



د کليو د پياړغونې او پراختيا وزارت
وزارت احيا و انکشاف د نبات

د افغانستان اسلامي جمهوريت
جمهوری اسلامی افغانستان



**Islamic Republic of Afghanistan
Ministry of Rural Rehabilitation & Development**

Citizens' Charter National Priority Program

High Risk Area Implementation Strategy
(HRAIS)

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LIST OF ACRONYMS

AGEs	Anti-Government Elements
AOGs	Armed Opposition Groups
ALP	Afghan Local Police
ANA	Afghan National Army
ANP	Afghan National Police
CC	Citizens' Charter
CCAP	Citizens' Charter Afghanistan Project
CDC	Community Development Council
CF	Community Facilitator
CM	Community Monitor
CPM	Community Participatory Monitoring
DG	Director General
DoO	Director of Operations
ESS	Environmental and Social Safeguards
EX	Extremely Insecure
FP	Facilitating Partner
FPMD	Facilitating Partners' Management Division
GoA	Government of Afghanistan
HI	Highly Insecure
HQ	Head Quarter
HR	Human Resources
HRAIS	High Risk Areas Implementation Strategy
HRAIU	High Risk Areas Implementation Unit
IDLG	Independent Directorate of Local Governances
LTE	Local Technical Experts
MRRD	Ministry of Rural Rehabilitation and Development
NDS	National Directorate of Security
NGO	Non-Governmental Organization
NSP	National Solidarity Program
NTA	National Technical Assistance
OM	Operational Manual
PI	Partially Insecure
PMU	Provincial Management Unit
RASS	Rural Service Standard Grant
SOs	Social Organizers
WBA	Well-being analysis

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This Strategy (HRAIS) is intended for Senior/ Mid-level Government staff and Facilitating Partners, as well as the PMU/FP Master Trainers, Social Organizers, provincial and district engineers. It provides strategic guidance on implementing the CCAP and its subprograms in insecure area. It will be updated as needed based upon field experience and local conditions.

1. Project Background: Addressing Poverty and Marginalization

The Citizens' Charter Afghanistan Program (CCAP) requires the engagement of people, discussions, debates, decision-making, and collective action around development and humanitarian priorities and needs. The Citizens' Charter provides development grants to communities through elected Community Development Councils (CDCs) that are responsible to manage and implement development sub-projects. The grants can be used to select initiatives from a pre-determined approved menu or a list of projects. The first priority is to ensure safe drinking water for all, and subsequently one of the three services: transport, irrigation, or renewable energy, where the goal is to help communities reach a pre-defined set of minimum service standards (MSS). To ensure accountability, the CDCs monitor and complete scorecards to rate all government clinics and schools serving the communities. The timeline to cover all of Afghanistan's villages and cities for the CCAP is 10 years.

The development is open to the entire community, in ensuring that the poor and very poor women and men in a community are included in the Charter's processes. For example, ~~most of the~~ first 10 male Social Organizer's visits to the community and for female SO only 5 visits are envisaged ~~enough~~, because women social organizers will be presenting the readymade tools to the women in the community and they can present more than one tools to community leading to lesser number of trips to 5. It is required that 60% of the community be present in key meetings (CCAP Orientation, Resources Map, WBA, Social Map, Elections, and CDP Planning). Similarly, there are various sub-committees (Agriculture, Education, Health, Environment, Youth, and Vulnerable Group Development) at CDCs level ensuring that everyone's interests and needs are met. Different CDC members are the heads of each committee. Ordinary citizens from each neighborhood are part of the sub-committees (each with a women's and men's wing). These sub-committees are responsible to coordinate, mobilize, and achieve the relevant sections in the Community Development Plan (CDP) associated to their work.

From a sub-project perspective, the significant changes include coverage (all households must benefit) of the selected services and the types of services (a changed menu translates to implementation of sub-projects in insecure areas using community technical experts). There is also a change in how paid labor day assignments are applied: in NSP every household was allowed to send one man to work for 2-3 days on the sub-projects; but in CCAP only households that are poor and very poor (if there are physically capable men in the household) will work for a minimum of 20 days. Using this approach, the construction work can benefit those that need it the most.

2. Introduction to High-Risk Area Implementation Strategy (HRAIS)

The Government of Afghanistan is responsible for delivering equitable developmental services to all its communities across the country, including those living in insecure areas. Considering the current security situation of Afghanistan in the most insecure areas, implementation of CCAP requires flexibility for its soft and hard components in the most insecure areas. The CCAP and its sub-programs aim to cover the most deprived population groups who will benefit from basic developmental services in some of the most insecure parts of the country. Since its inception, the CCAP has received several suggestions and recommendations from the field (Project Management Units and Facilitating Partners) requesting and requiring more flexibility in this strategy.

In other words, this strategy has modified the social mobilization and technical approach (i.e. less participants, but still includes all *mahallas*, the number of visits, and staffing) to the implementation, decentralized decision-making processes and provides measures to reduce fiduciary risk. However,

fiduciary and safeguards policies, as outlined in the Operations Manual must still be followed as originally approved.

This strategy addresses the implementation challenges in partially and highly insecure areas.

3. High Risk Area Implementation Strategy Purpose

1. Provide MRRD-CCAP, FPs (PMUs for the non-FP areas), and their partners with the flexibility to experiment with alternative forms of implementation that are tailored to the local context and within the premises of this strategy;
2. Establish further decentralized mechanisms within the CCAP program structure that allow local decision-making, timely¹2 sub-project identification and approval, and grant disbursement;
3. Define measures to mitigate fiduciary risk when operating in a volatile insecure environment; and
4. Establish a framework in which MRRD-CCAP, FPs (PMUs for the non- FP area), and communities can evaluate the successes and failures of alternative implementation approaches and share lessons learned; and.
5. More focus in term of on quality control in insecure areas.

4. High Risk Area Implementation Strategy Principles

1. A certain degree of flexibility in the application of standards for program delivery, as defined in the CCAP Operational Manual (OM);
2. A certain degree of flexibility in facilitation approaches applied by FPs (PMUs for the non-FP areas), based on experimentation, best-fit practices and lessons learned, particularly with regard to integrating gender concerns and women’s participation with coordination of PMUs.
3. Enhanced decentralization of decision-making to the local program personnel to ensure a timely [not necessarily rapid] response to community needs based on local knowledge and with consideration to the OM.
4. Partnering with existing local structures (formal/informal)to ensure security for community representatives and program personnel; and
5. Including allof the above, ensuring that the core objectives and elements of CCAP are maintained.

Insecure and high conflict areas are inherently risky. The High-Risk Area strategy acknowledges these risks, but strikes a balance to maintain proper oversight and fiduciary controls. This approach allows a systematic, transparent and concerted effort to deliver services to communities in areas that are insecure (to varying degrees) to dismantleany further exacerbation of the developmental gaps across Afghanistan.

5. Key Challenges in Insecure Areas

1. Armed Opposition Groups threatening communities, if they support CCAP
2. Safety of GoA and FP staff
3. Threats of Robbery, Kidnapping, and Attacks on Persons and Offices
4. Diversion of all or part of CC funds
5. Organizing and conducting large gatherings of people is difficult/not possible

¹ Time standards in the operations manual shall be followed

6. Regular field visits of SOs and other key staff to communities is difficult/not possible
7. Technical supervision of sub-projects by GoA staff is difficult/not possible
8. Women's inclusion in meetings and participation in program implementation is difficult/not possible.
9. Women are not allowed to go to banks for cash withdrawals.
10. Women's membership in CDC remains challenging Women often do not have the required photo ID, National ID and names, or men do not wish to provide).
11. Community Social Map exercise, community people are often concerned that their homes will be targeted.
12. Cross visits are not possible; insurgents do not allow large number of community members to visit another area.
13. Hanging and delivering of posters is a risk.

