



Government of the Islamic Republic of Afghanistan
Ministry of Rural Rehabilitation and Development
(MRRD) and Independent Directorate of Local

Citizen's Charter Afghanistan Project (CCAP)

Annual Progress Report

Reporting Period: 21st December 2019 to 20th December 2020



The Project Development Objective (PDO) for the Citizens' Charter Afghanistan Project (CCAP) is to improve the delivery of core infrastructure, social and emergency services to participating communities through strengthened Community Development Councils (CDCs)

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1. EXECUTIVE SUMMARY

Overview









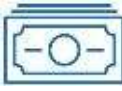



The goal of the Citizens’ Charter NPP is to contribute to poverty reduction and deepen the relationship between citizens and the state, by improving the delivery of core infrastructure and social services to all communities in Afghanistan over the next ten years through Community Development Councils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

The Citizens’ Charter is an inter-ministerial effort of the Government to make service delivery more effective and citizen-centric. Through this program, all people of Afghanistan are entitled to a basic package of services, 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.

Progress to date

This report covers the progress for the period between 21st December 2019 and 20th December 2020 including 4th Quarter of the year 2020, and cumulative progress until the end of the reporting period.

The info-graphics below summarize the overall cumulative progress on the Citizens’ Charter 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.

		
13,031 communities reached	12,990 CDCs elected	34 Provinces covered
		
268,407 CDC members registered	49.59% female members	13.68 million beneficiaries
		
11,970 sub-projects financed,	\$293.04 million grants disbursed	\$405.42 million grants committed
		

78% eligible female voter (Rural Only)	50.04% of Office Bearers are women	95.5% of CDC members are new
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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:** CC has shown great cumulative progress as of the end of the reporting period. It has reached 13,009 rural and urban communities in 34 provinces of the country reaching 13.68 million beneficiaries cumulatively. Of the overall mobilized communities, CDC elections were conducted in 12,990 communities with the total number of members reaching to 268,407 of which 49.59% of the members are women. Of the elected CDCs, total 12,926 developed their Community Development Plans (CDPs). So far 2,664 cluster CDCs and Guzar Assemblies have been formed in the rural and urban communities of which 2,556 prepared their Cluster/Guzar Community Development Plans (CCDPs).
- Grant Management and sub-projects implementation:** The program for rural and urban communities disbursed US\$293.04 million to 8,132 rural and urban communities so far cumulatively for the total 11,970 projects they selected in their Community Development Plans (CDPs).
- Sub-project completion and beneficiaries:** As of now total 4,787 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 3,859 rural and urban communities. Also, by completion of the ongoing sub-projects under CC, over 35.7 million liters/day of clean drinking water is expected to be provided to over 1.5 million people in rural areas of which 33.8 million liters/day of water have been provided to over 1.36 million people so far. Similarly, the ongoing projects of basic roads are expected to improve access of total 305,508 people to the nearest road of their communities by building the basic roads with 712 KMs of length of which total 102,422 people benefited from 360 KMs road built so far. In addition, 8160 KWs of electricity is expected to be generated to provide 447,342 people in rural communities with basic electricity (100W of electricity per household) of which over 53,481 people have been provided with basis electricity total 909KW. 154,758 hectors of land has been irrigated as a result of total 1,629 irrigation canals constructed in rural communities.
- Short – term working days (40 days) generation for labor under MCCG:** Up the end of the reporting period, total 1,071 communities completed work under the Maintenance Cash and Construction Grant (MCCG) in 14 districts of 9 provinces with high number of IDPs, Returnees and vulnerable people. Total grant utilized for labor and non-labor portions under MCCG reached US\$ 21.21 million generating short-term employment opportunities for 126,014 skilled and 3,241,433 unskilled labors. 313,794 people benefited from paid work and 1.74 million people benefited from the construction work under MCCG.
- Gender and women’s participation:** Female CDC elected members have reached 49.59% in all 34 provinces and the four 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:** Parallel with the creation of 175 Gozar councils, 175 livelihood subprojects for women selected and are implemented. All these 175 subprojects have been funded, of which 52 subprojects have been completed and 123 subprojects are under implementation process. By implementing these subprojects, 447 trainers, 13,727

trainees, 274 support staff, 521 skilled labors and 78 unskilled labors, who are all women will be involved in these subprojects.

- **Community Self-initiatives (grain banks):** So far, 57,384 vulnerable households benefited from 9,487 grain-banks established in rural communities under CC where food and non-food items worth US\$ 3.4 million were mobilized. A total of 25,878 “Stop Seasonal Hunger Campaigns” were conducted in 9,320 communities to mobilize food and non-food items for grain-banks.
- **Community Scorecards:** 96 per cent of the elected 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, 79 per cent of them reported the second round, and 40 per cent of these CDCs reported third round of the scorecard. Similarly, communities assessed and reported the MSSs status of total 617 health centers and 3,597 schools.
- **Grievances Redressing:** Of the total 1,432 registered rural grievances, 1,388 were investigated and resolved. 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 2,999 rural and urban communities and 55 Gozars were monitored during the reporting year. 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 CDCs, 11,866 reported IMI baseline and 8,731 of these CDCs reported IMI end-line which indicates a greater shift in the maturity of CDCs from the baseline to the end line. The baseline self-assessment of the CDCs shows that only 1% of the CDCs are high mature while this has improved to 26% in the end line. Similarly, 12% of the CDCs were found mature in the baseline while this has improved to 50% in the end line. Low maturity of the CDCs has decreased 28% from 50 to 22% and immaturity from 37% to 2% which shows 35% improvement.

Key Results in the Reporting Period



Access to clean drinking water of over 1.5million people in rural communities has been improved so far who receive 33.8 million liter of clean drinking water on regular basis. (25 liter of clean drinking water per person in 24 hours).



Improved access of 53,481 people in rural so far to basic electricity by providing overall 909KW of electricity.



Improved access to the nearest road and market of over 102,422 people in rural areas by constructing 360KMs of basic road.



Total 328,439 people in rural areas were provided with overall 3.5 million days' work under normal CCAP
 Total 313,794 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 9,000 rural communities established grain banks. To mobilize the food and non-food items to these grain banks, 25,878 Stop Seasonal Hunger Campaigns were conducted, where food and non-food items worth US\$ 3,403,567 were mobilized.



3. FINANCIAL UPDATE

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

Component	Disbursement / Expenditure- 4th Quarter 2020			Disbursement / Expenditure Dec 21 2019 to Dec 21 2020			Cumulative Disbursement / Expenditure from Start of CCAP to date		
	Planned	Actual	Variance	Planned	Actual	Variance	Planned	Actual	Variance
1. Total Grants	41.00	39.17	1.83	66.00	39.81	26.19	197.45	196.83	0.62
a. Rural	41.00	39.17	1.83	66.00	39.81	26.19	197.45	196.83	0.62
b. Urban	102.28	74.48	27.8	22.00	14.29	7.71	124.28	88.77	35.51
2. Capacity Building	8.00	6.13	1.87	18.00	17.73	0.27	53.00	52.23	0.77
a. Rural	8.00	6.13	1.87	18.00	17.73	0.27	53.00	52.23	0.77
b. Urban									
3. Evaluations and Studies	1.00	0.08	0.92	1.00	0.80	0.20	1.00	0.26	0.74
a. Rural	1.00	0.08	0.92	1.00	0.80	0.20	1.00	0.26	0.00
b. Urban	0	0	0	0	0	0	0	0	0
4. Project Implementation Support	6.00	5.82	0.18	14.00	13.07	0.93	64.00	63.47	0.53
a. Rural	6.00	5.82	0.18	14.00	13.07	0.93	64.00	63.47	0.53
b. Urban	19.83	10.32	9.51	3.23	1.13	2.10	23.06	11.45	11.61
5. MCCG	27.00	25.00	2.00	27.00	25.00	2.00	59.00	58.49	0.51

a. Rural	27.00	25.00	2.00	27.00	25.00	2.00	59.00	58.49	0.51
b. Urban	0	0	0	0	0	0	0	0	0
Total	83.00	76.20	6.80	126.00	96.41	29.59	374.45	371.28	3.17

Table 3.2: Summarized Financial Status by funding source (US\$ Millions)

	Funding Source	Received (\$)	Disbursed/spent (\$)	Balance (\$)
MRRD	ARTF	232.41	231.94	0.47
	IDA	116.86	116.34	0.52
	MoF	9.90	9.90	-
	Danish	5.40	5.01	0.39
	German	9.88	8.10	1.78
	Sub-Total	374.45	371.28	3.16
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	319.66	316.78	2.88
	IDA	147.57	141.84	5.73
	MoF	11.30	10.42	0.88
	Danish	5.40	5.01	0.39
	German	9.88	8.10	1.78
	Grand Total	493.81	482.15	11.66

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 rural and urban

Output Indicator	Annual Progress		Progress during reporting quarter		Cumulative up to the end of this reporting period	
	Rural	Urban	Rural	Urban	Rural	Urban
# of communities mobilized	383	0	22	11	12,181	861
# of CDC elected/registered	424	0	25	11	12,140	861
# of CDC members registered	11354	222	871	220	249,912	18,495
# of male CDC members	5370	114	386	113	126,037	9,261
# of female CDC members	5984	108	485	107	123,875	9,234
# of CCDCs/GAs registered	669	5	117	0	2,489	175
# of CDPs completed	539	5	163	0	12,076	850
# of CCDPs/ GA Plans completed	788	5	97	0	2,381	175
# of CDCs with subprojects financed	1362	62	880	0	7,282	850
# of CDCs with subprojects completed	1955	344	322	96	3,405	736
# of subprojects financed for CDCs	1928	79	1,177	0	11,027	943
# of subprojects completed	2517	409	465	115	4,102	793
# of subprojects financed for CCDCs/ GAs	0	166	-	11	-	383
Grants disbursed (US\$)	48,848,132.63	19,508,613	34,632,348	6,026,813	212,561,162	80,485,499
Grants utilized (US\$)	50,190,828.44	21,521,934	8,947,836	31,555,538	75,678,570	53,077,472
# of beneficiaries for CC soft components (CDP completed)	630609	7,877	155,466	1,406,567	12,267,658	1,414,444
# of beneficiaries for CC grant financed completed subprojects	2672155	673,213	488,366	663,227	4,191,573	1,336,440
# of labor days generated	2252159	435,842	381,932	2,996,647	3,612,024	3,402,089
# of laborers employed	445750	332,688	17,429	32,758	345,868	365,446
# of M/DCCMC coordination meetings held	138	11	123	11	515	22
# of PCCMC coordination meetings held	26	26	5	5	98	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 (rural)

