to the council chairperson “Once there was a verbal conflict between two neighbors that was feared to become violent. The Gozar Assembly (GA) members mediated and resolved it peacefully”.

Rabia Balkhi Gozar Assembly (GA) has set a good example of the local governance institution created the mechanism and processes for cooperation, mutual support and collaboration among its resident for using their resources and assets to address their local development by themselves. This story boldly highlights the people role in making their future by themselves.

10. CHALLENGES & RECOMMENDATIONS

10.1. Rural

In addition to COVID-19, insecurity and weather-related challenges, the CCAP rural projects faced the following challenges:

Challenges	Recommendations
Insecurity: This has been a dynamic and always in change challenge over the time and affect not only the social mobilization and sub-project implementation, but the distribution of Dastarkhwan-e-mili ins some of the provinces such as Laghman, Logar, Kunduz, Takhar and Kunar.	We sometimes need to give more time to the community people and elders in order to negotiate and communicate with AOGs for smooth implementation of the CCAP with its sub-program.
Limitation of food materials in local market: The increased demand in the market for the items included in the distribution package of Dastarkhwan-e-meli, sometimes the items are lacking in the local market which affect the planned implementation of the distribution.	Ministry of Commerce should be well aware of this issue and control the local markets. The MoU signed between the government and private sector to be implemented and followed up in order to minimize the risks associated with food shortage and higher prices in the local market.
The work left from the FPs overloaded the government staff at district, provincial and HQ levels. Some of the remaining activities of FPs such scorecard, IMI and etc are now to be carried out by the program staff while the program has only one pair of SOs in each district who are in the same time	The number of Social Organizers (SOs) to be increased in order to overcome this.

responsible for the implementation of Covid-19 relief response.	
<p>Scorecard: Health and education scorecards need to be reported by the neighbor communities using the services of the same school or clinic which means that the communities that receive the services from a school or clinic should come together and fill the single scorecard together. The challenge is that some of eh communities locate very far these facilities and difficult for them to join the others during the scorecard.</p> <p>Similar some communities use the schools or clinics that either locates in other province or district which do not come under CCAP coverage which creates problems in reporting and MIS.</p> <p>The other challenge is the ineffective DCCMS meetings where the Scorecard results are discussed among the community representatives in Cluster CDCs, district governor and representatives from health and education. These meetings are taking place, but no proper discussion happens over the scorecard and no decision/action plan is prepared.</p>	<ul style="list-style-type: none"> - Flexibility to be introduced in the MIS once NoLed by the WB, need to capture the distance of each community from the facilities. - The DCCMC mechanism to be followed and practiced
Lack of alternative projects in the community where they selected electricity in the their CDPs, but they have no alternative than Solar mini grid.	These projects either to be removed from these communities or the program should allow these communities to implement the solar.
Lack of additional budget for those projects which are damaged as a result of several natural disaster incidents including flood. Close to one million USD is needed in order to repair/complete these 221 projects in 21 provinces.	The approval to be given to the stated amount

10.2. Urban

Challenges	Recommendations
The minimum 10% community contribution still has remained a challenge, since the poor communities, IDPs and returnees can't afford to pay this amount	Based on CCAP management instruction, list of those CDCs that are unable to pay this amount, will be prepared.
Cold weather of the winter season had slowed down the subprojects' progress.	Now that the weather is better, the focus will be to expedite the subprojects implementation progress, in order to compensate the progress backwardness of the subprojects.
As a result of the Jalalabad city drivers and money dealers' demonstrations, the prices of goods of relief packages increased dramatically at the city level.	In order that the price of goods reach an acceptable level, the distribution process of relief packages was stopped for 4 days, the distribution process resumed when the goods prices returned to its normal state. The city relevant authorities are recommended to control the prices of goods in the market so that the prices fluctuations do not affect the program.