6. Definition of Insecure Areas

CCAP uses the following categories to classify the insecurity status of communities: '*partially insecure*', '*highly insecure*' and '*extremely insecure*'. These ratings are determined and updated on a semester basis (i.e., once every six months). The variables used for this classification are as follows:

- Extent of government presence in the district (including but not limited to Governor, Presence of Governor's office, ANA, ANP, NDS, ALP, judicial offices, other line ministries, etc.).
- Possibility of visits by HQ, Provincial and District staff to the communities.
- Ability for FP/CCAP staff to travel with project documents.
- Presence of the Armed Opposition Groups (AOGs) on route from community to district centers;

6.1 Partially Insecure

A community that meets the below stated criteria in a given semester will be considered 'Partially insecure'.

1. Under control of the AOGs and work is possible with the community support, the AOGs are willing to accept and support such activities to be implemented in their areas.
2. May encounter different groups of insurgents' between communities and district centers and vice versa, leading to potential threats to the CDC members, CC staff and FP personnel.
3. HQ, Provincial and district staff can visit such communities.
4. Travels with project documents are possible; but sometimes, may encounter challenges to carry official documents from districts to the communities.

6.2 Highly Insecure

A community, which meets the below stated criteria in a given semester, will be considered 'Highly insecure'. In such areas, a permission to implement projects from the insurgents and we run the program with their support.

1. The community is under control of an AOG.
2. Limited staff is allowed to visit a community. For example, a few colleagues from the district and provincial can visit, but the HQ colleagues cannot visit the communities.
3. Travel with project documents by the FP/CCAP staff is not possible or a risk. Infrequent and random blockages of the routes from the district to community due to the military operations or by AOGs check points.

6.3 Extremely Insecure

Permanent presence of insurgents, which strictly prevents the developmental activities and there is no permission to allow CCAP activities even with the coordination and support of community members, elders, scholars and influential Community members.

7. Insecurity Ranking Process

HRAIU recommendations on insecurity ranking: Previously, the CCAP insecurity levels were classified at the district level. Subsequently, it was revised to community levels, which means it is now changed to community level, because it was due to challenges encountered in identifying the security status of all the CDCs at district levels. As the security levels of communities are not the same even within a district, therefore, the changes were placed introduced to classify the CDCs insecurity status rankings on at the community level. It helps the facilitating partner FPs and provincial management units (PMUs) to identify the number of communities where they can and cannot work with the flexibility mentioned described in this strategy even with the exceptional modalities allowed in this Strategy. It is the responsibility of the FP (PMUs for the non- FP area), to inform CCAP management at HQ whether they want to continue the work or to suspend/permanently withdraw from such communities. The, contract adjustment will take place based on the rules and regulations of the contract management by the FPMD.

1. The PMU and FP Social Organizers and Monitors will collect the data (using the guidelines and classified criteria mentioned for each insecurity category) to rank communities.
2. After the verification by the District managers, the list of insecurity ranking needs to be approved by the PMUs, FPs, and RRDs at the provincial level. In areas where we do not have a District Manager then the list will be shared with the Provincial Manager for approval.
3. The hard copies of the ranking will be submitted to the District/Provincial Database Officer for the entry into the HRAIU database.
4. CCNPP HQ/HRAIU will provide the final approval of the insecurity data through the MIS system.
5. The CCAP HRAIU will update the insecurity map and the insecurity ranking at the district and community levels every 6 months. [See](#) Annex as an example of a security-ranking map.

Note: Given the circumstances, the security conditions in Afghanistan are often uncertain and can swiftly change. Hence, a ranking is allowed to be adjusted outside the 6 months review cycle as a result.

8. Women's Participation in High-Risk Areas

[Adopted policy 1](#): Consistent with the Citizens' Charter commitment to ensure gender equity in the community development planning, election, implementing and monitoring processes, the FPs together with PMUs will make concerted efforts to explore alternative and appropriate mechanisms to encourage women's participation, in active consultation with women members along with influential people in the community to find ways to engage women in the CCAP development process. In order to ensure gender equity in insecure areas, CCAP has considered the below exceptions.

The FPs and (PMUs for the areas not covered by the FPs) should try their best to hire SOs based on merits for insecure areas. In highly insecure areas, where female staff movement without mahram is not possible and very risky, in order to ensure safe movement of female SOs the FPs (PMUs for the non- FP area), should hire SOs as couples (relatives) from the same area or district to ensure safe movement of female SOs. If this is not possible, the FPs must ensure that the women SOs can travel with their *mahram* (mahram costs to be borne by the FPs). If neither of these strategies work, and the FPs cannot find women Social Organizers who are able to travel and visit the communities, the community should introduce

someone from within community to be hired as a community facilitator (an expert and female volunteer) who has the capacity to deliver the message back to the community women. These women facilitators will be hired on a daily wage basis or on output based.

Furthermore, where women cannot be elected through the election process, then selection is preferred only for influential women in the communities, elder women who can provide the facilities for small women working group inside the communities and with each mahalla. Such women will be introduced through community members to fill the two office bearer positions until a proper election allowing for women membership can happen.

Due to security reasons, if women participation is too risky and not feasible as per the CCAP OM, the participation for partially and highly insecure area can be decreased illustrated in the table below(adopted policy 4). It is recommended that the female SOs should meet women representative of different *Mahallaby* organizing women only working group meetings in different places within the same CDC. The facilitation of these meetings can be arranged by local community facilitators and social organizers. The aim is to ensure that, women aren't be deprived from the CC activities and decision-making process. Women headed HHs will be registered, and if women cannot write their names for any reason, their daughters and mothers names in the form of 'the daughter of', 'the mother of' etc. should be accepted. Further, women's ideas and recommendations can be delivered in women group meetings specifically in regards to the subproject selection.

In addition, if women staff are allowed to visit the area, and not allowed for certain activities like women mobility mapping, it is not required to draw the map in an open area rather the female SOs should arrange meetings with women and gather information using questions related to Women's Mobility through which a map can be drawn in the office.

In highly insecure areas where FPs (PMUs for the non FP area) female SOs cannot travel or where their presence in communities is disallowed by the AOGs, even by applying the flexibilities mentioned in this strategy, the work should temporarily proceed with the male SOs without female participation. However, FPs together with PMU SOs should work with the local elders and influential persons for a period of 3 to a maximum of 6 months to create dialogue with communities, *Mullahs*(religious leaders) and as well as AOGs to negotiate women's inclusion and allow female staff safe movement. The PMUs and FPs should make every effort and identify opportunities to engage women and increase their social status.

This period will be tracked by SOs and will have close follow ups with the FPs in regards to women participation and actions and efforts taken by the FPs for their participation. If after the set period, women participation is not feasible then the male SOs should inform the PMU and HQ CDD department about their non-participation.

The process of requesting 'exceptions' where women participation is not possible and cannot be selected as CDC office bearers will require FPs to prepare a written request to CCAP/ CDD-HRAIU certified by PRRD and CCAP PMU. This will be processed on exceptional cases. The HRAIU will then review the documents, cross check with District CCAP SOs and share them for approval with the HQ General Directorate. This approval will be valid for a period of 6 months after which the exceptional approval will become invalid. If the community is ranked "secure" or "partially insecure", then the FP should proceed with the normal process. If after 6 months there is no progress, the General Directorate will take a decision either to permanently withdraw or to get exceptional government approval to continue the program without women's participation. Exceptional approval may include a CDC with four male office bearers and only men CDC members; or to keep women's OB and membership positions vacant, but temporarily 2

additional male OBs will be selected from the CDC male members to serve as Bank account signatories. This would need to be discussed with DAB and the CCAP MIS. CCAP's Financial System must still be adapted to allow these exceptions.