The social mobilization and institutional building activities were implemented successfully in 2020 and have brought notable socio-economic changes in the communities. The Participatory Rural Appraisal (PRA), and Participatory Learning and Action (PLA) tools, especially the leaking pot assisted the communities in reducing unnecessary expenditures. In 2020, from our discussions and internal monitoring using participants observation, we found that most of the communities from the Hirat Zone responded positively to the leaking pot tool. The communities reported to the field colleagues that they have significantly minimized the amount spent on practices such as (a) Toyana/walwar (money/things taken and accumulated from the groom's father by a bride's father for wedding arrangements and celebrations) from AFN 500,000 to AFN 300,000, (b) eliminating KhatnaSouri (male circumcision ceremony) etc. For example, as a result of our community interventions, the communities now organize group wedding ceremonies, especially in Hirat province (Malikya CDC) instead of individual ceremonies, where households end up spending an extortionate amount of money leading to years of significant debts ultimately contributing to chronic poverty. This has meant that the community spending has now decreased significantly and reducing the poverty shocks for many in rural Afghanistan.

Despite the insecurity, seasonality, COVID-19 crisis, and poor performance by the FPs, we have almost achieved all our targets in the year 2020.

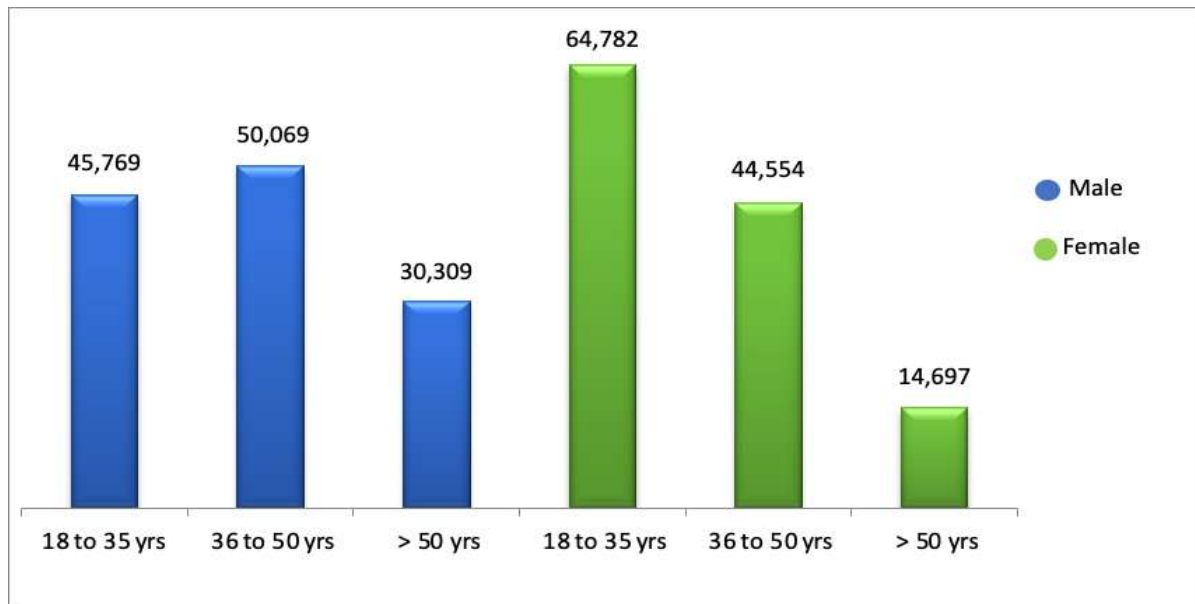
Table 4.2: Social Mobilization progress (planned vs achieved)

Indicators	Cumulative for the phase	
	Planned	Achieved
Community profile completed	12,890	12181
CDCs Elected	12890	12140
WBA	12890	12090
CDP completed	12890	12077
Cluster CDC formed ¹	2487	2482
Cluster CDCs CDPs completion	2487	2374
Numbers of PCCMC meeting held	102	98
Numbers of DCCMC meeting held	615	515

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

CDC members: age-wise breakdown

¹The overall target of this indicator has already been achieved previously



4.1.2. Plan for the next quarter

In the first quarter of 2021, we aim to mobilize 177 communities through FPs in Faryab and Bagdhez provinces. This will include ensuring that the approved workplan is being implemented by the FPs. Subsequently, we will carry out results-based monitoring to ensure that the FPs are meeting the agreed targets, and the Citizen's Charter learn from the FPs experiences as well as identify and document challenges moving forward to prepare contingency plans. In the next quarter, we aim to mobilize communities on equal distribution of and access to household income amongst women and men to reduce or minimize income inequalities faced by different social groups.

4.1.3. Social Mobilization and Institutional Building (Urban)

Urban CCAP has three contracts for implementation of the program called CCAP Original Contract, Additional Financing 1 and Additional Financing 2. The urban CCAP has mobilized and elected 850 (100%) of the original and additional financing 1 contracted communities. These CDCs have completed 850 (100%) of their community development plan (CDP) as it is seen, all the four Urban cities' PMUs have fully established their contracted CDCs and completed their CDPs.

At Gozar level, a total of 175 Gozars Assembly elections completed, 175 Gozars Development Plans (GDPs) have been prepared and 382 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). By end of the reporting period totally 111 subprojects (7 power supply, 46 street upgrading, 6 water supply and 52 women livelihood) have been completed. The PLA exercises also have been completed in all those Gozar Assemblies which lead to completion their Gozar Development Plans.

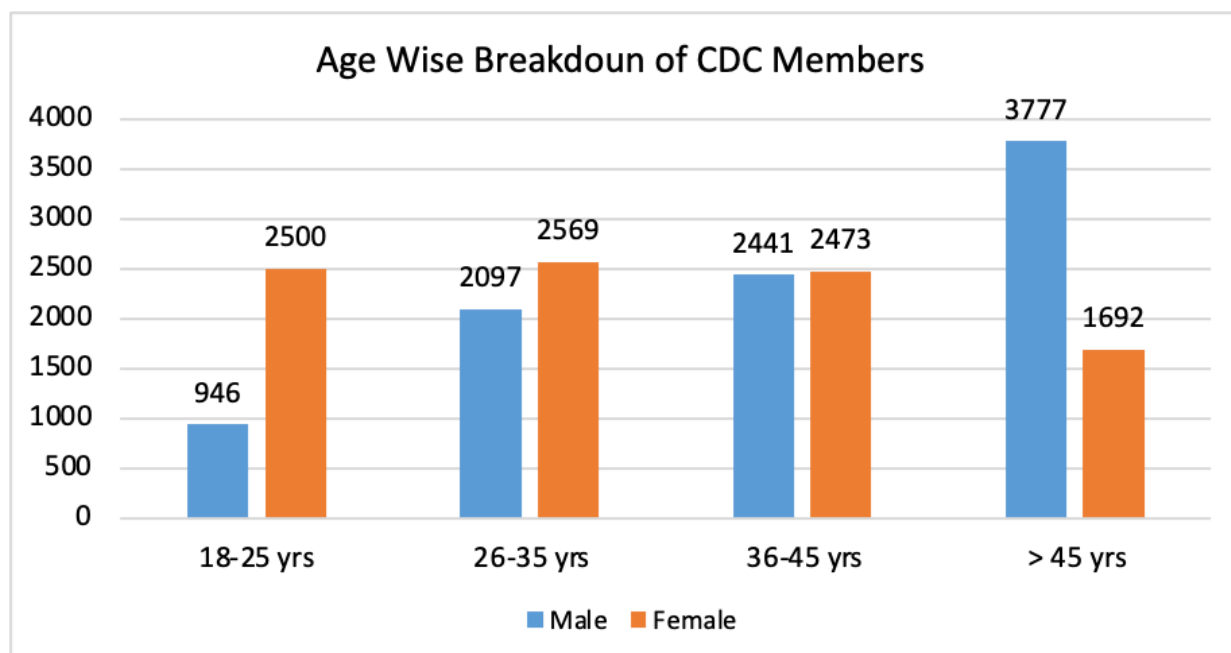
The contract for facilitation of additional financing 2 with facilitating partners which is establishment of 335 CDCs and 67 GAs in 10 cities (9 new cities and 1 old city) have been signed with FPs, the FPs are in the process of arrangement of offices and staff in the cities.

Plan for next quarter

The next quarter plan for urban Citizen Charter (additional financing) is community identification/demarcation, community household survey, community mobilization, CDC election, community registration and CDC bank account opening.

CDC and community analysis:

- Total CDC membership is 18,495 (Men: 9,261, 50.07% and women: 9,234, 49.93%)



- Total Office Bearers are 3,444 (Men: 1,770, 49.94% and women: 1,724, 50.06%), which shows 0.12% increase in female Office Bearers participation.
- Of 652,549 eligible voters, women's participation in CDC elections was 49.34% and men's participation was 50.66%.

