



Citizens' Charter Afghanistan Project (CCAP) CCAP Mid-term Review (Jan/Feb 2020) Urban CC Summary Report

Presenter: Mohammad Njib Amiri, General Director
Date: 27th January 2020

CITIZENS' CHARTER

NATIONAL PRIORITY PROGRAMME



Outline



- 1 • Discussion: Design Adequacy
- 2 • Discussion: Implem Arrangements
- 3 • Key Achievements
- 4 • Key Outputs
- 5 • Update: Implementation Progress
- 6 • Challenges/ Lessons Learned
- 7 • Best Practices/ Recommendations





Discussion: Design Adequacy



Rural vs Urban

- Coverage: 14%
- Community: not organic
- No. of HH/Population Higher
- Large Gatherings – Working Hours - availability – Space

Fixed BG Ceilings versus Urban Standards

- Urban public infrastructure standards (example: street concreting)
- Not sufficient to cover whole community
- Part of community not covered unwilling to pay community contribution



Women's Inclusion

- Quota mandated membership showing almost 50% in CDC/GA/SCs
- Women's livelihood subprojects – 10% and difference in the priorities

Score Card Outcomes

- Only existing health and education facilities measured.
- Not clear timelines and mandates for addressing issues raised
- 3 rounds completed but yet no comparison between data from the same facility over time
- No Improvement/Same Questions (Frustration)



Discussion: Design Adequacy/2



01

SOFT ASPECTS BEYOND THE CDP

- Less clearly defined
- Not factoring in limited FP contracts

02

URBAN SUBPROJECT MENU

- High prioritization for street concreting (# and \$)
- Land issues for park sector where more land is required
- Additional Sector Requests



Discussion: Implementation Arrangements



Independent PIU within
DMM/IDLG as IA

- Considerable experience and expertise within the PIU team
- Now expanded to also be used for EZ-Kar C2

NGOs as FPs

- Full facilitation (soft and hard)
- 3 years, extended to 3.5 years

UN-Habitat as OC

- Significant experience in urban development internationally & in Afghanistan
- Key support to IDLG team in setting up and building PIU and PMU teams

Manuals: Operations,
Social/ Training, Technical/
Engineering

- OM adopted initially from the MRRD prepared versions
- Adapted to urban context & New Training Manual and materials prepared



Discussion: Implementation Arrangements/2



Cascade down ToTs

- Initially handled by the OC
- Training unit set up later

M&E

- Field Based: CPM/ social audit, FP, PMU Monitors (Forms 1 and 2)
- Others: PIU HQ Units, Mgmt, Field visits, Donor missions, TPM (2)

MIS

- Initially embedded with MRRD, taken over in 2018
- New modules added or adapted to suit urban CC

Public Communications

- Detailed strategy and Communication Plan
- Shared website and social media pages
- Real time auto updates on website from MIS database



Key Achievements



- 1 100% of coverage achieved (All 850 communities and over 170 Guzars planned)
- 2 850 CDCs: Nearly 50% Female Members
- 3 3 Rounds of Scorecard Completed
- 4 11 MCCMCs held
- 5 Nearly 418000 community members have received trainings
- 6 5 Rounds of CPM/Social Audit



- 7 Baseline IMI in over 70% communities
- 8 430 CDC & 3 GA SPs have been completed
- 9 Jalalabad Park issue has been solved
- 10 Expenditure of 92% budget
- 11 \$ 61M Grant Disbursed (63%)
- 12 jzj



Key Achievements

Strategic/ Policy level:

- Operations, Social/ training/ technical manuals in place, periodically updated.
- Urban CDC/GA aligned to Municipal Law requirements
- Peace pilot expansion concept note approved
- 86% communities are satisfied with overall SPs selection, implementation, and progress

Program Management:

- Overall work progress on track for most indicators
- PIU entrusted with EZ-Kar C2 responsibility (\$ 120m, 12 cities, 1,170 CDCs, 232 GA, 75 BGA)
- Proposed expansion with additional financing (\$ 30m, 10 cities, ___ CDCs, ___ GA)
- Smooth closure of OC contract and take over of core functions
- National CDC Conference with community representatives presenting to country leadership

Operational Management:

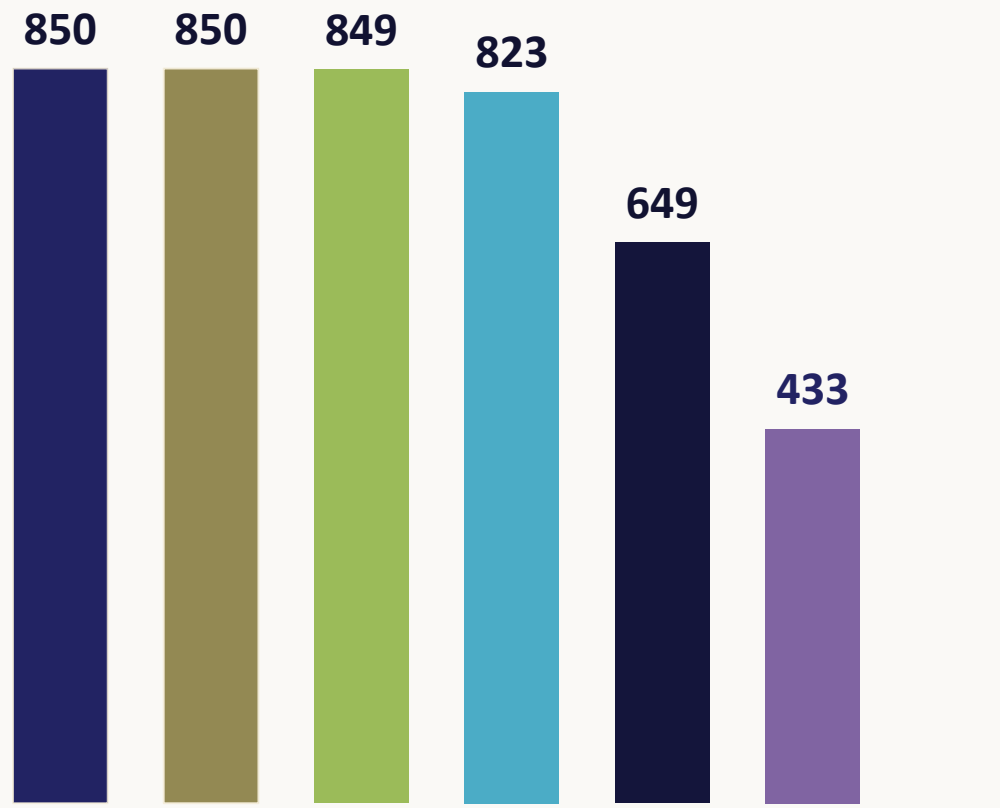
- PIU and 4 PMUs fully set up and functional
- Over 90% of approved positions filled (211/ 235)
- Budget execution improved from 76% (2017) to 83% (2018) to 92% (2019)
- \$ 78m (63% of approved \$ 123 m) disbursed