8.1 Cash withdrawal flexibility for women

Adopted policy 2:

Scenario # 1:

In highly insecure areas where women participation is not possible, 4 male office CDC bearers, with their signatures / the two OB positions for females shall be temporarily filled by male participants until the situation allows female participation.

As mentioned above, SOs are responsible to track such cases and supervise the issue (as part of social interventions and CDC formation) and local monitoring is responsible for sample based monitoring of the communities.

Scenario # 2:

In areas where 4 Office CDC bearers positions are filled as per the OM mandate e.g. 50% female and 50% male, and women cannot provide photo then fingerprint is allowed.

Note: Such list of CDCs should be shared through PMUs and HRAIU with strong justifications and with Finance and MIS departments for further process.

9. CCAP Facilitation through community local Facilitators:

Adopted policy 3: In areas, where PMUs and FPs' SOs cannot travel sufficiently to perform their roles, the below flexibilities should be considered for insecure areas.

Where SOs cannot operate CCAP in insecure areas, PMUs and FPs are encouraged to hire community local facilitators from the area. Exceptionally, they may identify local facilitators (community facilitators or CFs) with at least 6-grade education, who may work to replace SOs to build trust and understanding between the FPs, CCAP Staff and the communities. In this exceptional cases, community members, both women and men (where possible) representing all groups in the community – all tribes, families, in-migrants should nominate individuals or teams (husband/ wife) to serve as CFs and further assist the FPs and CCAP staff to implement the program. The FPs and CCAP PMU should compensate the CFs for their work through short-term performance-based payment system. FPs (PMUs for the non-FP area), SOs must be able to visit the communities where CFs are to work at least 3 times during the Social Mobilization Process to review the quality of the work in the community and assist the CFs to overcome any challenges. The purpose of hiring CFs is to build trust with community members and find ways to visit communities. By applying this method, if the visits of SOs are still not possible, we cannot implement the program in these areas.

For normal areas, SOs are hired based on merit like 12 grade holder, having the required experience, considered as formal employee of the program and will be eligible for all the benefits from the program. CFs are hired on need and short term performance based system using the following criteria and will not be considered as a formal employee and eligible for any benefits of the program.

The Criteria for hiring CFs are as below;

- Have 6th grade education

- Have the willingness to take part, be active and take initiative in social activities
- Have experience of NSP and/or other NGO in social activities
- Have good relations with the community
- Should be recruited from the same district/community

The training of CFs must include the following:

Basic Facilitation, CC orientation, key tools (Resource map, Seasonal calendar, Leaking Pot and WBA), Elections, CDP and Sub-Committee Formation, follow up visits on sub-committee planning and action; as well as any other activities that the community decided on. There should be two training sessions at the Provincial levels (10 days and 6 days) to train the CFs on the CC process and the institutions process. CC MRRD Provincial Trainers will support and monitor the training process.

Note: considering the current situation of the FPs, if the FP cannot support the hiring of CFs, the FP can decrease the number of SOs whose main role would have been act supervisorsto the CFs. This process can help them manage their budget and hire the CFs, where necessary.

10. Recruitment in High Risk Areas:

One of the impacts of war and insecurity is unemployment, and by providing work opportunities in insecure areas, the trust would be established. Therefore the work opportunities should be introduced to ensure better implementation of the project. The opportunities should be given to both skilled and non-skilled labor ininsecure areas because, which can lead to better project implementation since they are familiar with geographical location, traditions, customs, and moreover they speak the same language of relevant areas. Recruiting the following staff will not only implement the project, it will also improve their living standard and quality of life. Finding appropriate skilled and non-skilled labor from the same area would depends n the context. Social organizers

1. Monitors
2. Engineers and skilled laborers
3. Community facilitators
4. Guards and cleaners
5. Newly graduate engineers/ inexperienced on daily base system.
6. Trainers
7. Drivers

11. Critical Conditions for Program Implementation in Insecure Areas

The FPs and PMUs are required to make concerted efforts to discuss with the influential people and eldersto seek permission from AOGs to continue CCAP's work in insecure areas and try their best to not let people be deprived from basic development services.

However, sometimes the CC program will face challenges, like AOG's actively working against the program's implementation through threats and warnings to the program's personnel and CDCs; or conditions like continuous military operations in an area; or social conflict between community members, fund leakage (stolen or misused) or AOG's blockage of roads leading to communities. In such cases, the program will be suspended for a period of 3 months to a maximum of 6 months by CCAP senior management (DG or DoO), at the earliest PMU and FPs should inform HRAIU about such suspension.

In such conditions the FP and (PMU with direct implementation without FP) should make payment to the affected SOs only for one month. If the suspension continues more than a month then based on need the SOs can be shifted to other district/s for social activities or may be assigned based on need to other tasks depending on their experience. If the SOs are not required for any other activities during suspension time more than a month then their contracts should go on hold until the situation gets better, and work resume in suspended communities. The payment to FCs will be made when the situation in their respective areas improves and progress in program activities is observed; this is because the FCs are hired on output based contracts.

If after the approved suspension time, no progress has been made by the FPs, the PMUs would be asked to analyze whether work is possible without FPs. If there is no work possibility in a certain area, the CCAP management will make a decision whether to permanently withdraw, or to extend the duration of time or shift the project to another area of a district or province. Annex 5 of the strategy demonstrates how NSP worked in in-secure areas where substantial lessons can be drawn.

The withdrawal procedure is that the letter will be signed by both PMU and FP social organizers, district manager (where exist), PM, FP, RRD and district governor then after which the letter will be shared with HRAIU for further process.

12. Social Mobilization and Adopted Policy for insecure Areas – for (FPs and PMUs Staff)

Adopted Policy4: In area where possible, the large gathering, social mobilization tools implementation and institution building process should be carried out according to the Annexes in the 1st and 2nd Training Manuals. If not possible, you can refer to the following adopted policy for insecure areas.

Key Notes:

1. Where possible two mobilization tools can be exercised in a day, such as awareness and resource map or social and pre-election meeting, or leaking pot and seasonal calendar, CDP with site survey, depending on the situation and on the capacity of social-organizers.
2. Considering the security situation for safe participation of community people in the program activities, women participation decreased to 20% and men participation to 40% in highly insecure areas, for partially insecure area women participation is proposed 40% with 50% of male participation;
3. In areas where even with the reduced % for women participation work is not allowed by OAGs the CCAP Senior management will decide on whether or not activities in such communities will continue.

Title	Regular Policy in Secure Area	Adopted policy in Insecure Area		
		Partially Insecure	Highly Insecure	Extremely Insecure
CCAP Awareness Session	<ol style="list-style-type: none"> 1. At least 60% of Community men and women participation. 2. Posters can be used for presentation. 	<ol style="list-style-type: none"> 1. 50% men and 40% women participation of adult representatives from all Mahallas 2. It should be consulted with the community elders, whether it is possible to use posters or make presentations verbally. <p>The group who participates is asked to share their learning and awareness with their neighbors and friends in their own Mahallas what they have learned from the awareness. The difference between the 'regular' policy for conducting the awareness session in the HRAIS is the 'number of people' and methods that must be present.</p>	<ol style="list-style-type: none"> 1. Minimum 20% of eligible women and 40% eligible adult community members (men and women combined) from each Mahallas is a must. 2. Posters cannot be used. The program contents can be discussed verbally through SOs or local facilitators. 	<p>The program does not operate in extremely insecure areas; however the security status will be reviewed periodically to assess any possibility for program rollout.</p>
Resources Map &	<ol style="list-style-type: none"> 1. At least 60% of Community men and women participation. 2. Open Area 3. Using Chalk for drawing 	<ol style="list-style-type: none"> 1. 50% men and 40% women or 40% men and women participation of adult representatives from all Mahallas 2. Any suitable and safe place like, safe plot, under the tree & etc... 3. Using chalks/ stick or any other local resources based on the situation. 	<ol style="list-style-type: none"> 1. Minimum 20% of eligible women and 40% eligible adult community members (men and women combined) from all Mahallas is a must. 	