Age-Wise Breakdown of CDC members:

4.1.4. Sub-Project Implementation (Rural)

During this reporting period, we completed 2,619 projects and the figure for ongoing projects stands at 1,944. 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	Fourth Quarter			Annual			Cumulative		
	Approved	Completed	Ongoing	Approved	Completed	Ongoing	Approved	Completed	Ongoing
Grid Extension	31	3	53	187	21	67	193	24	247
Irrigation	175	190	422	1611	1198	789	2099	1711	2671
Renewable Energy	13	21	16	110	48	55	145	54	876
Transport (Road & Bridge)	70	29	107	299	87	162	351	112	376
WASH	203	232	587	1947	1265	871	2539	2215	2711
Grand Total	2,152	475	1,185	8,717	2,619	1,944	16,324	4,116	6,881

Furthermore, following are the key sector-based outputs for the year 2020

- Provision of 1.9 million litre of water benefited 1.4M people through 1,265 sub-projects.

- Irrigation of 0.5 million Jeereb land benefiting 1.1M people was irrigated through 1,198 sub-projects.
- Provision of 439-Kilowatt power benefited 3,566 household provided through 48 sub-projects.
- Construction of 208 Kilometertertiary roadbenefiting 6.3 hundred thousand peoplein 9,694 household was constructed through 87 sub-projects.
- Piloted the development of systems to filter salty water in theBadghis, Faryab, Jawzjan, Balkh and Samangan provinces where the underground water is salty.

The table below reports the number of Subproject Project Proposals (SPPs) and Sub-Project Financial Status (SFSRs) approved and rejected for the year 2020. It discusses the number of projects proposals approved and rejected. 1,933 SPPs and SFSRs rejected at the HQ level was due to unavailability of GPS points, and problems with the design and/or cost 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	4,192	402	1,478	80
Irrigation	3,296	222	1,348	90
Road and Bridge	574	79	98	1
RAE	510	109	158	36
MCCG	677	36	363	225
Grand Total	9,249	739	3,445	432

4.1.5. Plan for the next Quarter:

The table 4.5 describes our sub-projects plan for the next quarter (Dec 2020 – March 2021) and for the entire year). We aim to complete 1,588 in the first 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	
	First Quarter 2021	Annual	First Quarter	Annual
Grid Extension	61	136	48	191
Irrigation	792	1765	619	2477
Renewable Energy	142	317	111	445
Transport (Road & Bridge)	102	226	79	318
WASH	935	2082	731	2922
Grand Total	2,032	4,526	1,588	6,353

4.1.6. Sub-Project Implementation (Urban)

Cumulative amount of USD 53.41 million has been disbursed to 850 CDCs by which 943 CDC subprojects (45 water supply, 834 transport, 9 park/recreation areas and 55 power supply) have been financed, while 840 CDCs have received 100% of their grants and 736 CDCs have utilized 100% of their grants. Also, 793 CDC level subprojects (32 water supply, 716 transport, 6 park/recreation areas and 39 power supply) have been completed.

At Gozar level, USD27.07 million has been disbursed to 175 Gozars by which 382 Gozar level subprojects (17 water supply, 157 transport, 6 park/recreation areas, 28 power supply and 175

women livelihoods) have been financed while 74 Gozars have received 100% of their grants and 5 Gozars have utilized 100% of their grants. Also 111 Gozar level subprojects (6 water supply, 7 power supply, 46 transport and 52 women livelihood) have been completed so far.

Totally, USD 80.48 million have been disbursed to 1325 CDC and Gozar levels subprojects (62 water supply, 991 transport, 15 park/recreation areas and 83 power supply and 175 women livelihood Projects). These subprojects generate 3.3 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 1,387,893 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
Power Supply	55	55	39	127,601,221	1,664,925	89,598	64,388
Park & Recreation Area	9	9	6	40,719,452	510,213	13,060	8,123
Water Supply and Sanitation	45	45	32	74,971,027	985,809	74,314	54,327
Road/Street Upgrading and Drainage	834	834	716	3,789,677,570	50,252,345	1,387,893	1,209,602
Total	943	943	793	4,032,969,270	53,413,292	1,564,865	1,336,440

Sector Based Progress Chart

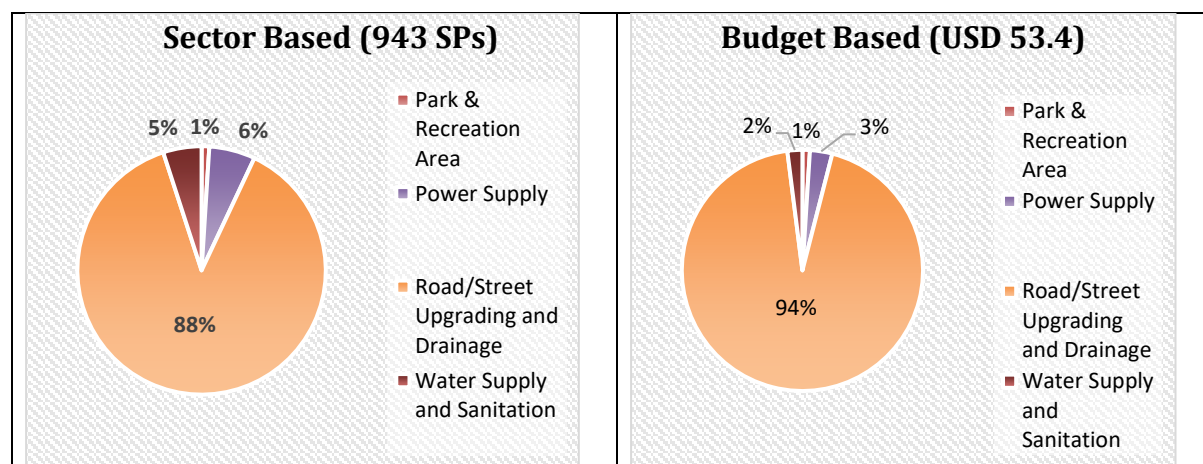


Table 4.7: Summarized Gozar level Sector Wise Subprojects:

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	44,578,326	411,797	40,734	0
Power Supply	27	27	7	182,678,027	1,663,960	196,071	47,261
Road/Street Upgrading and Drainage	157	157	46	1,766,693,945	21,140,955	1,273,199	366,946

Water Supply and Sanitation	17	17	6	123,267,192	1,148,662	145,061	52,005
Women Livelihoods	175	175	52	235,808,340	2,706,837	14,001	5,947
Total	382	382	111	2,353,025,830	27,072,212	1,669,066	472,159


* In subproject proposals we do not have disbursement in USD, only have it in Afg, 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 only

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 number of HHs in the community is taken from the CCAP community profile forms. 35% of the total number of HHs in the community is taken and multiplied into 40 labor days at the rate of AFA 350/person/day. 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 1,925 communities in 14 districts and 9 provinces out of which 160 communities received MCCG grant during the reporting period. A total of 1071 communities completed MCCG work, including 795 communities utilized 100% of the grant. The total grant of completed project is US\$ 21.21 million out of which US\$ 13.2 million is used for labor and US\$ 8.01 million for non-labor work. In addition, over 3.5 million labor days have cumulatively been generated until now, including over 388,760 labor days for the reporting period. In addition, 9,890 unskilled laborer and 1,171 skilled labor were provided a maximum of 40 of days' work per person during the reporting period. For detail output results, refer to table F1 and Annex F.



Before	After
	
<p><i>MCCG rehabilitation canal – 421m length projects during implementation in Laghman (09-0902-M0140) 2020</i></p>	<p><i>MCCG rehabilitation canal – 421m length projects during implementation in Laghman (09-0902-M0140) 2020</i></p>

Plan for the next quarter:

- Disbursement of around 10 million USD to 400 communities
- Creating around 1,343,000 labor days to 3,300 laborer for 40 days each.
- Strengthening the poverty analysis tool
- Carry out internal monitoring of activities and/or create monitoring tools to generate evidence on what is working and what is not?

4.2.2. The Grain Banks- Rural only

Grain Bank, a community-led strategy that enables communities to reduce prolonged food shortages 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 very poor HHs (those 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	Reporting Quarter	Annual Progress	Cumulative
# of provinces covered	0	0	34
# of districts covered	0	0	106
# of Communities with established Vulnerable Groups Sub-Committees	141	954	9,487
# of “stop seasonal hunger campaigns” completed	1,718	5,049	25,878
# of communities with food/grain banks set up	383	1,285	9,320

Estimated value of goods/labor/cash raised by communities (US\$)	\$568,633	\$1,304,757	\$3,403,567
Actual # of beneficiaries in communities with food and non-food items have been distributed (Households)	7,835	37,144	57,384

In addition to the above major achievements, 371 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 only

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) receives a matching grant (SIG) from the Government.

Table 4.9: SIG Batch# 1: Returnee and IDP

The total number of communities who were contracted under the batch #1 for Returnee and IDP

Output Indicators	Reporting Quarter	Annual Progress	Cumulative
# of provinces covered	0	0	9
# of districts covered	0	0	13
# of communities covered	33	277	1887
# of communities that have SIG Proposal Approved	43	216	1784
Total SIG matching grants disbursed (US\$)	\$79,027	\$1,468,274	\$1,879,189
Actual # of beneficiaries in communities with SIG grants distributed (HH)	592	11,831	44343

communities is 1985. Out of the 1,985 communities contracted, 1887 communities were covered. 1784 number of SIG proposals were approved in 13 districts of 9 provinces. The total matching grants disbursed under SIG batch #1 is \$1,879,189 from which 44,343 households were benefited. Remaining disbursements will be distributed during the lean season, as planned.