Key Outputs.....1/4

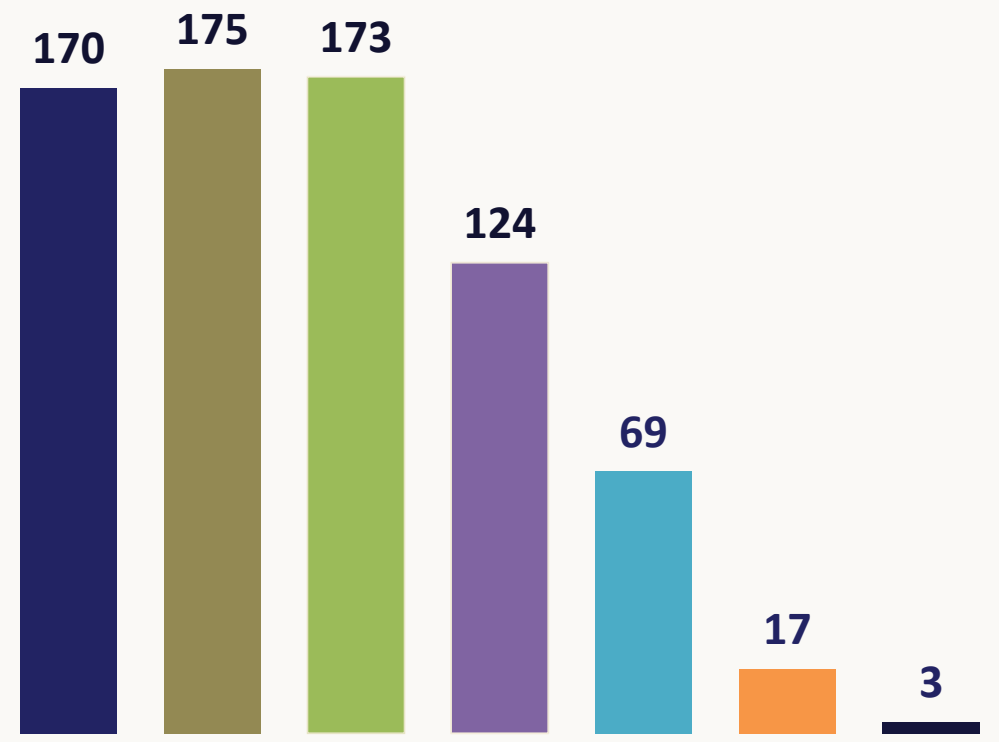


Community Level



- # of CDCs Planned
- # of CDC Mobilized
- CDPs Completed
- # of CDCs 1st Inst Disb
- # of CDCs 2nd Inst Disb
- # of SPs Completed

Gozar Level



- # of GAs Planned
- # of GAs Estab
- GDPs Completed
- # of GAs 1st Inst Disb
- # of GAs 2nd Inst Disb
- 3rd Inst Disb



Key Outputs: Subprojects....2/4



Beneficiaries Population

With CDC Coverage: 1.41 million
(50.48% M, 49.52% F)

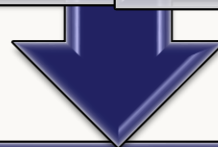
With SPs financed: 1.3 million
(51% M, 49% F)



CDC

Members # 18,273, average 21.5/CDC
(50.05% M, 49.95% F)

Office bearers # 3,400
(49.91% M, 50.09% F)



GA

Members # 3,126, average 17.96/GA (53.45% M,
46.55% F) – as low as 33% in Jalalabad

Office bearers # 696
(49.8% M, 50.2% F)



Key Outputs: Subprojects.....3/4



SPs Financed

913 For 823 CDCs

247 For 124 GAs

Labor Days Estimated
2.5 Million

SPs Completed

433 SPs for

9 + 3 GA/Women SPs

Road:

PowPark

Water Supply

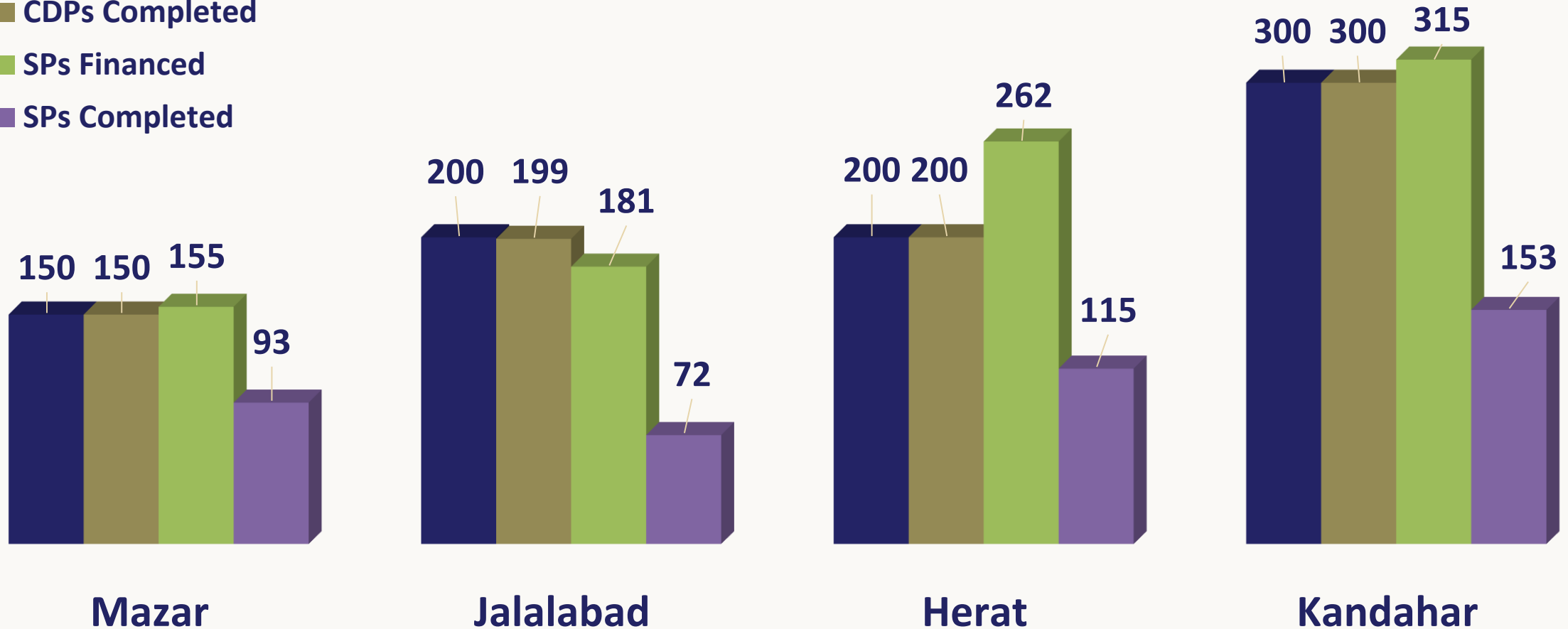


Key Outputs: City level progress



City Level Progress

- CDCs Elected
- CDPs Completed
- SPs Financed
- SPs Completed

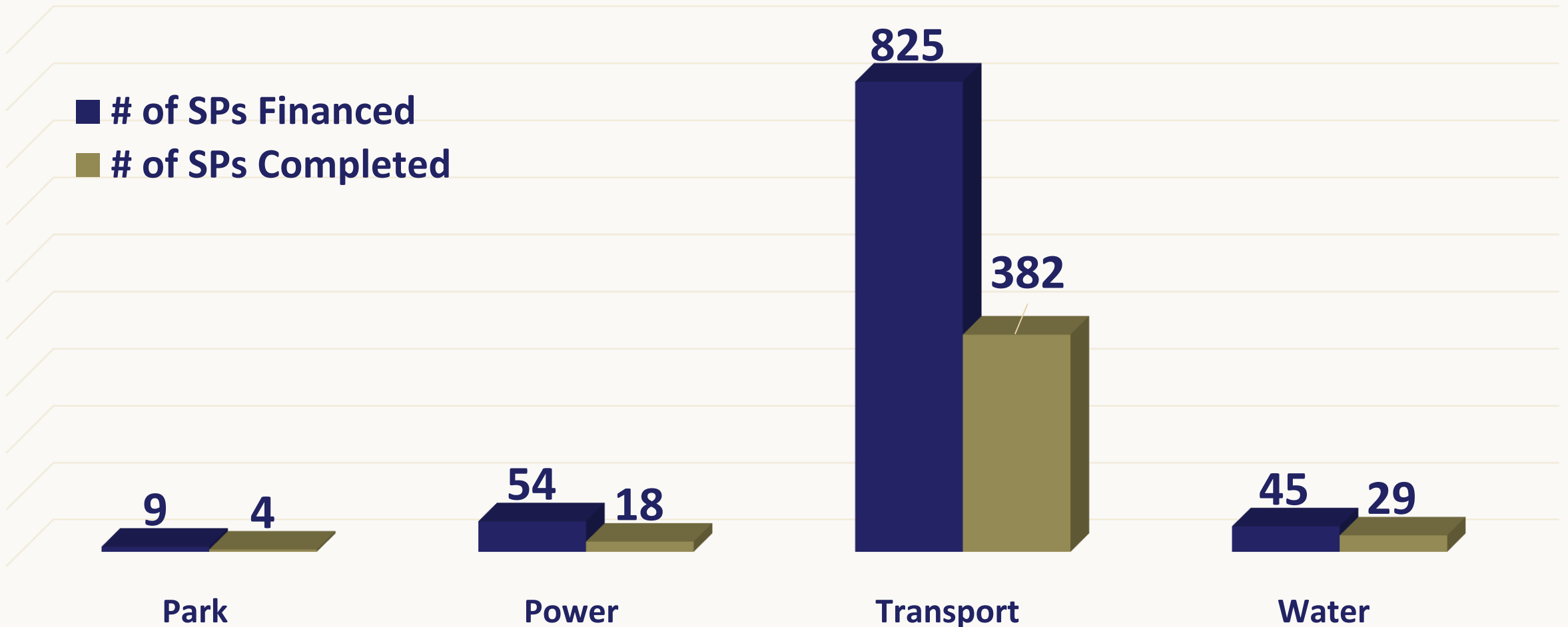




Financed Vs Completed Projects



of Financed Vs Completed SPs