Community Profile	4. Preparation for filing completing Community profile Form	4. If the community people do not want to give their women and daughters name in the community profile forms, then write for example "Ahmad's daughters or Ahmad's wife" The resources map that men have made will be shared with women and they can share their views and comments.	2. If drawing the map is not possible inside the community, then try outside of community or any other options. 3. Consider the situation the required materials can be used for drawing. 4. Community profile form can be filled completed by with the help of Mahalla representatives.	
Social Map	1. At least 60% of Community men and women participation. 2. Identification of election unit 3. Identification of HHs # and location	1. 50% men and 40% women or 40% men and women participation of adult representatives from all Mahallas 2. Identification of election unit by SO or Community representatives 3. Identification of HH location and number by mahalla elders The smaller social mapping and election unit boundary determination meeting can be conducted in a mosque (private houses should be avoided) and it can be directly drawn on paper. However, before drawing the social map, each Mahalla's representatives should create one card per household (note the head of household's name) and when the time comes that their Mahalla is drawn on the map, they should show the others where each household is located, so that the person writing on the map can place the households in the proper location. Once all households have been put on the map, the election units can be formed properly.	1. Minimum 20% of eligible women and 40% eligible adult community members (men and women combined) from all Mahallas is a must. 2. Through Local Facilitator or community elders. 3. Identification of HH number and its location by L.F or Mahalla elders. The adult men should consist of at least 2 elders and 2 adults from each Mahalla. The social map that outlines all households and election unit boundaries that men have made will be shared with women and they can make additions or edit what the men have done.	
CDC and OBS Election	1. At least 60% of Community men and women participation. 2. Standard Election Box and materials	1. 50% men and 40% women or 40% men and women participation of adult representatives from all Mahallas 2. If not possible, use Local material for election. Elections can be done based on situation (one day or two day or more)	1. Minimum 20% of eligible women and 40% eligible adult community members (men and women combined) from all Mahallas is a must	

	<p>3. Explanation of CDC and community rules and responsibilities through posters</p>	<p>1. Considering the security situation, explanation to the CDC and community roles and responsibilities should be carried out using through posters, notes or verbally. If FPs and CCAP, PMUs are unable to have women's photos for CDC registration and Rural Areas Service Standard Grant (RASS) withdrawal, on an exceptional basis for highly insecure areas, women fingerprints will only be allowed instead of photos; but such exceptional needs approval from HRAIU through FPMD on a case-to-case basis.</p>	<p>2. If women could not participate then their seats can be kept empty for six months. 3. Through community consultation the community should introduce their representative 4. Explanation of CDC and community roles and responsibilities verbally.</p>	
WBA	<p>1. At least 60% of Community men and women participation 2. HHs' Socio-economic analysis and categorization.</p>	<p>1. 50% men and 40% women or 40% men and women participation of adult representatives from all Mahallas. 2. HHs' Socio-economic analysis and categorization by the help of Mahalla representatives, which could be held in a mosque, school, community center (but not a private house).</p>	<p>1. Minimum 20% women and 40% men 30% men and women participation of adult representatives from all Mahallas. 2. HHs' Socio-economic analysis and categorization by the help of Mahalla representatives which could be held in any suitable and safe place like mosque, school, community center or outside the community.</p>	
Women Mobility Map	<p>1. Drawing map in open area with minimum 60% and maximum 100% of women participation 2. In one place, meeting in one place</p>	<p>1. The average participation for normal area is 30% to 50%, while under this category 30 % of women participation in a safe place is required. 2. Where women from women-headed households of different Mahalla cannot meet together because of limited mobility, then the women SOs can conduct this exercise in 2-3 Mahallas with a small group of women and discuss the mobility of poor and very poor women in each Mahalla. Exceptionally, this exercise can be conducted inside and cards can be used to put together the diagram that will be transferred onto paper.</p>	<p>This exercise can be done by different meeting in different mahallas by female SOs, all the information will be gathered by asking from community women and then the female SO can draw the map in the office.</p>	

CDP	<ol style="list-style-type: none"> At least 60% of Community men and women participation. Review all tools through the prepared posters MSS SPs Selection through votes. 	<ol style="list-style-type: none"> 50% men and 40% women or 40% men and women participation of adult representatives from all Mahalla. Prepared posters can be hanged based afteron community consultation. Selection of SPs through formal or traditional votes 	<ol style="list-style-type: none"> Minimum 20% of eligible women and 40% eligible adult community members (men and women combined) from all Mahallas is a must.. Review through thatnotes are kept in a suitable place The selection of SPs through CDC members and community elders' recommendations by hand raising 	
Subcommittee Formation and planning	<ol style="list-style-type: none"> At least 60% of Community men and women participation. Selection of committee members through open discussions from 6 to 12 members. Establishment of 6 thematic sub committees Sub committees Action plan 	<ol style="list-style-type: none"> 50% men and 40% women participation Sub-committee member 4-8. Six subcommittees can be established depending on the situation. Sub committees Action plan Meeting can be conducted by holding 2 or 3 meetings. 	<ol style="list-style-type: none"> Minimum 20% of eligible women and 40% eligible adult community members (men and women combined) from all Mahallas is a must. 3-6 Members 4 categories of sub-committees (Health, Education & Vulnerable, environment & Agriculture, GRM-CPM) can be established Sub committee's Action plan session could be conducted through 2 or 3 meetings either within community or in any other secure place. 	
Community Participatory Monitoring and Social Audit	<ol style="list-style-type: none"> CPM is conducted after every six months At least 60% of Community men and women participation. CPM committee consists of 12 	<ol style="list-style-type: none"> CPM will conduct yearly 50% men and 40% women participation of community for social audit Under this category the members of CPM committee should have at least 6 members. (4 men and 2 women) 	<ol style="list-style-type: none"> CPM will conduct yearly 20% women and 40% men participation of community for social audit. The members of CPM under this category should be at least 4 members, where possible women 	

	members (6 Men and 6 women)		member to be included. Such as 3 men and 1 woman.	
Cross Visit	<ol style="list-style-type: none"> 1. Within a district all CDC members 2. Outside district per CDCs two members (male and female) 3. 80% male and 20% female at provincial level 4. At country level 80% male and 20% female 	<ol style="list-style-type: none"> 1. 50% men and 40 women of CDC members at the district level 2. 2 representatives from each CDC, women representatives + Mahram outside of the district. 3. One key member from each CDC at the provincial level 4. At country level CDCs cluster 2 key members 	The exception and flexibility given to partial insecure community to be applied if not possible due to security reason than this should be waived and for the FPs contract and adjustment should be made to their contract.	
Linkages	<ol style="list-style-type: none"> 1. 4 Members from each cluster after three months will meet CCDC with DCCMC and after 6 months 2 members from each cluster will meet the DG 2. DCCMC with PCCMC after every 6 months 	<ol style="list-style-type: none"> 1. After 3 months 2 members of cluster will meet DCCMC and then after 6 months 2 cluster members will meet the DG 2. DCCMC meeting with PCCMC after 6 months 	<ol style="list-style-type: none"> 1. Where possible one member of each cluster will meet DCCMC after 6 months and with the DG 2. DCCMC meeting with PCCMC after 6 months 	
Clustering	<ol style="list-style-type: none"> 1. From each CDC 1 chairperson and one community influential person participate in the large gathering meeting. 2. Clustering map in an open area 	<ol style="list-style-type: none"> 1. Based on security condition meetings can be held by organizing 2 – 3 sessions. This should include, two members (one key member and an influential people) 2. If chalk cannot be used to draw a map, any other local source for drawing and a suitable place can be used with the help of the community. 	<ol style="list-style-type: none"> 1. The meetings can be held through application of the partially insecure area meetings depending on the situation. There could be more than 3 meetings organized. One chairperson and one from within community. 2. Wherever convenient to the community people e.g. district office. 	