SIG Batch# 2: Drought affected communities

The batch #2 is designed for drought effected communities in 16 districts of 6 provinces. from the 2207 communities contracted, 1,079 have been covered so far. From the total covered communities, 1,096 SIG proposals have been approved. The total matching grants disbursed under SIG batch# 2 is \$691,881 from which 7,689 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	Reporting Quarter	Annual Progress	Cumulative
# of provinces covered	0	0	6
# of districts covered	0	0	16
# of communities covered	60	341	1466
# of communities that have SIG Proposal Approved	919	1365	1430
Total SIG matching grants disbursed (US\$)	\$844,486	\$979,280	\$1,314,054
Actual # of beneficiaries in communities with SIG grants distributed (HH)	1537	3274	17,993

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

SIG batch # 3 covered 2 provinces in the reporting period, Badakhshan and Paktya. However, the activities in these provinces started with significant delays. Despite these delays, the progress of the activities is above satisfactory for HQ/VGD as presented in the table.

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

Output Indicator	Reporting Quarter	Annual Progress	Cumulative
# of provinces covered	0	0	2
# of districts covered	0	0	13
# of communities covered	225	538	480
# of communities that have SIG Proposal Approved	278	555	421
Total SIG matching grants disbursed (US\$)	\$255,459	\$ 255,459	\$386,865
Actual # of beneficiaries in communities with SIG grants distributed (HH)	5342	5342	5828

Plan for the next Quarter:

- Follow up of grain banks and compilation of grain banks and SIG reports.
- Proposal preparation and verification of 1,374 SIG matching grant in the targeted communities.
- Completion of 1,374 SIG matching grant in the targeted communities.
- Follow up of SIG matching grant distribution to very poor household.

4.2.4. Kuchies Development- rural only

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. 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 Citizens' 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.

The overall performance of the KDSP both in the mobilization of Kuchi communities and the design & implementation of sub-projects is considered satisfactory in 2020, as compared to 2019. Please refer to the table 4.12 for Kuchi Social Mobilization activities.

Table 4.12: Kuchi Development Sub-Program activity progress

Output Indicators	Reporting Quarter	Annual Progress	Cumulative
# of KCDCs mobilized	62	207	748
# of KCDCs Elected	64	211	734
# of WBA completed	88	243	713
# of KCDPs developed	86	242	711

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 due to the failure of the line ministries and the High Independent Directorates in the fulfilment of their commitment with Kuchi communities. The social awareness of the Kuchi communities about the ministries and the services they provide has been increased. 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 complicated and bureaucratic hiring process of Kuchi district engineers and the allocation of RASS fund to the Kuchi sub-projects, the KDSP managed to survey and design 462 sub-projects, and implement 83 sub-projects consisting access to potable water, road graveling, culverts, and retaining walls. The progress is illustrated in the table 4.13 below.

Table 4.13: Kuchi sub-program KCDCs membership

Output Indicators	Sectors	Fourth Quarter	Annual	Cumulative
# of sub-projects surveyed and designed	Water Supply			
	Road and bridges			
	Irrigation	74	236	466
	Power	133	240	240
PLE# of sub-projects on-going	Water Supply	5	88	88
	Road and bridges			
	Irrigation			
	Power			
# of sub-projects financed	Water Supply			
	Road and bridges			
	Irrigation			
	Power			
Total				

The majority 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 low who find it difficult to understand the social mobilization tools. Despite 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 4.14 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	734	2,936	2,002	934	68	32
Over all Female Membership in KCDC	734	12,799	6,912	5,887	54	46

The main reason for lower rate of women as CDC members and Office Bearers is that they are experiencing CDC membership for the first time unlike the normal CCAP areas where women had already been members of the CDCs since NSP. In addition, the cultural barriers also hinder them from active participation which will improve over the time with further awareness raising and social mobilization.

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

The program has 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 Covid-19 relief response are reflected in this report and it does not include REACH which is a separate project under Citizen's Charter bigger umbrella. The program is implemented by MRRD in rural and IDLG in urban communities. The implementation of Covid-19 relief response is carried out by the CCAP's existing staff.

a. Rural 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 communities by providing a package of food and non-food items. Citizen's Charter visited each targeted community 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 select the eligible households (middle, poor and very-poor households) based on the Well-being Analysis tool, making sure that the WBA is revised where required. However, it is to be noted that since the majority of the country faced poverty shocks due to COVID-19, the support was extended to over 90% of HHS. As a result, 280,424 households benefited from the food and non-food packages of Dastarkhwan-e Meli, which forms 89 % of people in 2,195 rural communities.

Table 4.15: COVID-19 relief response progress- Rural

Indicators	During the reporting period	Cumulative up to the end of the reporting period
# of communities with awareness and profiling conducted	10,849	10,849
# of communities with beneficiary HHs selected	9,813	9,813
# of communities received COVID-19 relief package	2,195	2,195

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

B. Urban CCAP Covid-19 relief response

The COVID-19 Relief Effort for Afghan Communities and Household (REACH) /Social Inclusion Grant (SIG) which named (Dastarkhwan-e Meli) by the government, designed in consideration of Afghanistan situation “To provide emergency support to the selected households and communities in the targeted areas”. The SIG pilot process has been started for the Covid-19 socio-economic relief response in urban CCAP areas under a framework between the World Bank and IDLG.

To study the implementation feasibility in small scale, and also for paving the way and finding the fundamental issues before implementation, it is decided to conduct pilot phase in 8 CDCs of the four major cities (Herat, Mazar-e-Sharif, Kandahar and Jalalabad), for distribution of both Food and Cash packages to the eligible households.

The pilot phase of REACH/SIG facilitation started in July 2020 with identifying eligible households, selected and registered as beneficiaries. Selection and registration process took place by the presence of CDC’s member, PMU staffs, Mullah Imam and youth committee members. Provincial M&E team verified the registration forms, then the distribution conducted in 7 CDCs of the 4 targeted cities, the distribution did not take place in one CDC (Ansari 8) of Mazar-e-Sharif, due to CDC’s disagreement on using their fund. During this pilot implementation, totally, 1600 households (1011 HHs in 4 CDCs received in cash distributions and 589 HHs in 3 CDCs received in kind distributions). The M&E unit monitored the entire process by using the monitoring forms already were developed.

- Prepared monitoring forms for SIG to English and local languages (Dari and Pashto) and developed their module in MIS.
- Prepared and delivered English orientation presentation for COVID-19 relief response/SIG for PMUs and FPs key staff.
- Developed monitoring mechanism and tools for REACH/SIG, guideline for COVID-19 awareness, REACH MIS for IDLG and Kabul Municipality.
- Trained all FPs on ODK/Kobo usage for SIG and REACH distribution and developed OKD/Kobo procedure and forms in MIS for SIG and REACH.

From 06 to 08 October 2020, a refresher training was conducted on SIG implementation process for 37 PIU and PMUs staff (31 male, 6 female) in Kabul city.

On 10th June 2020, conducted a training on Gender sensitivity parts of REACH/SIG to 25 staff (14 male, 11 female) of FPs and PMUS through WebEx, in this session was focused on Gender gaps and addressing these gaps in REACH/SIG program, awareness raising on GBV and GRM subcommittees. Prepared REACH project environmental and social management framework (ESMF), environmental and social management plan (ESMP) and stakeholder engagement plan (SEP).

Important Lessons Learned from Urban SIG Pilot:

Ciy	Comm ID	# of HHs in CCAP/MIS	# of HHs as per CDC	Variation %	# of HHs processed	% of	# of	# of ben	# of ben	# of ben HH	# of IDP	# of	# of FHHs	# of HHs	# of HHs	# of HHs	# of HHs	
Jalalabad	Salam	219	395	80 %	300	76 %	273		27		201		20	12	70	53	177	300

Mazar	Ali Chopan Naqlin	187	265	42 %	205	77 %	56		149		37	7	18	4				150
Herat	Hambastagi Eshaq Sulimani	222	303	36 %	216	71 %		134		82	84	2	11	15	4			
Herat	Etefaq Jebraiel	208	248	19 %	236	95 %	15		221		76	5	3		2			
Kandahar	Tasnim	243	270	11 %	260	96 %	130		130		98	46	12	13	12	22		
Kandahar	Gullab	217	230	6 %	224	97 %		112		112	16	4	13	23	11	46	6	
Jalalabad	Bar Tawheed Abad	210	168	-20 %	144	86 %		46		98	54	5	12		9	7	128	144
Total	7	1,506	1,879	2	1,585	6	474	292	527	292	566	65	86	52	117	128	311	594

4.2.6. Peace Project Implementation (Urban)

Since 2014 within the international troop draw-down, economic growth has declined, poverty rates have increased, out-migration of youth remains high, un-employment and under-employment rates continue to raise. Simultaneously, the influx of refugee, returnees and the number of internally displaced populations have increased substantially due to raising insecurity, ongoing insurgent and counter-insurgent activities, and natural disasters (including prolonged and seasonal droughts and flooding). For encountering with said problems it was decided that a project by the name of Peace should be implemented in the country and the pilot for urban will be in Jalalabad city. The main reasons for selecting Jalalabad is because it is a regional hub city, it is major city in the east of the country. The impacts of such a program can then be seen by many other districts and smaller provincial centers that access it frequently, neighboring districts within the province have been cleared of Taliban presence or at least the Government has regained control of them in recent years, the Government has made commitments of quick development to the people here, overall high levels of poverty and under employment, the city's geographical location has created links to a number of other cities and also for imports from Pakistan and parts of the city covered by CCAP and EZ-Kar but other parts are remaining uncovered.

Scope and Coverage for urban:

IDLG will implement Peace Pilot in 75 communities in Jalalabad city of Nangarhar province. The peace pilot program will be implemented in District 6 (35 communities) and District 8 (40 communities) of Jalalabad city, covering an estimated 13,125 households (or 91,875 population) and the learning from this pilot will possibly be included in subsequent phases of CCAP when "post-peace programming" will be scaled up to cover all areas of the country.