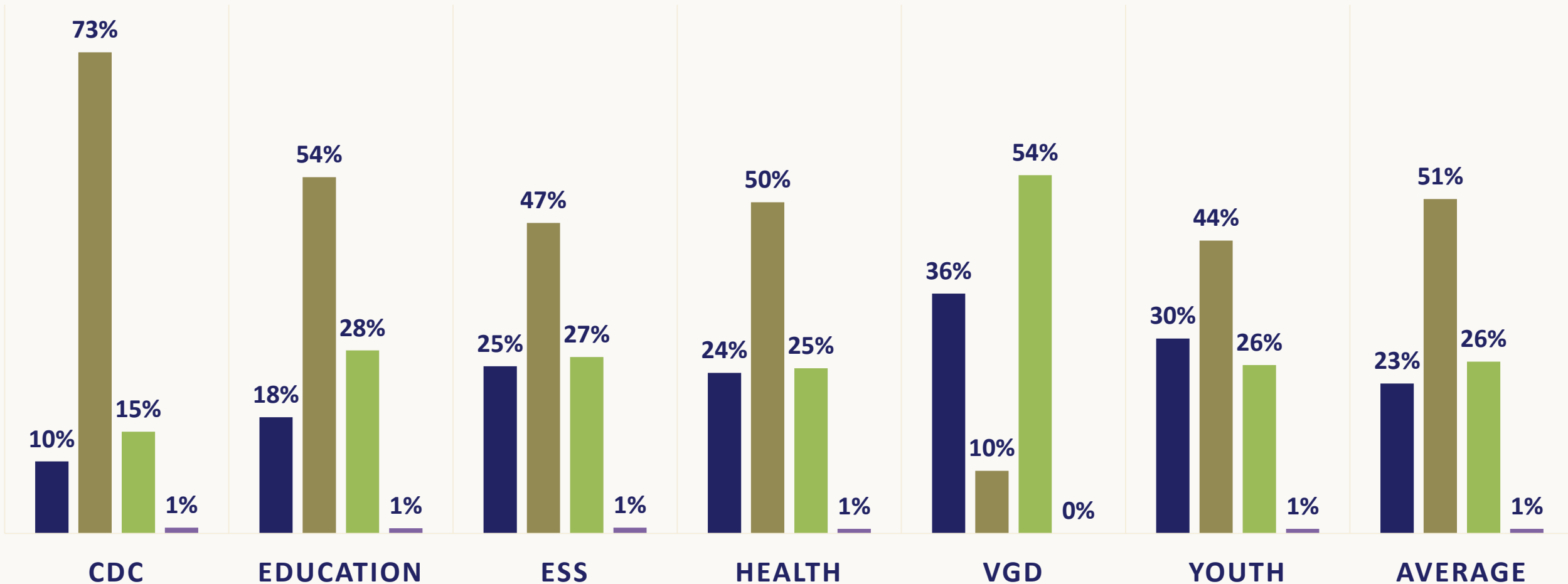




IMI BASELINE RESULTS



- #of CDCs are very low maturity (very unsatisfactory 0% to 40%) %
- #of CDC with low maturity (unsatisfactory 41% to 60%) %
- #of CDC with medium maturity (satisfactory 61% to 80%) %
- #of CDCs with high maturity (very satisfactory) 81% to 100% %