Cluster CDC Election	<ol style="list-style-type: none"> 1. From each CDC, presence of chairperson and voice chairperson and two CDC members is a must . 2. Standard Election Box and materials 3. CCDC office bearer election 4. Explanation of CCDC roles and responsibilities 	<ol style="list-style-type: none"> 1. Chairperson and one member of the CDC will attend and use Local material for OBs election 2. Elections can be done considering situation at any suitable place and time. Explanation of CCDC roles and responsibilities through posters or local resources should be carried out. 	<ol style="list-style-type: none"> 1. Chairperson and one member of the CDC will attend and use Local material for OBs election 2. Elections can be done based on situation at any suitable place and time 3. Explanation of CCDC roles and responsibilities through posters or locally available resources. 	
CCDC subcommittees formation and clustering	<ol style="list-style-type: none"> 1. At least 60% of men and women participation. 2. Selection of committee members through open discussions from 6 to 12 members. 3. Establishment of 6 thematic sub committees 4. Sub committees Action plan 	<ol style="list-style-type: none"> 1. 50% men and 40% women participation 2. Sub-committee member 4-8. 3. Six subcommittees can be established based on situation. 4. Sub committees Action plan Meeting can be conducted through 2 or 3 meetings. 	<ol style="list-style-type: none"> 1. Minimum 20% of eligible women and 40% eligible adult community members (men and women combined) from all Mahallas is a must 2. 3-6 Members 3. 4 categories of sub-committees (Health, Education & Youth, environment & Agriculture, GRM-CPM) can be established 4. Sub committee's Action plan session could be conducted through 2 or 3 meetings either within community or in any other secure place. 	
Grievance Handling	<ol style="list-style-type: none"> 1. Normal process based on the grievance cycle 2. Using box and logbook 	<ol style="list-style-type: none"> 1. Community people can file their complaints via phone calls, text messages, written forms or physical visit to the closest CCAP office. 	<ol style="list-style-type: none"> 1. Community people can file their complaints via phone calls, text messages, written forms or physical visit to the closest CCAP office.. 	

		2. Box and logbook can be used considering the situation	2. Box and logbook are waived	
Community Procurement and Financial process and documentation		Based on community procurement and financial manuals in the CCAP.	Based on community procurement and financial manuals in the CCAP.	
Cash Withdrawals	Base on financial guidelines the cash will be withdrawn	Cash can be withdrawn in small installments considering the need. For the security challenges in partially and highly insecure area on Limitation of female bank authorized signatories, like NID, Photo, travel and safe money transportation refer to the adopted policy 21: (Rural Investment Grant and Fund Transfer)	For better control of CCAP grant utilization the withdrawal of cash should be based on work progress. For example if a CDC work progress is 20% then 15% of grant should be given, advance work from CDC side is required. Based on need and PM verification the withdrawal will take place.	
Scorecards	6 rounds, which takes place after every six months. Community training on score card	3 rounds are required within three years, which will take place annually Training on scorecard is part of the FPs contract. No flexibility is considered.	3 rounds are required within three years, which will take place annually. Training on score card is part of the FPs contract. And no flexibility is considered.	

12.1 Earlier handover process due to high level of insecurity.

In area where the FPs (PMU without FP) feel high threats and warnings from AOGs to proceed with normal handover procedure, it is proposed that an assessment team for the assessment should be assigned consisting of representative from CDD, FPMD, High Risk AREA Unit and senior field coordinator to find the real reasons and security status of the district and province. In cases where the security situation is extremely tensed, the FPs should handover all the related documents (Social Mobilization Tools, forms, logistics and etc.) to the PMU with presence of key CDC members. However, the remaining FPs' milestones should be accounted to the FPMD

13. ESS, Sub-Project Preparation, Appraisal, and Approval

13.1 Environmental and Social Safeguards

ESS related documentation as specified in the CCAP OM must be completed.

[Adapted Policy 5](#): ESS documents must be completed as per provisions stated in the OM. However, in high-risk areas only for Land Acquisition documents where it is not possible due to insecurity reasons to get the certification of ARAZI then community key members, elders of the community and mullah (the religious leader) should sign the form as a temporary solution until ARAZI certification can be obtained as and when the security situation allows.

13.2 Limitations: Technical Scope and Budget Ceiling

Technical support for project design and implementation is limited in insecure areas. It must be stressed that Government Engineers must encourage community representatives to select sub-projects that are feasible given the availability of local resources.

[Adapted policy 6](#): No joint-CDC subprojects or Cluster CDC projects will be permitted in insecure areas. Also, in communities where the PMU engineers cannot travel frequently and where local 'technical experts' (masons, carpenters, skilled labor) are helping with monitoring and oversight of sub-projects; complex and costly construction sub-projects will not be permissible.

13.3 Local technical/ skilled community facilitator

[Adapted policy 7](#): For the sub-project components of the CCAP, the CCAP Engineers will train local, literate masons, carpenters, and skilled laborers to assist with the implementation of the sub-projects. These skilled laborers serve as local 'technical experts' and will be paid by PMUs (just as community monitors are paid) through short-term performance-based systems. The CCAP community monitors will receive technical training from the M&E Division and Provincial Monitoring Officers to enable them to monitor sub-projects. However, CCAP Engineers are still required to visit subprojects at least 3 times during the sub-project implementation cycle (beginning, middle and end)

13.4 CCAP PMU Approval of Sub-Projects

[Adapted policy 8](#): CCAP Engineers must review and approve any sub-project proposals and must visit communities where sub-projects are implemented on a periodic basis. In areas where CCAP Engineers cannot visit as often as needed, they can handover aspects of their work to local 'technical experts'. However, the responsibility of monitoring lies with the community monitors (see below).

1. Simple projects should be considered according to the identified list of [SPs](#) for insecure areas.
2. Sup-Projects should be selected according to the availability of local resources by CDCs, communities and CCAP Engineers.
3. In areas where engineers cannot travel regularly, community skilled workers should be hired by PMU to implement the SP.
4. Engineers must train each community's skilled workers according to project plans and technical specifications

13.5 Collecting Technical Data for Projects

Adapted policy 9: Engineers can collect technical data for the design of subprojects through local technical experts who should be trained at a mutually agreed, suitable place (district office or any other convenient place) by engineer on how to collect technical data (like taking pictures of the area) after collecting the data, the SP will be designed and proposal will be submitted for further action. For technical surveys and implementation of simple projects in insecure areas, following technical tools and equipment should be used by local technical experts, which could be provided by the PMUs;

1. Level machine
2. GPS/using mobile for pictures/videos, where possible GPS should be carried.
3. Tape measure
4. Pictures of areas for the design of SP.

13.6 Sub-project Implementation

Adapted Policy 10: In areas where CCAP Engineers are unable to assist or support the sub-project implementation directly in the field, local 'technical experts' are primarily responsible for some technical support and quality control services. CCAP Engineers must equip the local 'technical experts' with the tools and knowledge required to fulfill this important role. Local 'technical experts' should be equipped with digital cameras and trained in their utilization so as to provide the Government with digital photographs of sub-projects to document progress during implementation as evidence that additional funds should be withdrawn from the bank. If using digital cameras is deemed unfeasible due to security reasons, five community representatives other than the CDC (elders, mullah and a teacher) must certify in writing the status of the subproject.