Implementation of Peace Initiative Project in Jalalabad city

A three-member team of training & capacity building unit had a mission to Jalalabad city from 25/2/2020 to 18/3/2020 for implementation of peace pilot project in two CDCs, district 8, Jalalabad city and conducting one day orientation training on 1st March 2020 Sunday in this regard, for PMU, Municipality and FP staff which included 17 participants (14 males, 3 females).

On 3rd and 4th Feb 2020, a joint team of PIU and PMU organized a large meeting with the communities, that were selected for peace project, in consultation with the relevant district elders, the meeting participants were 120 members (90 male ,30 female) of the two pilot CDCs.

On 05 March 2020, the team started household survey of the two pilot CDCs and on 08 March 2020 elections conducted for selecting the two CDCs members and office bearers.



Training session for communitis female members



Training session for communitis male members

5. GENDER EQUALITY AND SOCIAL INCLUSION

5.1. Rural

Gender remains an integral part of the CCAP and its sub-programs. In addition to the mainstreaming gender at every level through training, workshops and organizing missions in different provinces, in 2020, an annual plan on Gender Equality was developed for the HQ and regions following which 15 provincial visits were made by the Gender Division. During these, we identified deficiencies in the FPs work that needed to be changed or reformed, this was further shared with the FPs to revise their approaches ensuring that gender equality is fully integrated in their activities and no woman is left behind. Similarly, we believe that while significant gaps exist on gender equality in rural Afghanistan, women are participating meaningfully in the successful design and implementation of CCAP and sub-programs implementation, at CDC and Cluster levels.

Based on the field observations of the gender division, women are becoming integral members of the communities where they were embarrassed to share their viewpoints before, they are now finding CDCs as a safe space, especially in Bamyan, Daikundi and Badakhshan, to become active members of the society at the institutional level. Women are able to exchange ideas and value their social roles and status in the decision-making processes. However, based on a field visit in Kandahar, we identified discrepancies in women participation at the community level due to cultural and social barriers, which continues to remain a challenge for the program. Similarly, prior to introducing the score cards and linkage processes in Shagai and Tarnak Jaldak districts in Kandahar and Zabul provinces respectively, it is identified that the clinics has lack of female staff in health and education facilities in the mentioned districts. However, after carrying out the score cards and linkages activities, the relevant clinics recruited 9 female staff within the two districts last year. This issue was raised at the DCCMC and PCCMC meetings to address the problem. Subsequently recruited 1 female doctor, 3 midwives and 3 nurses in Shagai district, and 1 midwife and 1 nurse in Tarnak Jaldak district.

The program continues to tackle sexual harassment and casual sexism at workplace. In 2020, the Gender Division visited Nangarhar, Kandahar, Badakhshan, Bamyan and Daikundi provinces to conduct awareness sessions on Gender Mainstreaming in CCNPP, GBV and Harassment in Work-Place as well as visited the CDCs in person to assess the quality of work their work from gender perspective. The provincial visits resulted in the direct observation of how CDCs engage women in the decision-making process. It helped established trust and optimism of the local women and improved the quality of work carried out by the FPs. In 2020, we prepared video spots to increase women's presence and inclusion in the CDCs and the impact of CCNPP on the rural women's life. The first video was published on September 2020 on national TV channels depicting female members of a CDC being active in livelihood projects in Badakhshan Province. In addition, women were depicted monitoring the work of CCAP as the community members. We can confidently assume that this would have contributed towards gender-transformation (to some extent) in the rural parts, especially where women are rarely seen in public places. In addition, we have observed significant participation from Afghan women. They appear to be more active in Karukh, Zanda Jan, Pashton Zarghon and Kohsar districts of Hirat province. Women are now actively taking part in contributing towards the household income by establishing Quran Sharif learning courses, have opened bakeries for and provide tailoring courses. While these appear to be traditional, women-only activities promoting gender-stereotypes, in a conservative society, this is considered a huge achievement.

Some of the other key outputs include: GBV and Harassment in Work-Place Training in 12 provinces to 450 employees of CCNPP in provinces resulting with increased confidence amongst the program and project staff, GBV Guideline for Operation Manual, an event on the 16 days of Activism Against Gender Based Violence Campaign and supporting other projects under CCNPP. For detailed information on these outputs, please refer to Annex E.

Table 5.1: Gender next quarter and 2021 plan

Outputs	First Quarter Target	Annual Target
All CCNPP Staff is trained on GBV and Harassment in Work-Place	250 people	400
GBV Case management finalized and placed in operation manual	1	
Gender Refresher Training for North Region	1 Province	5 Province
GBV and Harassment Training in communities	1 Province	8 Province
Field Visit	4	30 Province
Gender Working Group Meetings	2	12
Reporting and resolving GBV Cases	Based on Need	Based on Need
Implementing and monitoring the gender section of the CCAP OM		

5.2. Urban

Member	Total	Male		Female	
		#	%	#	%
CDC Members	18,495	9,261	50.07	9,234	49.93
CDC Office Bearers	3,444	1,720	49.94	1,724	50.06
Eligible Voters	652,549	330,590	50.66	321,959	49.34
Actual Voters	444,884	226,331	50.87	218,553	49.13
Beneficiaries	1,414,444	714,721	50.53	699,723	49.47

As you can see in the above 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%).

Gender Related Progress:

- Developed the Women's Livelihood Projects handover guideline. The guideline has been approved by WB and was annexed to CCAP Operation Manual.
- Created close coordination and linkage with the WEE-NPP, WEE-RDP and Afghan Women Chamber of Commerce Industry (AWCCI). As a result, the WEE-NPP included all WLP into their budget plan, we need financial support and lobbying through WEE-NPP. The WEE-RDP also promise to provide technical support to the ladies working in Women Livelihood Projects. The AWCCI registered the women working in livelihood projects in AWCCI MIS in order to support them consultatively and technically to continue their business in future.
- Linkage with market, most of the WLH projects already have found permanent customers for offering their services/products.
- On 3rd June 2020, held a coordination meeting with 16 field staff (9 male, 8 female) on resuming women subprojects implementation activities, taking into consideration of social distance and precautionary measures during COVID-19 disease lockdown.
- On 10-11 Sep 2020, conducted a workshop on Business Plan and Market for Women's livelihood Projects with 20 female beneficiaries.
- On 20th March 2020, conducted an anti-harassment workshop for 24 CCAP staff (11 male, 13 female) on anti-harassment awareness raising, introducing the Grievance Redressing Committee and Code of Conduct for creating a safe working environment for women in the office.

Field Missions:

- Conducted almost two missions monthly to the major cities. The main purpose of the missions was to ensure equal and meaningful participation of men and women at field level as has been stated in the Operation Manual, see objectively the results and impacts of women's participation in their social life, detect issues that could adversely affect the program and find out solutions for these issues.

Women's Livelihood Projects:

Checked, verified and approved all 175 women’s livelihood subprojects of which, 175 subprojects were financed, 143 subprojects are ongoing and 52 subprojects have been completed. By implementation of these projects about 5,947 women would be the actual direct beneficiaries who are involved as trainees, trainers, and support staff.

Table 6.1: Sector Wise Level Women’s livelihood Subprojects

Project Title	Subprojects status			Beneficiaries			Planned Budget (Afs)
	Financed	Ongoing	Completed	Actual Female Trainers	Actual Female Trainees	Actual Female Support Staff	
Bakery	10	5	5	14	895	0	12,864,000
Cake and Cookies Production	12	8	4	8	675	0	15,688,000
Poultry Farm	11	0	11	39	2,000	0	14,740,000
Child Protection Centers	7	2	5	0	0	0	9,380,000
Embroidery Vocational	25	23	2	9	172	4	34,136,800
Fast Food Facilitating	8	8	0	0	0	0	10,720,000
Girls’ Schools Classrooms	13	11	2	4	40	4	18,452,800
Pickle and Jam Factory	2	1	1	7	475	0	2,383,740
Saponification	8	5	3	0	0	0	11,310,400
School boundary wall	3	1	2	0	0	0	4,168,000
Shoes Factory	3	3	0	2	85	4	4,020,000
Tailoring	54	44	10	4	80	4	72,906,400
Vocational training	8	3	5	24	796	14	10,598,400
Woman Park & Garden	2	2	0	34	549	5	2,380,800
Women Community Centre	9	7	2	0	0	0	12,060,000
Total	175	123	52	145	5,767	35	235,809,340

6. MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

6.1. Rural

6.1.1. Main CCAP

A total of 2,895 sampled communities were monitored in 117 districts of 34 provinces by provincial monitoring officers (PMOs), in the reporting period. Communities were randomly and proportionally selected from each district. The results from the monitoring are discussed below:

An overall improvement was reported in the social mobilization component, including availability of posters, establishment of CDCs sub-committees, frequency of the meetings organized by the CDCs' members, and availability grievances boxes in the communities (refer to Annex G for further details). The data from the sampled communities shows improvements in the infrastructure project where the sub-project completion rate was higher 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 94% of the sampled communities, people confirmed that they benefited from the chosen sub-projects. The remaining 5% were mostly people who already had access to clean drinking water or were left out from the water supply network due to remoteness. Over 96% 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 209 (6%) of the sampled monitored communities. The main reasons for the delay includes: technical problems, delayed disbursement of grants, social problems, delays in the community procurement, insecurity, cold weather etc. One of the other reasons was communities prioritizing its 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. 98% of the sub-projects in the sampled communities were reported with no deviation in the Bill of Quantity. The signing board on project site in the communities indicates the project title, start and end date, donor or implementer, and etc. These boards were reported available on the projects site in 15% of the 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 72% of the sampled monitored communities. 60% of the community members were found trained on the Operation and Maintenance (O&M) of the projects (men=1,473 and women=513).

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

6.1.2. Key Monitoring Findings (MCCG):

In 145 CDCs, 166 subprojects were monitored in the first round, and in 106 communities 124 projects were monitored in the first and second rounds. Similarly, in 16 communities, 17 sub-projects were monitored in the first, second, and third rounds.