Of Facilities Filled Scorecards



Facilities Vs Scorecard Filled For



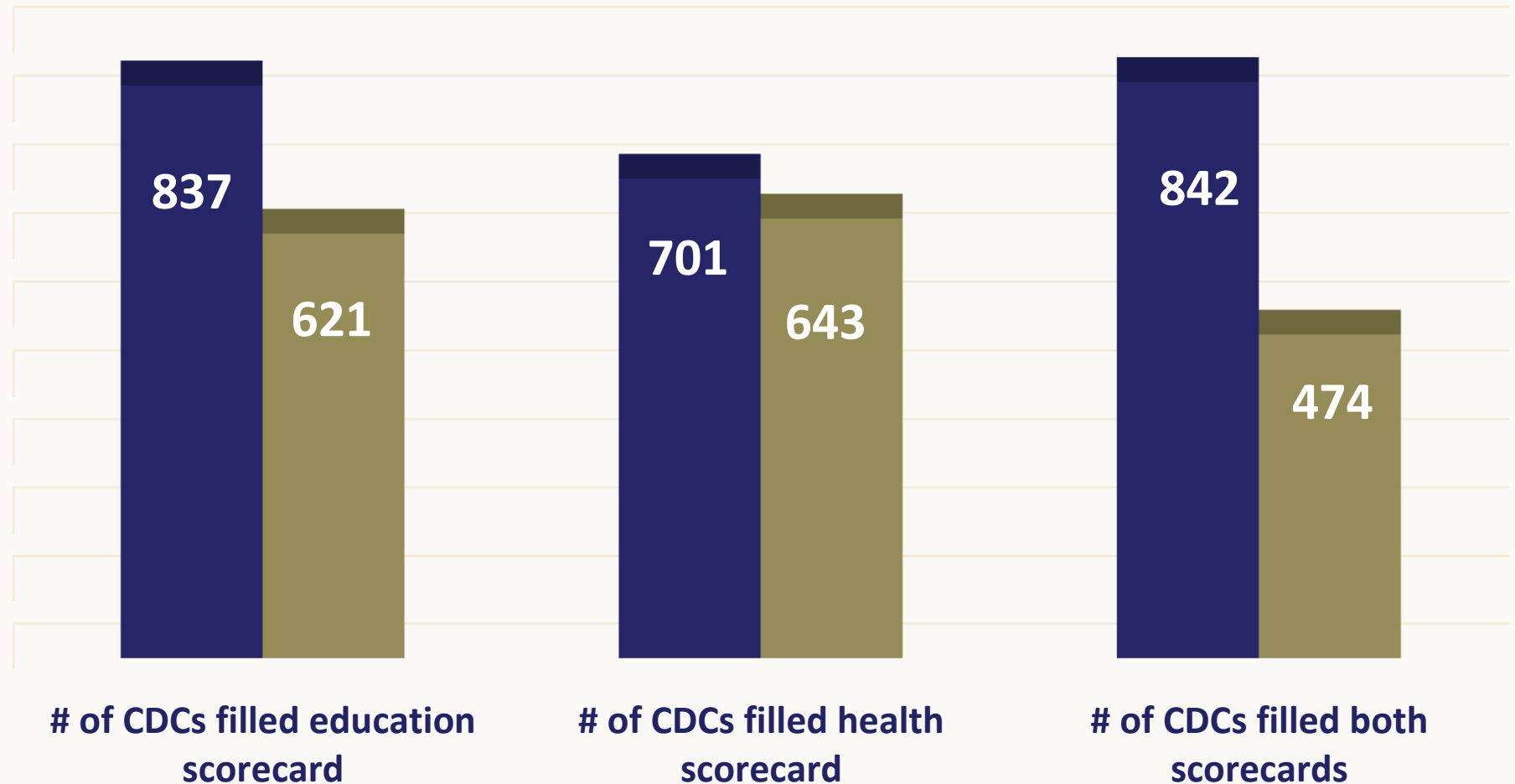


Scorecard For Results Framework



3rd Round Scorecard Update

- Total Filled
- Meet all the MSS





Grievances





Implementation Progress



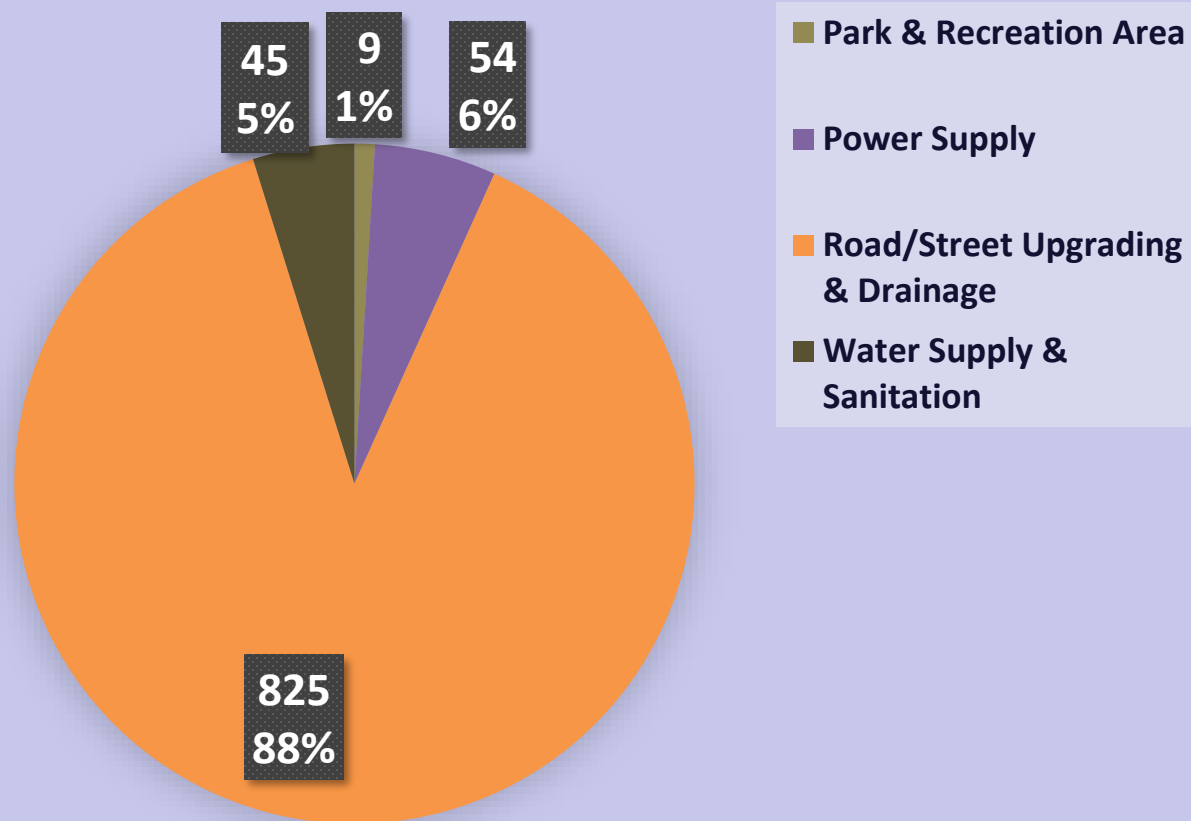
City	CDCs 25% BG Utilized	CDCs 50% BG Utilized	CDCs 75% BG Utilized	CDCs 100% BG Utilized	SPs Completed
Jalalabad (ARTF)	82	80	58	58	59
Jalalabad (IDA)	38	36	13	13	13
Mazar (ARTF)	138	137	97	93	93
Kandahar (ARTF)	144	144	112	100	108
Kandahar (IDA)	110	108	57	41	44
Herat (ARTF)	189	189	117	3	115
Total	701	694	454	308	432