13.7 Sub-Project Monitoring

Adapted Policy 11: In areas where CCAP Monitors cannot monitor the sub-projects, community monitors should be recruited to monitor the basics. Forms will be amended and simplified.

One community monitor will be hired per district where CCAP monitors cannot visit the community and subproject implementation. These monitors will carry out the below monitoring activities in highly insecure areas:

- 1- Monitoring of CDC and subproject implementation using the simplified forms prepared by M&E Division,
- 2- Reporting the evidence based (photos and documents) findings and issues to the provincial monitoring officer for sharing with PMU managers and M&E Division for improvement and decision-making.
- 3- Verification of IMI, Score Cards, CPM and social audit
- 4- Track and follow up the subproject progress and implementation with local technical experts and district engineers in order to insure on time completion of the subprojects.
- 5- Identify and share the challenges and gaps in program implementation at the field level for decision-makings.

Community Monitors are not considered regular staff and do not come under the approved staffing plans and organograms. They will be hired on a short-term performance based system (maximum 6 months only) and using daily/ weekly/ monthly rates (depending on period contracted) as per the local market

rates for similar work. Payment, however, will be based on outputs. As such, they will not fall under the regular HR recruitment processes or the NTA wage scale. In addition, they will not be entitled to other benefits and allowances permissible for regular staff. They may or may not meet the requirements for full-fledged contracted MRRD CCAP staffing in similar positions but will have to meet the above stated criteria of being from within the same district with greater mobility in the area as compared to the regular staff in such circumstances.

The criteria for CM will be:

- At least high school graduation
- Resident of the same district
- Ability to monitor and submit the required reports
- Experience will be preferred in monitoring or any other social field and or teaching

13. 8 Sub-Project Completion

Adapted Policy 12: Upon sub-project completion, a Sub-Project Final Status Report (SFSR) must be submitted to the CCAP PMU as per standard procedures. In the case of all infrastructure subprojects, photographs of the project site prior to the implementation of the subproject and post-completion of the CCAP Rural Area Service Standard Grant financed infrastructure must accompany the SFSR. In areas where physical verification is not possible due to high level of insecurity and our technical staff may not be able to visit such community then, three community elders (other than the CDC), CDC key members, provincial and district responsible authorities like district manager, engineer and M&E staff should certify and then PMU, RRD and M&E representatives must certify that the sub-project has been completed satisfactorily by signing the SFSRs.

The project completion report will be provided to CDCs and community members through program's provincial offices in accordance with the program's rule and regulations. and with photos of their site prior implementation, during implementation and after implementation are required and to indicate the final status and completion of projects.

1. The CDC reports on the completion of the project to the relevant program, department, and stakeholders.
2. The relevant programs, departments, and stakeholders should make sure from projects completion.
3. The relevant department for purpose of taking over and hand over of project should assign a committee including of CDC, 3 community elders, district and provincial level representatives
4. According to the report of hand over (district and provincial level staff, representatives) and take over committee (community people, CDC) the final installment of the project will be processed.

14. Process Monitoring – Basic Considerations

CCAP monitors are monitoring all the interventions of the program in the community (both hard and soft components) whilst FPs are implementing and assisting the CDC in implementation of Scorecard, IMI, Social Audit, CPM and grievance handling. If risks are too great to travel to any given community for CCAP monitors to monitor social mobilization, and sub-projects, even cannot monitor through community technical and monitor, then the Rural Investment Grants withdrawals and transfers will be suspended and the CDC bank account will be frozen and no longer accessible by the community until further action/notice. Suspension should be recorded immediately on the CCAP database.

15. Sharing program lessons from Insecure Areas

Adapted Policy 13: Coordination meetings will be held quarterly between the FP and CCAP provincial managers, Gender Focal Points should be included, to facilitate the exchange of up to date information, experiences, etc. Meetings will be documented.

The PMU and FPs concerned, the FPMD and the Gender Division will hold regular sessions on lessons-learned and best practices of CCAP implementation in these areas. As with all lessons learned, gender and women's roles should be integrated as well as specially targeted for analysis. Lessons learned with regard to gender mainstreaming will be analyzed and disseminated by the CCAP Gender Division.

16. Travel Arrangements

In partially and highly insecure areas, for the safety of personnel, there should be no more than 3 persons travelling in the same vehicle and all should travel to the community, for better security arrangement the staff should consult with line manager and other relevant senior colleagues (HQ management, security unit, PMU and DMO). Based on security situation the staff can adjust their visit. based upon the security condition, Social Organizers and Engineers should plan their visits which maybe for half day and where possible can stay in a community to complete their activities this way many trips to the same communities will be avoided, ,and if there is no support from community people to stay overnights in community than the staff may apply the latter approach Track Program-Related Incidents

The PMU/FP is required to immediately report in writing to the HRAIU and FPMD any incidents of insecurity, warning, kidnapped, theft, etc. that affect the program directly, including threats relating to women's participation. These compiled reports to feed into the periodic security ranking and included in the Quarterly Monitoring Reports that outlines any action to be taken to address the issue. Any project-related fatalities must be immediately reported to the WB.

17. Risks and Challenges

a. Funds Leakage

In most insecure areas, local government, police, and army have little to no influence over local affairs. As a result, insecure areas are rife with violent crime, extortion, drug trafficking, and other illegal activities. Injecting development funds into such an environment poses the major risk that community representatives will have rural investment grant funds stolen or be forced to make payments to local criminal groups, insurgents, and other power holders to guarantee safety and freedom to implement sub-projects. **There is a Zero Tolerance Policy for tax or any other payments to Armed Opposition Groups (AOGs) or any other actors (commanders, warlords, etc.).** In other words, no CCAP or any other project funds can be used to pay AOGs or other actors in the form of tax or any other payment to allow movement of staff or the implementation of project activities. In case AOGs, and/or persons demand a tax or payment of CCAP staff (Government or Facilitating Partners) or other WB-supported project staff or of CDCs/ CCDCs/ GAs for the implementation of CCAP work/ projects, this shall be reported immediately to the HQ CCAP leadership and all work in these affected areas (districts or communities) must be suspended until such tax or payment is no longer required for project implementation.

In instances where such leakage is reported or suspected, the CCAP PMU concerned will report the same to the local Government law enforcement agencies, with the prior written consent on the CCAP HQ." CCAP management also needs to notify WB.

18. Liability Issues

All CCAP stakeholders should recognize from the start that the High-Risk Area Implementation Strategy, given that it is for implementation in high-risk areas, contains greater risk potential than facilitation in more secure areas. As such, CCAP offers some mitigating measures above. However, there will always be some risks that cannot necessarily be addressed at length in such a document. Some of the obvious risks are outlined below:

a. Kidnap/ murder of FP or other Citizens' Charter Staff

There is currently no insurance coverage in any form for work in these insecure risk areas, as in any other areas, except what FPs may include within their permissible budget limits per community. As such, it should be understood by all concerned parties that no compensation/ ransom will be made to/for the FPs or any CCAP staff for work in these regions, as in any other areas. If such incidents do occur, at best, CCAP might contribute, at its discretion, to try securing the adequate intervention (like coordination and contact with elders and influential community people to release the staff) and investigation by the local law-enforcement authorities. CCAP will look into identifying national Insurance Companies that may insure the staff.