Table 6.2: Key monitoring comparative results on MCCG from field visits

Key Indicators	Only First Round	1st, and 2nd Rounds		1st, 2nd and 3rd Rounds		
	1st	1st	2nd	1st	2nd	3rd
MCCG Poster posted in the public place	12%	25%	19%	25%	31%	31%
Resource Map availability	99%	98%	99%	94%	94%	88%
WBA Poster availability	100%	99%	99%	94%	94%	94%

Was the quality project rated in good quality	92%	100%	97%	100%	100%	100%
MCCG projects reported without delay in implementation according to the original plan	74%	75%	68%	69%	62%	50%
Lottery was compulsory in the communities	79%	80%	80%	63%	63%	63%
Lottery was considered in the compulsory communities	55%	42%	45%	30%	20%	40%
Engineers and SOs visits recorded from the communities	94%	89%	89%	81%	81%	94%

- Due to social and technical issues the proportion of project delays were higher in the third-round monitoring round compared 1st and 2nd monitoring visits
- The labors were not selected based on lottery, where the poor category was above 35%; at the same time, the MCCG SO did not facilitate and explain the labor selection process to CDC members and also in number of cases CDCs did not consider labors selection according of rule.
- The number labors listed in attendance sheet were not matching with the actual number labors working at the field
- In some CDCs the financial and procurement documents were not keep properly.

6.1.3. Key Monitoring findings of Dastarkhwan-e-mili

Our data from the past suggested that most of the existing CPM committees were dysfunctional due to lack of motivation and unawareness of their own roles. Therefore, a call center at HQ was set up to motivate the CPM committees by making calling to them on distribution days to ensure if they understand their roles well and are monitoring the project activities. This resulted in three-fold outcomes in some cases: 1) reinstating the effectiveness of the CPM committees by making them feel part of the team; 2) having them hold CDCs to account; and 3) collecting real time data on the project delivery. We discovered that considerable amount of the CPM members' phones was either switched off, or we were provided with wrong numbers, which continues to remain a challenge.

Table 6.3: Key monitoring results on Dasterkhan-e-Meli response

Indicators	CDCs		
	No	Yes	N/A
Was the targeting done based on the WBA?	10	556	
Have all eligible HHs included in the list received the package?	28	538	
Have the following eligible HHs received assistance:			
a. Female Headed Households	5	527	38
b. Elderly Headed Households		563	3
c. Households with persons with disabilities	3	548	15
Were there any problems with households signing or giving thumbprint to acknowledge receipt of the assistance?	533	33	
Does the information of beneficiaries HHs list match with the Disbursement Request Form?	17	549	
Is the approved and signed beneficiaries HH list available in the distribution site?	6	560	
Have you and the Field Responder team arrived to the community at least 1 hour earlier of the distribution?	7	559	
Did the volunteers appear on agreed time on the distribution site?	9	557	
Was the poster posted in a public place showing the key aspects of the CCAP Social Inclusion Grant towards the Covid-19	57	509	
Was the same amount of package distributed to all households?	7	559	
Are the complete procurement documents of the relief package available with the CDCs?	80	486	
Is the CPM team present in the event?	57	509	
Are CPM briefed on their role in the distribution process?	101	408	

Was the distribution team there to guide people to maintain line, keep distance and wash their hands?	232	334	
Do those involved in distribution wear masks?	60	506	
Do those that handle goods, paper, pens, cash, etc. wear gloves?	94	472	
Does the community know where and how to file a grievance?	168	398	
Was there any conflict/ argument/grievance raise during the process of distribution?	504	62	
Was it resolved?	16	46	

Further achievements include:

- The overall distribution process was reported above satisfactory in 20% of the sampled communities, satisfactory in 70%, mid-satisfactory in 9% and unsatisfactory in 1 % of the communities monitored.
- The quality of items was found to be satisfactory in 93% of communities, mid-satisfactory in 6% for the communities and unsatisfactory in 1% of the communities monitored. In total, 3 communities distributed poor quality beans and 1 community distributed soaps for clothes instead for hands.
- In 96 % of the sampled monitored communities, the distribution took place in public places, 1 % door-to-door and the rest 3% in other places. The other places included private house (n=12) of which 5 distribution took place in CDCs members houses, shops (2) etc.

For detailed monitoring findings on covid-19 relief response, refer to the annex H

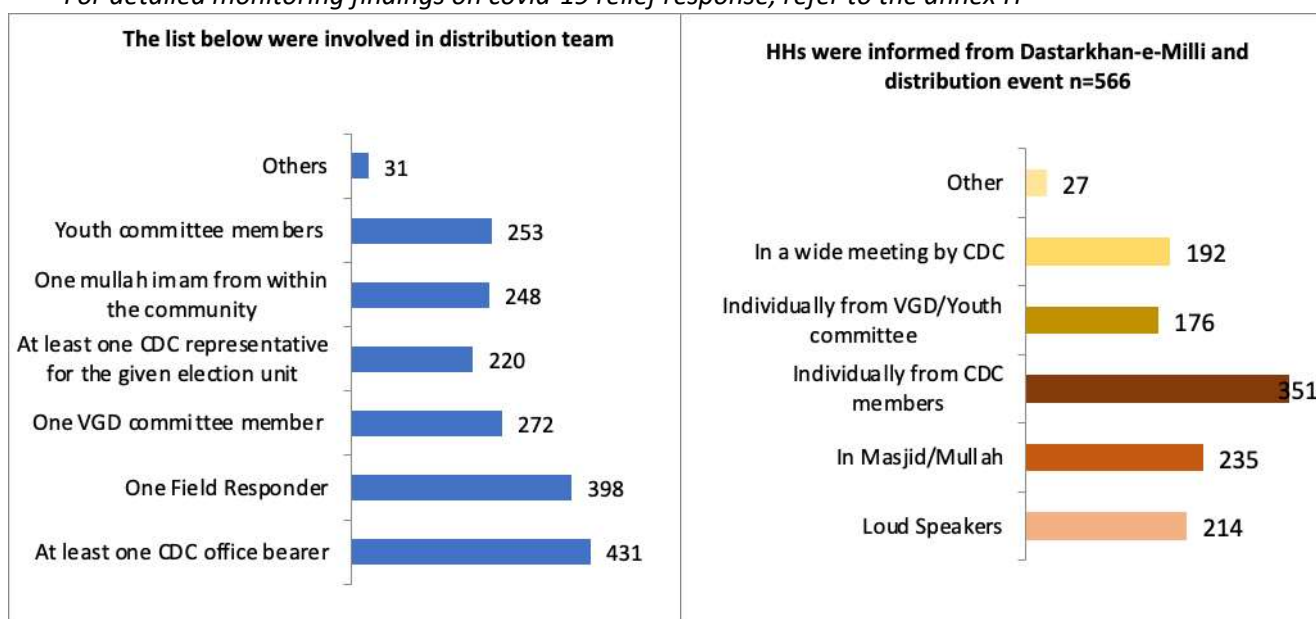


Table 6.3: Relief Call Centre tracking sheet

Indicators	Person contacted	Gender	# &Total
Complete Interviews	Community Participatory Monitoring team member	M	262
		F	26
	Beneficiary Household member	M	3,482
		F	85
Switched Off	Community Participatory Monitoring team member	M	193
		F	57
	Beneficiary Household member	M	1,004
		F	49
Wrong Number	Community Participatory Monitoring team member	M	164
		F	63
	Beneficiary Household member	M	568
		F	34

Not Responded	Community Participatory Monitoring team member	M	115
		F	21
	Beneficiary Household member	M	217
		F	6
Refused to Talk	Community Participatory Monitoring team member	M	98
		F	27
	Beneficiary Household member	M	108
		F	2
Total Records	Community Participatory Monitoring team member	M	832
		F	194
		Sub-total	1,026
	Beneficiary Household member	M	5,379
		F	176
Sub-total	5,555		
Grant Total			6,581

Table 6.4: Results of post-distribution phone interviews conducted with beneficiary households

Indicators	Average call duration	4 Minutes
	Options	Number of HHs
Response rate to the CPM teams	Agree	1,474
	Not Agree	78
	Phone not responding	61
	Phone Switched off	526
	Refused to talk	5
	Wrong Number	276

- Of the 1,474 interviews conducted, 95% (n=1397) of the with beneficiary households confirmed that they received the food packages, 5% (n=72) of them said they received nothing while there only 5 cases who did know about the food. The households who said they received 'nothing', mostly were those whose names were on the list or were not informed of the distribution. Some of them confirmed that they did not live in the community where the distribution took place. The individual cases are shared with the relevant divisions on a daily basis.
- 97.7% of the households confirmed that the quality of the items was satisfactory, 1.15% (n=16) said the quality was mid- satisfactory, and 1.07% (n=15) said that the quality of the items distributed was un satisfactory. Most of them complained the poor quality of beans.
- 66.71% (n=932) households confirmed that the distribution took place in a public place, 31 households received their packages at their houses and the rest households said that the rest were in CDC member's gardens, shops, masque and etc.
- 98.64% (n=1378) households said the consumed/consuming the packages, 1.15% (n=16) stored and less than 1% did not respond.
- 80.1 % of the HH said they are very satisfied, 19% said they are satisfied, 0.50% (n=7) were somewhat satisfied and 5 HHs said they are not satisfied with the package. The 5 unsatisfied HHs, two of them paid 100 AFN, two of them said that the distribution was uneven as some of the HHs received more and others less. One HHs complained about the quality of rice. Of the HHs who were unsatisfied, only 1 filed a grievance to which no feedback has been provided so far.