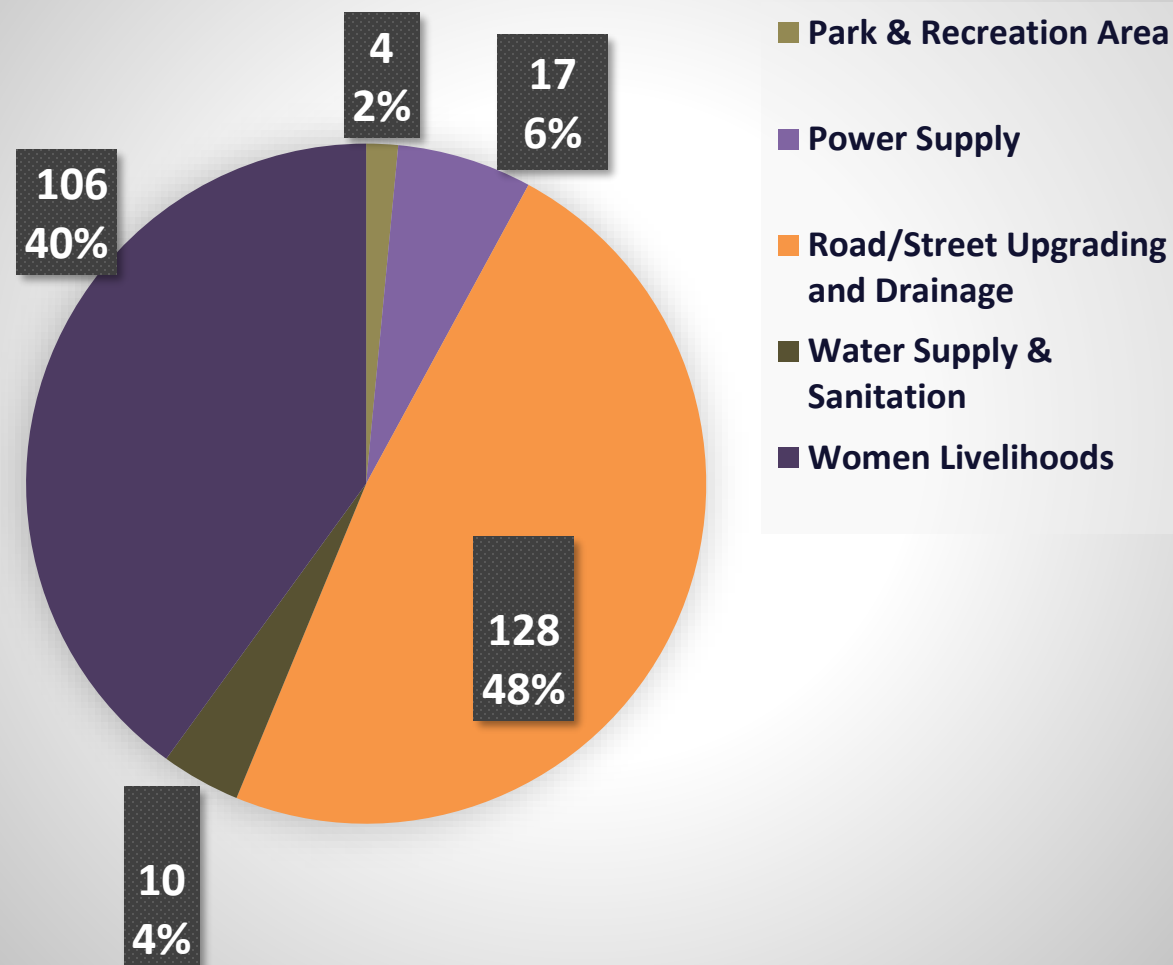
Implementation Progress



CDC SPs by Sectors



GA SPs by Sectors

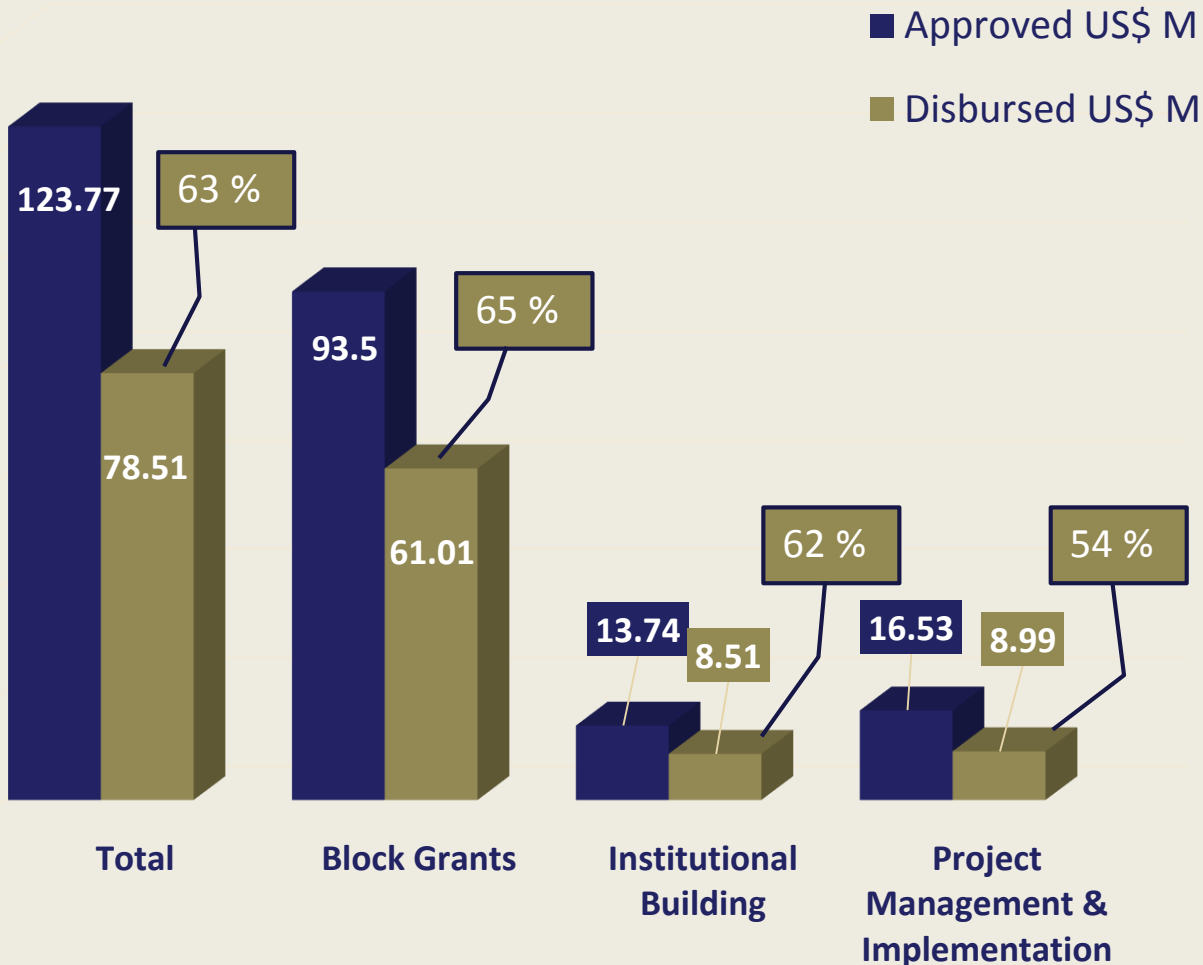




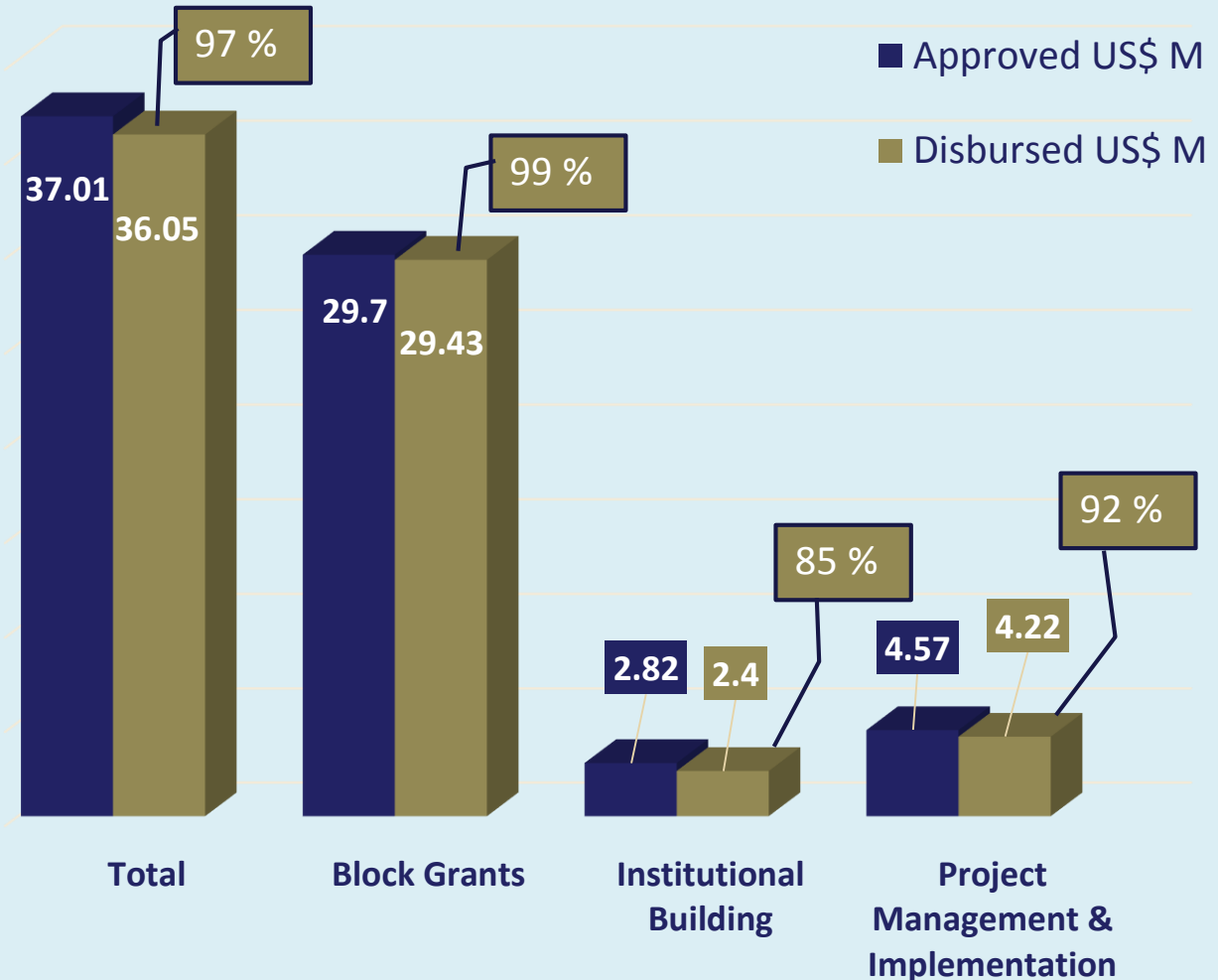
Key Outputs: Expenditure by Component



Overall Urban CCAP



Annual (FY 1398/2019)





Procurement



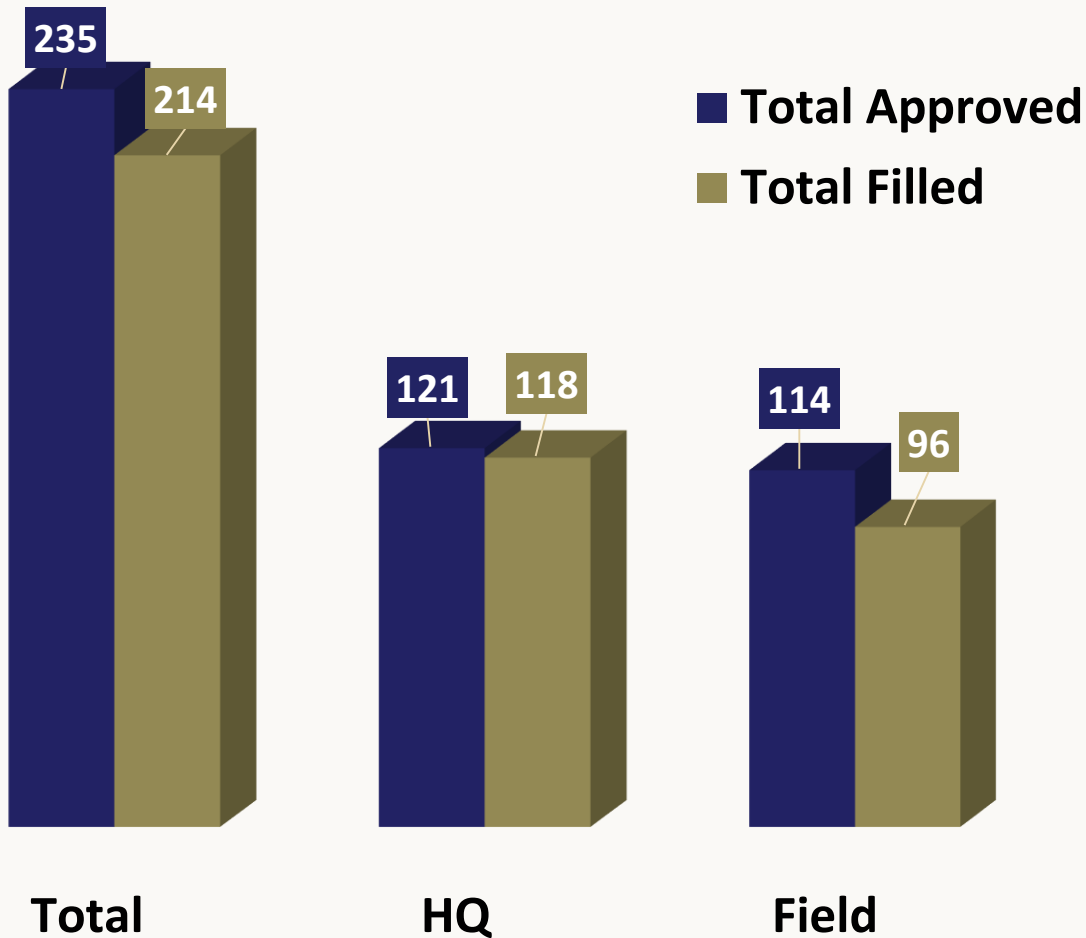
Completed Procurements	FY 1396/ 2017		FY 1397/ 2018		FY 1398/ 2019		Cumulative completed by end of 2019	
	# of contracts	Value US\$ millions	# of contracts	Value US\$ millions	# of contracts	Value US\$ millions	# of contracts	Value US\$ millions
G, W, NCS	16	0.99	13	0.36	23	1.12	52	2.47
CS	5	6.98	2	3.03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