Note: If an employee kidnapped by AOGs during work, here CCAP at best should coordinate through community elders and other influential people with AOGs to release the staff, and there will be support in regards to his/her attendance such cases will be reviewed case by case.

b. Ekramia (Compensation)

For CCAP staff, Ekramia will be decided on a case-by-case basis and be approved by the World Bank. The PMUs need to inform HQ staff at earliest to share the incident case with the World Bank during 72 hours and based on the World Bank rules and policy the payment will take place.

c. Rural Area Service Standard Grants in relation to poppy production/ weapons or anti-government activities

While these risks exist in several provinces of Afghanistan, the CCAP and its donors recognize that there is a greater risk for the same in high risk areas. In order to ensure the CCAP funded Sub-Project/s (SP/s) do not directly or indirectly support such activities, the CCAP SOs, CFs, Engineers/ local technical experts (Community Skilled Laborers) must encourage community members during CDP development process to select SPs which will not support any activities that may directly or indirectly promote poppy cultivation or any other illegal activities in their community. In order to be more assured of the proper community sub-project selection a guarantee form should be signed by the elders of the communities and CDC key members and attached with the SP proposal clearly stating that the CCAP funded SP/s will not support any illegal activities such as poppy cultivation in their community. In cases where it will be observed that the SPs are supporting such illegal activities CCAP will withhold any and all further disbursements to those communities immediately. Further, the program will take recourse to block the withdrawal of any block grant funds not yet withdrawn from the CDC accounts and report such activities along with names of any suspected persons to the local law-enforcement authorities, as in any other areas. There is a Zero Tolerance Policy for the misuse or diversion of CCAP funds for illegal purposes such as poppy cultivation and/or payments to Anti-Government Elements (AGEs). Such payments to AGEs are strictly forbidden, the program should be stopped, and the relevant PMU and CCAP HQ should be notified and consulted on next steps.

d. Risks of funds being stolen

The same measures introduced in other areas to mitigate this risk will be applicable in these areas. In cases of theft of CCAP grant funds beyond the possible control of the CDC and the community members by external parties, a multi-stakeholder adjudication team that involves the district governor, and tribal and mullahs, may investigate and advise on whether or not the theft was preventable and the community responsible.

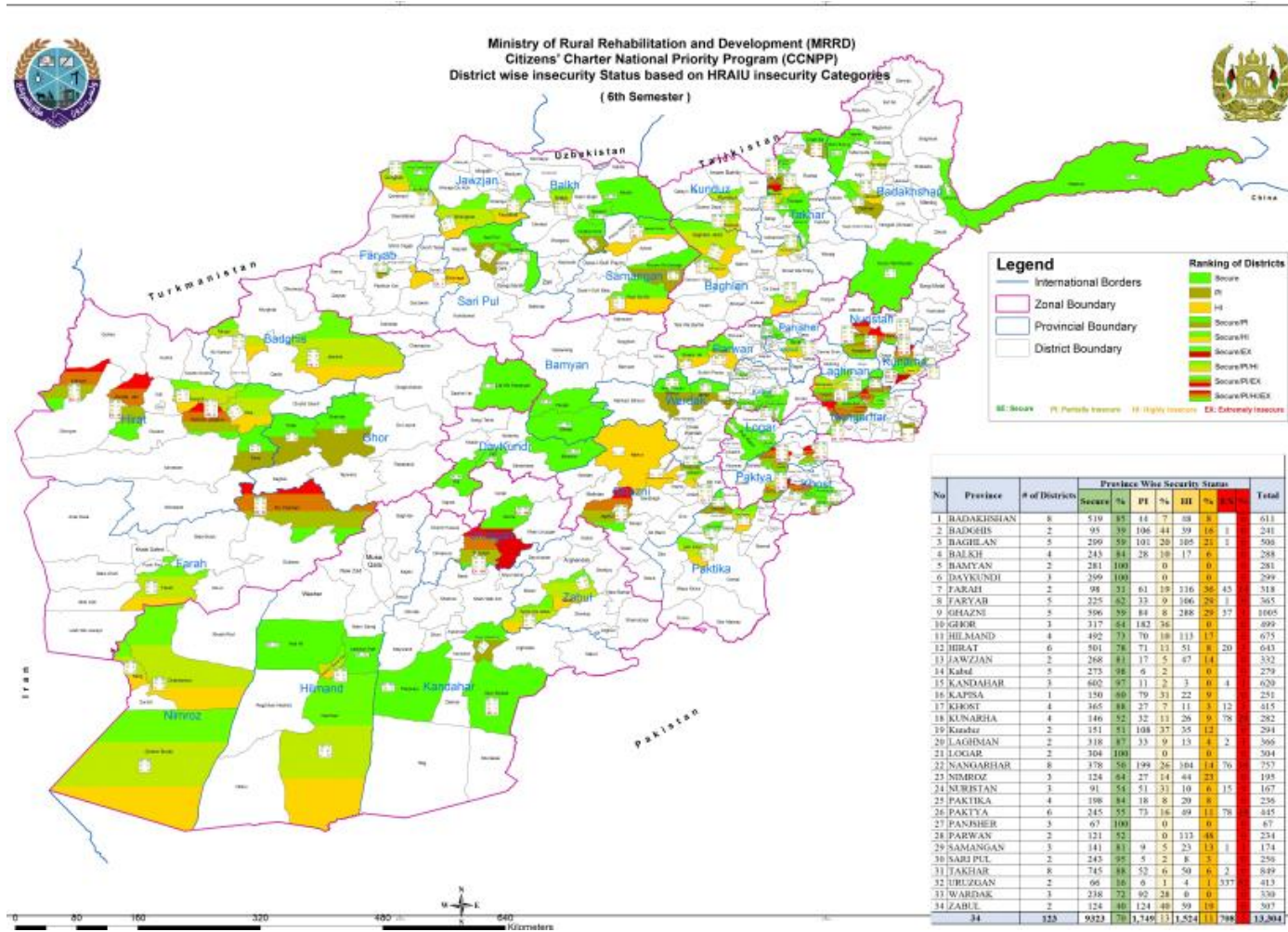
e. Injury Allowance:

In the case of injury to aCCAP employee while carrying out official activities, CCAP may cover the costs of treatment up to a ceiling of USD 2,000, which will be submitted to the WB for review and approval on case by case bases. In addition, depending on the seriousness of the case, 30 days paid leave will be considered for the employee. Expenses of treatment will be covered based on actual medical reports verified by physician and approved by the line manager.

19. Periodic Update of this Strategy

This strategy will be updated, based on lessons learned, overall conflict dynamics on the ground and the reflection/impact of peace project under CCAP on annual basis

Annex 1: Insecurity Ranking MAP



Annex 2: Community -- Government Cooperation Agreement



د کليو ډيارغونې او پراختيا وزارت
وزارت احيا و انکشاف د بات

د افغانستان اسلامي جمهوريت



**Islamic Republic of Afghanistan
Ministry of Rural Rehabilitation &**

Citizens' Charter National Priority Program
High Risk Areas Implementation Unit
Date:

Cooperation Agreement

Region: Province: District: Name of community
CDC code: 00,0000,0000

As per MRRD/CCNPP OM-HRAIU Annex, this Cooperation Agreement is entered into between Community _____, with Community ID: _____ and the Citizens' Charter National Priority Program (including its Partners that facilitate activities on the Government's behalf). The community is represented by its public authorities (CDC Chairman, Elders of the Elders' Councils, Teachers, and Mullahs). and the Government by the Provincial Management Unit Head and the Partners of the Government by a staff of the relevant NGO.

The signatures indicate agreement with the following:

1. Staff and Community people will respect and follow the rules and regulations of the program.
2. The Community and its people must guarantee the safety of staff (Government and its Partners – the FPs) for each visit to the community for development, governance, and sub-project work. If needed, the community should have its people escort staff (Government or Facilitating Partner) from their offices to the community and back.
3. Both Government and FP Staff and Community people must try to find ways to include women in the development process, considering in HRAIS.
4. The community is responsible to solve any social problems that prevent or negatively affect the implementation of the Citizens' Charter work.
5. Before fund withdrawal, the CDC must ensure that PMU staff is informed about the status of the work, and a field visit is required to check work progress and approve fund withdrawal.
6. The Government and its Facilitating Partners should try as best as possible to hire local staff from within the community for better cooperation.
7. The CDC and community people should support Community Participatory Monitoring to ensure accountable and transparent development and governance processes.
8. It is the responsibility of Government and Facilitating Partners' staff to work on a timely basis to avoid delays and meet target plans. In case, there are delays in the work because of Government or Facilitating Partner staff, then this should be shared with the Government through the Grievances Redressed Mechanism.