Table 6.5. Key results from the interviews with the CPM members

Indicators	Yes	No	Don't knNow
Did you or any other member of your team receive any training on your role in Dasarkhan-e-Mili	131	30	

Did the worker from government/FP conduct preliminary meeting with you and the CDC members to brief you on the basic in	129	14	18
Were PPE kits distributed by field worker/SO to participants in this meeting?	125	18	18
Did all participants wear the masks?	125	10	26
Did the distribution team guide people to?	154	7	
Keep distance	154	7	
Wash hands	151	10	
Did those involve in distribution wear masks?	151	5	5
Where there any grievances or issues raised by the community?	38	119	4
Were there any other problems with the distribution process in your community?	11	150	
Total	1169	370	71

Overall Monitoring Lessons Learnt from the relief

In addition to the strategic challenges listed in this report, we felt it important to share challenges of an emergency program. Since it is a standalone short-term project, we believe the specific learning share below can help improve similar projects in the future.

Problems with WBA: WBA presented significant challenges in the provinces where there has been significant demographic shift in the number HHs i.e., some HHs left the communities while others returned or new HHs arrived in the same area. This was mostly resulted with HHs exclusion on the distribution day as their names were not in the list. In addition, the HHs criteria was not suitable for this project, as the number of HH members varied across different locations. Which means that the food packages could have been allocated to the target people based on the individuals in each HH.

Inappropriate time of distribution: A special time should be allocated for the distribution, as some of the CDCs distributed packages in the evening that posed critical challenges such as unequal distribution, theft etc. In addition, it is difficult to monitor the project delivery in the evening in absence of call center at that time.

False grievances: Around 20% of the grievances received by the call center were proven to be false and biased due to personal interests of some of the community members or lack of information regarding the program. i.e., some the families registered the grievances of being excluded while as part of their HHs, they already received the packages. Therefore, timely investigation of the grievances and quick reporting on the results to the public helps the program's with downward accountability. It contributes to the credibility of the program and may decrease the level of baseless grievances and rumors.

High expectations: one of the major challenges during the project was managing high expectations of the donor and the government leadership in a short period of time with limited resources. This led to some critical cases of theft and irregularities in the communities where the SOs were not able to reach in a timely manner.

6.2. Urban Monitoring key findings (main CCAP)

Totally, 159 field visits (104 at CDC level, 55 at Gozar level) have been conducted by provincial M&E officers, using monitoring form 2, from January 2020 to September 2020. As result of all 104 CDC level monitoring form 2 were analysis, found that 98.1% of the project management committees have received the required training on how to operate and maintain the subprojects, 64.5% of the communities have maintenance plans for their subprojects while the remaining 35.5% communities don't have, 73.1% of communities' people are trained to operate and maintain the subprojects among them, on average 3.9 are male and 1.8 female, 100% of communities confirmed that proposals are available in their communities, 100% of communities were satisfied with subprojects selection process, 100% CPM subcommittees have been established, 77% of CPM subcommittees have monitored activities of their communities, 98.1% of the communities have received training on CPM.

As per the monitoring visits, only 63.5% of social audits have been conducted during the last three months and 99.1% monitoring officers were satisfied with overall subprojects selection, implementation, and progress.

Meanwhile, analyzing of at Gozar level 55 monitoring form 2 appears that 89% of the subproject management committees have received the required training on how to operate and maintain the Gozar level subprojects, 65.5% of the Gozars have maintenance plans for their subprojects while the remaining 34.5% don't have, 74.6% of the Gozars' people have trained on how to operate and maintain the subprojects among them, on average 4.9 were male and 1.8 female, 98.2% of Gozars have confirmed that the proposals are available in their Gozars, 100% of the Gozars are satisfied with subproject selection procedures, 100% of CPM subcommittees have been established, 80% of CPMs have monitored their Gozars activities, 96.4% Gozars have received training on CPM. As per the monitoring visits, only 27.3% of social audits have been conducted during the last three months, 91% monitoring officers were satisfied with overall subprojects selection, implementation, and progress. From September to 20th December 2020, the PMU M&E officers in the 4 major cities using the monitoring form 1 and 2 have conducted 106 field visits at CDC and Gozar levels, it is to be mentioned that data of all these visits have been recorded in MIS. Overall, improvements have been observed in social mobilization, institutional building and subprojects implementation process comparing to the last reporting period, while at the same time, challenges and deviations will be reflected in the forthcoming analytical report.

Joint Missions:

However, several joint missions were planned to the four major cities, but due to spread of COVID-19 pandemic across the country, the number of field missions were limited to the few trips during the current fiscal year, which have been summarized as below:

From 20 to 27 July 2020, a joint mission consisted of 9 members (DMM Director, CCAP GD, OD, M&E unit head and some DMM staffs) carried out to the three major cities of Kandahar, Jalalabad and Mazar-e-Sharif for inaugurating CCAP completed subprojects, starting construction of newly development subprojects, monitoring of the subprojects implementation process, meeting the mayors and municipalities, PMUs and FPs staffs of the aforesaid cities and hearing of the locals problems/complaints.

From 27 June to 5 July 2020, M&E unit head had a monitoring and grievance handling mission to Mazar-e-Sharif, the mission main objective was to redress three complaints were registered by 4 Gozars in Mazar-e-Sharif city. The missions key findings/recommendations have been reported in the below table

Table 6.6: mission's major findings

S. No.	Findings	Recommendations/Next steps
1	CPM subcommittees are not functioning as expected and social audits were not conducted in Amani, Ansarian, Noor Khuda and Mawlana Jalaludin Balkhi Gozars of Mazar-e-Sharif city.	The relevant FP should work with the said Gozars and ensure that the CPM subcommittees of these Gozars and other CDCs and Gozars are fully functioning in Mazar-e-Sharif. The social audit are to be conducted by Gozar members once per week in the mosques on Fridays, and the FPs should ensure that social audits are taking place as required.
2	The monitoring team recommendations are not followed up properly by FPs social organizers and engineers	FPs are to increase their monitoring/supervision during the subproject implementation process and ensure that the construction activities are going on in accordance to the proposal requirements.
3	Low level of Gozars communities members participation in the sessions held by FPs.	FPs and PMUs are to pay full attention on trust building among their staff by sharing openly their dissatisfaction on subprojects

		implementation activities, understanding each other problems, increasing coordination meetings and preparing jointly their monthly, quarterly and annual plans.
4	Low quality in streets construction has been observed in Gozar Amani.	In case a subproject is not implemented in accordance to the required quality, a clear guide should be provided by the engineering unit that which party should compensate this.
5	Most schools in Kandahar city are without buildings	The communities are requesting that the CCAP should include school subprojects construction in its minimum service of standers list.
6	Long process of CDCs instalments disbursement from Kabul has caused stoppage of work in some projects.	The PMUs are to review the procedure and have to provide clear justification for this in consultation with PIU relevant units.

6.3. Third Party Monitoring (TPM)

6.3.1. Main CCAP (Rural)

Overall Status of the monitoring deviations in 2020:

As of this reporting period, we had received a total of 4,642 new deviations on CC sub-projects of which 1,893 deviations have been rectified and closed. 1,361 deviations are pending with TPMA for rectification. 1,388 deviations are opened and had been assigned to field engineers for rectification in order to take corrective action. The deviations summary is as follow:

Table 6.7: 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		2	3	1		1		6		19		32
Major	241	301	129	21	8	2	45	129	28	514	79	1497
Minor	326	518	301	438	35		23	219	47	940	266	3113
Grand Total	567	821	433	460	43	3	68	354	75	1473	345	4,642

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

6.3.2. Main CCAP (Urban)

Since start of the 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 within due date. So, for, 545 out of 740 deviations have been rectified and rectification of the remaining deviations are under progress.

Table 6.8: Status of the monitoring deviations category wise:

Deviation category	Opened	Pending with TPMA for rectification	Returned from TPMA	Closed
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	Not read	Acknowledged	Rectification in progress	Pending review	More info required	Further Investigation	Rectification not resolved	Pending Ministry Action	Non-rectifiable	Rectified	Grand Total
Critical	0	1	0	0	0	1	0	1	0	7	10
Major	0	5	3	5	0	0	1	17	24	117	172
Minor	0	6	19	11	0	0	1	20	54	421	532
Total	0	12	22	16	0	1	2	38	78	545	714

Table 6.9: Status of the monitoring deviations provincial wise:

City	Opened			Pending with TPMA for rectification			Returned from TPMA		Closed		
	Not read	Acknowledged	Rectification in progress	Pending review	More info required	Further Investigation	Rectification not resolved	Pending Ministry Action	Non-rectifiable	Rectified	Grand Total
Herat	0	0	15	0	0	1	0	0	1	55	79
Mazar-e-Sharif	0	0	1	0	0	0	0	0	9	174	184
Kandahar	0	0	0	15	0	0	1	0	35	165	216
Jalalabad	0	12	6	1	0	0	1	31	33	151	235
Total	0	12	22	16	0	1	2	31	78	545	714

6.4. Community Scorecard

6.4.1. Rural

Scorecard is a community participatory assessment tool where the services users (the community members) and service providers (doctors, nurses, teachers, principals and etc.) come together and assess the availability, quality of services and also the behavior and treatment of the service providers. The CC Score Cards are a bottom-up means for the Government to obtain feedback from the communities on its pre-defined services provision in Education, Health sectors along with basis infrastructure in rural communities.