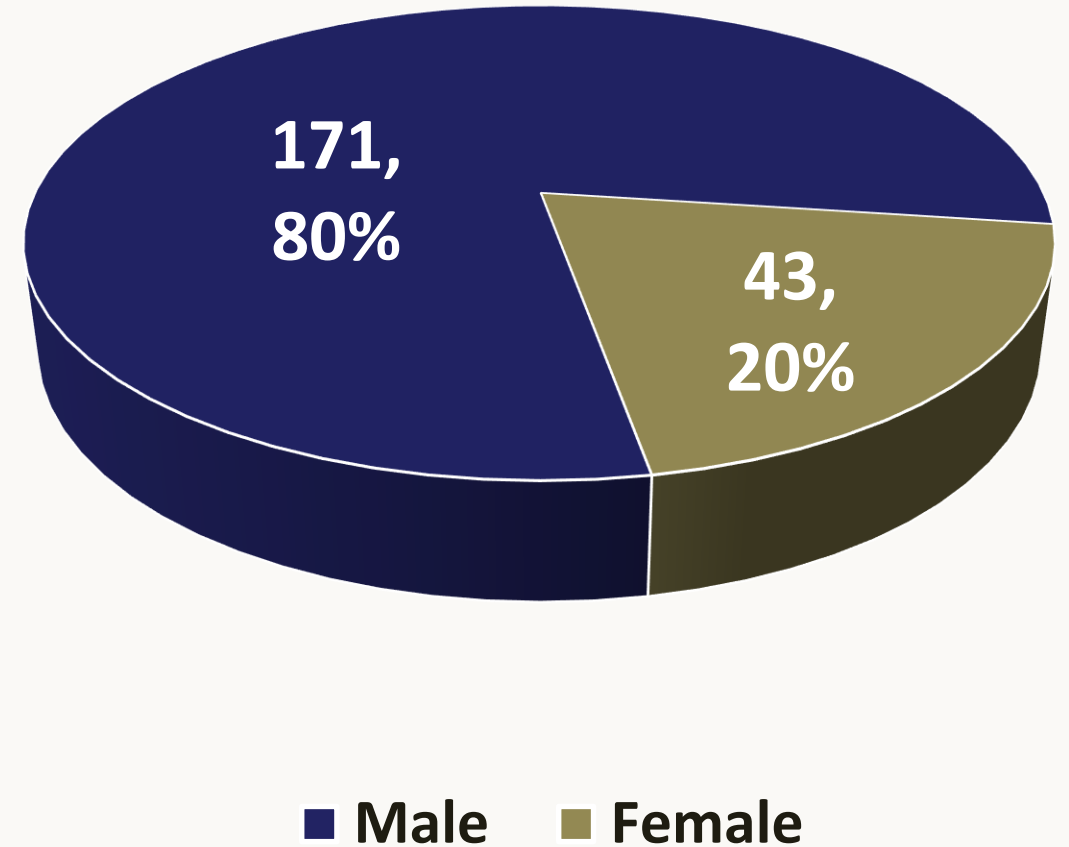
Implementation Progress



Overall Staffing Updates



Filled Positions





Key Monitoring Findings



01 Over 81% of comm have been visited more than twice in a month by SOs (Required =2/month)

02 52.4% of committees have their regular meetings

03 Women's mobility: 91% can move alone ONLY within neighborhood, 10% within community

04 86% of the communities are satisfied with overall subproject selection, implementation, and progress

05 98% of CPM committees are established so far. 77.2% of CPM monitored community activities



06 Average of 9 male and 5 female CDCs members have participated in the meetings

07 92% of sub-committees have received training and 43% of sub-committees have their plans

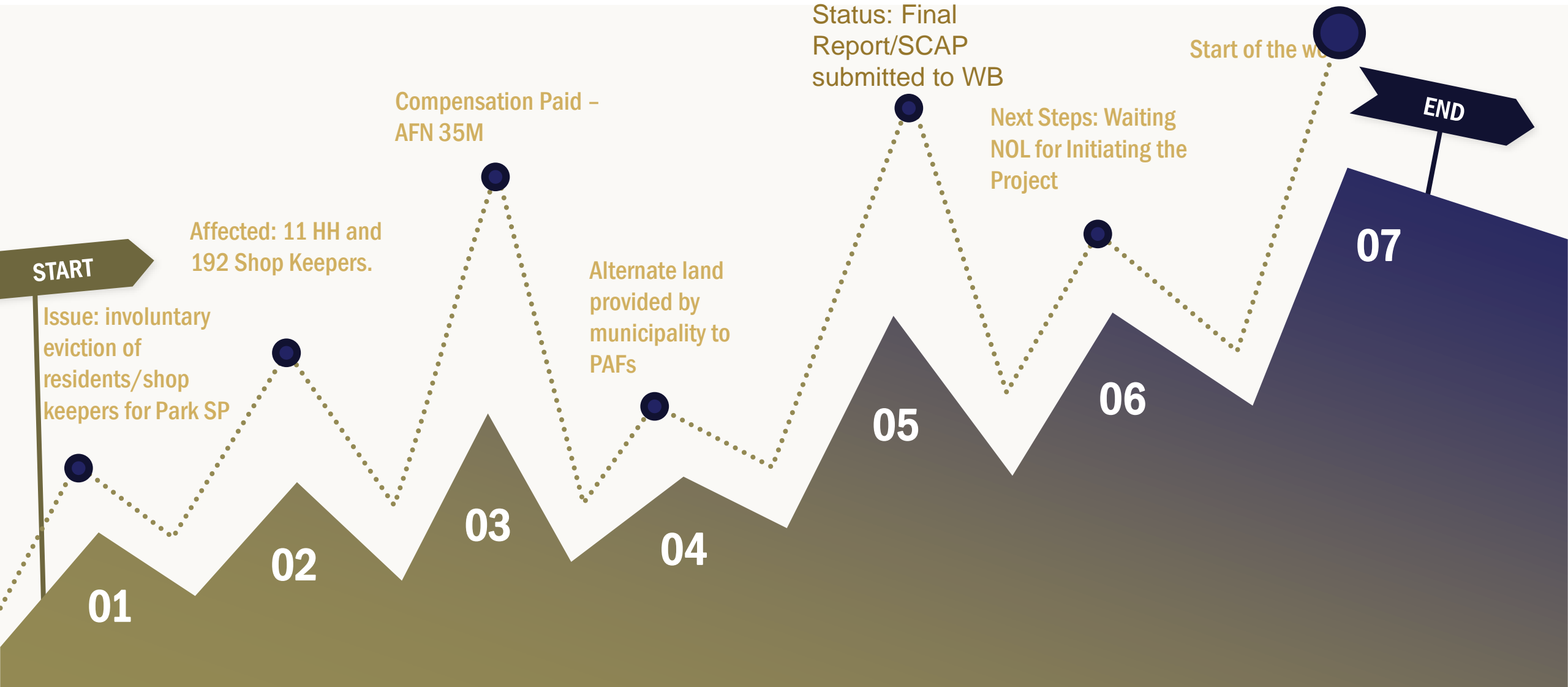
08 85% of the subprojects are implemented according to the design specified in proposals

09 99.1% of the communities are satisfied with subproject selection

10 94% of the subprojects have considered ESMP during the subproject implementation



Jalalabad Park Updates





Challenges/ Lessons Learned



Urban CC coverage currently less than 15% needs to reach 1/3 of the country.



Bringing changes in urban CC MSS



FPs contracts can be signed immediately after project effectiveness.



Coordination linkages with specific funding



Inter-ministerial coordination mechanisms need to be relooked (National and Sub-National Level (Scorecard and Grievances)



MSS not to be defined as lowest: But something to be achieved



TORs for Nahia Managers



Parallel structures at the community level by different ministries



Sustainability of CDCs



Changing the interval of OM revision and contents.



Decreasing delays in the payments due to FY closure.



Changes required in NTA policy applications



Functionality of Thematic Sub-Committee – role of line directorates



Minimum Education level for Office Bearers



Avoid Changes during implementation – impacts the project work, documentation



THANK
YOU