This Cooperation Agreement will be valid between the Community and the Government (and its Partners) until the completion of all CCNPP-related activities, including monitoring.

In case anything happens to Government or Facilitating Partners' staff during their work in our community then we the community people will be responsible for that and we will accept the decision made in this regard after the assessment by senior management of the program.

For the Community:

CDC Chairman (Name and Signature),
Elders of the Elders' Councils (Names and signatures),
Teacher (Name and Signature)
Mullah (Name and Signature)

For the Government:

PMU (Name and Position)

For the Facilitating Partner:

FP (Name and Position)

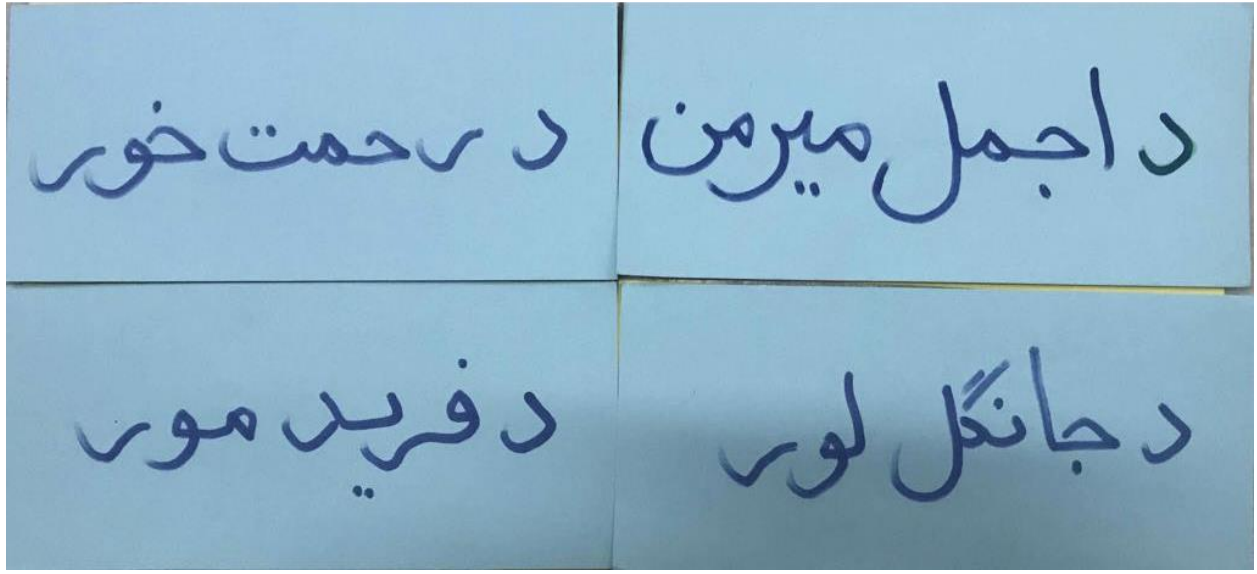
Note: The purpose of this cooperation agreement is to give an idea about cooperation agreement, the text and signature are optional and both FP & PMU can apply the agreement letter in a way that is feasible and use their own format.

Annex 3: Permissible Sub-Projects and Outputs Applicable in Insecure Areas

No	Sector	Simple Projects
1	Rural Roads	<ol style="list-style-type: none"> 1. Simple Basic access and graveling Tertiary road sub- projects 2. Concert side ditch 3. Causeway or wash 4. Supper passage 5. Stone masonry retaining wall 6. Box culvert 7. Pipe culvert 8. Walking Wooden bridge 9. Walking Steel bridge 10. PCC pavement road (village road inside the houses)
2	Rural Water Supply	<ol style="list-style-type: none"> 1. Simple Pipe gravity water supply network 2. Stone masonry Spring chamber 3. Ram pump water supply network system 4. Rain water harvesting system with stone masonry water reservoir 5. Stone masonry + RCC Pool water reservoir 6. Stone masonry + RCC Sedimentation tank 7. Stone masonry + the PCC pavement road (village road inside the houses) 8. Filtration chamber 9. Local KANDA (water reservoir) 10. Tube shallow well including rotary and percussion boring 11. Dug well up to 50-meter depth 12. Sanitation Hand pump installation for local existing well 13. Underground stone masonry + RCC water reservoir with deep well and power pump
3	Irrigation	<ol style="list-style-type: none"> 1. Protection wall 2. Gabion wall 3. Rehabilitation of Karizes 4. Rehabilitation of 2nd and 3rd canals with relevant buildings (main canal is not included) 5. PCC canal lining of 2nd and 3rd canal 6. Stone masonry canal lining of 2nd and 3rd canal 7. Simple Pipe scheme 8. Stone masonry + RCC Water reservoir for irrigation 9. Stone masonry + RCC Poll water reservoir for irrigation 10. Aqueduct 11. Stone masonry Intake 12. Stone masonry Protection wall 13. Spring chamber 14. Supper passage 15. Water divider 16. Siphon

Note: Simple projects are technically those that CDCs can implement on their own.

Annex 4: A Woman's Name Card that identifies her by Kin Status



Annex 5: Implementation of NSP in Insecure Areas

During NSP, the program was able to work in more than 6,900 communities in 89 districts of 15 Provinces that were in insecure areas. This was possible because of the HRAIS that provided certain flexibilities so that work could continue. These flexibilities included: increase technical trainings for local masons and builders to take on some of the work done by Engineers; smaller, but more frequent fund disbursements; based on quality and progress of the work; hire local NGOs and local staff; hire local vehicles (less noticeable); hire community monitors who use GPS digital cameras so that the existence of projects can be verified through the Google maps.

Paktya

Paktya Province's District Zurmat, bordering Ghazni, Paktika and Logar was an extremely insecure district, where the Facilitating Partner (FP) could no longer facilitate the engineering and social development work they were responsible for. The threats were too frequent, and the FP withdrew from the district. When NSP began its third phase, the program wanted to close out all communities that had not completed their work in phases 1 and 2. Many of the communities that remained were in insecure areas, and the program, along with the FPs, reviewed the HRAIS and created more flexibility so that work could proceed in such areas as well.

In 2012, the Paktya Provincial Management Unit began discussions with the elders from the district and agreed to continue work, with the following provisions: open a district office in Zurmat; hire local vehicles; the CDC members/ elders will ensure cooperation from the community in all part of the cycle, and especially during the sub-project work, disbursements will be smaller and based on progress of the work; the elders will report any misuse of project funds to the office. CDCs were elected and registered, and proposal prepared and work began. When communities in other Paktya districts saw the progress of the work, they visited their District Governors and asked the work to begin once more. The same rules were agreed to and this way the work in more than 400 communities that FPs had left because of insecurity, was completed.

Nangarhar

In Nangarhar there were 9 insecure districts during NSP's with hundreds of communities that wanted infrastructure and services, but these were situated in areas with a strong Taliban or Daesh (ISIS) presence. The insurgents prevented our government staff from visiting the communities to monitor the CDCs' work. To work in these areas, NSP recruited largely local Monitors and trained them to monitor the work. The program's Facilitating Partners were able to work in the area and implement over 1,650 sub-projects in the 9 districts.