MSS Scorecard Coverage and results:

Table 6.10: MSS Scorecard coverage

Region	# CDCs Elected	<u>1st Round reported during this reporting period</u>	<u>1st cumulative</u>	<u>2nd Round reported during this reporting period</u>	<u>2nd cumulative</u>	<u>3rd Round reported during this reporting period</u>	<u>3rd cumulative</u>
Center	2,833	312	2,800	1,191	2,563	2,687	2,731
East	2,425	770	2,407	1,896	2,367	1,670	1,670
Northeast	2,174	790	2,137	1,395	1,938	1,114	1,115
Northwest	1,224	28	1,202	442	1,201	1,108	1,200
South	1,635	273	1,595	1,265	1,438	895	896
West	1,849	179	1,799	1,023	1,683	1,404	1,640
Grand Total	12,140	2,352	11,940	7,212	11,190	8,878	9,252

Access to clean drinking water and infrastructure: in the first round, a total of 11,940 communities reported having access clean drinking water and infrastructure scorecards of which 3,870 (32%) communities have access to clean drinking water while 3,011 (25%) communities have access to basic electricity as per the MSS, 8,900 (75%) of the reported communities have access to basic road, and 9,293

(78%) of the reported communities need small scale irrigation infrastructures. Similarly, in the second round, a total of 1,1190 communities reported infrastructure MSSs, out of which 4,835 (43%) communities have access to clean drinking water MSSs, 3,171 (28%) communities have access to basic electricity MSSs, 8,579 (77%) communities have access to basic road MSSs, and 8,850 (79%) communities need small scale irrigation infrastructures. In the third round, 9252 communities reported infrastructure MSSs, where 4,478 (48%) communities meet clean drinking water MSSs, 2,668 (29%) have access to basic electricity, 7,289 (79%) communities have access to basic road, and 7,994 (86%) communities need small scale irrigation MSSs.

Health: a total of 1,784 health facilities reported on the MSS Scorecards i.e., 642 in the first round, 602 in the second and 533 in the third round. In the first round, 506 (79%) health facilities reported to have met the MSS, 514 (85%) in the second round and 455 (85%) in the third round.

Education: A total of 9,955 education MSSs Scorecard completed for education facilities in all rounds, which comprises of 3,769 MSS Scorecard in first round, 3,332 in the second round and 2854 in the third round. In the first round 2,291 (61%) meet the MSS, while 2,337 (70%) in the second round, and 1,991(70%) meet education MSSs.

Table 6.11: MSS Scorecard Summary by indicator and round

Indicators	1 st Round	2 nd Round	3rd Round
# of communities reported scorecard on clean drinking water and Infrastructure	11,940	11,190	9,252
# Communities have access to clean drinking water as per the MSSs	3,870	4,835	4,478
# of communities have access to basic electricity as per the MSSs	3,011	3,171	2,668
# of communities that have access to basic road as per the MSSs	8,900	8,579	7,289
# of communities that need for small scale irrigation	9,293	8,850	7,994
# Health Centers reported on scorecards	642	609	533
# Health Centers provide all Minimum Service Standards	506	514	455
# of schools reported on the scorecards	3,769	3,332	2,854
# of schools provide all Minimum Service Standards	2,291	2,337	1,991

Plan for the next Quarter:

Table 6.12: MSS Scorecard future plan

First round	2nd round	3rd
200	950	2,888

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

6.4.2. Urban

The fourth round of urban Citizens’ Charter scorecard started in the four major cities in January 2020, in 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 the 4 major cities’ PMUs at the near future. The bellow table shows round based completed scorecard by CDCs.

Table 6.1: Summary table of performed scorecards:

Indicators	1 st round	2nd round Round	3rd round	4th round
# of CDCs filled Scorecards for Health and Education MSS	844	827	750	462
# of CDCs meet both Education and Health all MSS	334	322	311	126
# of CDCs filled Scorecards for Health	712	693	667	336
# of CDCs meet Health all MSS	480	468	462	237

# of CDCs filled Scorecards for Education	838	813	690	260
# of CDCs meet Education all MSS	339	327	316	129
# of Scorecards filled per Education Facility	120	117	105	50
# of Education Facilities meet all MSS	62	58	60	28
# of Scorecards filled per Health Facility	28	27	26	19
# of Education Facilities meet all MSS	19	21	21	13

6.5. The Citizens' Charter Institutional Maturity Index (IMI)

6.5.1. Rural

IMI is a self-evaluation tool designed for CDCs and their sub-committees to assess their maturity levels. It is also an educational process through which the elected CDCs representatives and those that serve in CDC Sub-Committees engage in self-reflection enabling them to interact and communicate effectively using focused group discussions. It allows these bodies to hold up mirror against themselves and self-evaluate their own performance in several areas, including their maturity level. This exercise is carried out twice every three years by each CDC and its sub-committees. The first of this takes place after five months of the CDC elections as a baseline. The second one, which is the end line, takes places 1.5 years after the baseline had been carried out. Between the two rounds CDCs and subcommittees are provided with capacity buildings sessions based on the themes emerged from the baseline.

Table 6.14: IMI baseline and end-line by regions

Region	# of communities elected	# of Baseline IMI reported during this reporting period	# of Baseline IMI reported cumulative	# of End line IMI reported during this reporting period	# of End line IMI reported cumulative
Center (Kabul)	2,833	122	2,777	2,271	2,271
East (Jalalabad)	2,425	420	2,409	1,657	1,657
Northeast (Kunduz)	2,174	579	2,156	1,649	1,649
Northwest (Mazar)	1,224	65	1,222	1,202	1,202
South (Kandahar)	1,635	294	1,591	351	351
West (Herat)	1,849	91	1,711	1,601	1,601
Grand Total	12,140	1,571	11,866	8,731	8,731

Table 6.15: Overall CDCs' maturity comparison between the baseline and end line

CDCs Maturity level	Baseline		End-line	
	#	%	#	%
High Mature	128	1%	2,277	26%
Mature	1,378	12%	4,371	50%
Low Mature	5,950	50%	1,914	22%
Immature	4,410	37%	169	2%
Total	11,866	100%	8,731	100%

6.5.2. Urban

By end of the reporting period, the baseline IMI has been completed in the 4 major cities as its analytical report will be submitted after comparison with end line IMI. As it is seen in the below table, by end of the reporting period, totally 656 IMI have been filled, verified and entered into MIS, for the remaining CDCs, IMI will be filled as soon as possible.

Table 6.16: Summary table of conducted end line IMI:

S. No.	City	# of End-line IMI (CDC)	# of End-line IMI (Education)	# of End-line IMI (Environment)	# of End-line IMI (Health)	# of End-line IMI (Vulnerable)	# of End-line IMI (Youth)	Grand Total
1	Herat	165	165	165	165	165	165	990
2	Jalalabad	56	59	57	58	58	57	345
3	Kandahar	284	285	285	285	284	284	1,707
4	Mazar-e- Sharif	150	150	150	150	150	150	900
Grand Total		655	659	657	658	657	656	3,942

Table 6.17: Overall CDCs' maturity comparison between the baseline and end line (urban)

CDCs Maturity level	Baseline (#)	Baseline (%)	End-line (#)	End-line (%)
High Mature	5	1%	458	69%
Medium Mature	145	22%	204	31%
Low Mature	442	66%	6	1%
Immature	76	11%	0	0%
Total	668	100%	668	100%

6.6. Grievance handling

6.6.1. Rural

Total number of grievances received within this year has reached 1,432. Out of this, 1,238 grievances resolved including 150 grievances were pending from last year (1,238+150=1,388) and 194 grievances are under process. The areas where the grievances were reported, includes Infraction of CC OM procedures, allegations on weak performance of the CDC, sub-project implementation/quality, project management related grievances (HR, Financial & Procurement), beneficiary targeting and sub-project selection. Total 93 of these grievances were reported by women.

Table 6.17: Grievances detailed breakdown

Indicators	Cumulative up to 21 Dec 2019		Progress During 21 Dec 2019 – 20 Dec 2020				Cumulative up to 20 December 2020	
			Annual		Fourth Quarter (Sep 21 – Dec 20)			
	M	F	M	F	M	F	M	F
# of grievances received	1310	38	1387	45	396	27	2697	83
# of grievances investigated and solved/closed	1163	35	1344	44	356	23	2507	79
# of grievances under investigation	147	3	190	4	190	4	190	4
Corruption charges against CDCs (individual members/joint)	27	2	24	0	8	0	51	2
Weak performance allegations of CDC	178	10	384	6	56	1	562	16
Infraction of CC OM procedures	369	9	409	5	159	2	778	14
Social safeguards	8	0	2	0	0	0	10	0
Environmental safeguards	6	0	2	0	1	0	8	0
Sub-project implementation/ quality	276	4	226	5	49	1	502	9
Beneficiary targeting and sub-project selection	231	3	62	2	9	2	293	5

Project Management related grievances (HR, Financial & Procurement)	80	5	169	25	95	21	249	30
N/A (Others)	135	5	109	2	19	0	244	7

Table 6.18: Additional indicators under grievances

No	Grievance Type	Number of Grievances in		Cumulative up to 20 December 2020	
		Cumulative up to end of last year	Progress during 21 Dec 2019 – 20 Dec 2020	Number of Grievances	Percentage of grievances
1	Infrastructure Construction or Rehabilitation	280	232	512	18.40%
2	Financial and Procurement	192	389	581	20.90%
3	Monitoring; CPM/GRC	124	306	430	15.50%
4	Minimum Services Standards	234	64	298	10.70%
5	Others (Not Applicable)	140	111	251	9.00%
6	Election at Community Level with improper process	184	27	211	7.60%
7	Project Management-related Grievances: recruitment, procurement, financial management or harassment	85	194	279	10.00%
8	Development Actors at the Community (Sos, Engineers)	48	78	126	4.50%
9	Corruption	29	24	53	1.90%
10	Lack of Women's Awareness, Participation in Exercises and Planning	18	3	21	0.80%
11	Environmental Safeguards	6	2	8	0.30%
12	Social Safeguards	8	2	10	0.40%

For more detail on grievances, refer to annex K.

6.6.2. 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 3330 which is functional during official hours. We have planned to make it functional for 24/7 while Interactive Voice Response (IVR) system installation is completed, it is worth mentioning that this hotline 3330 is toll free for complainants, the cost is paid by program.

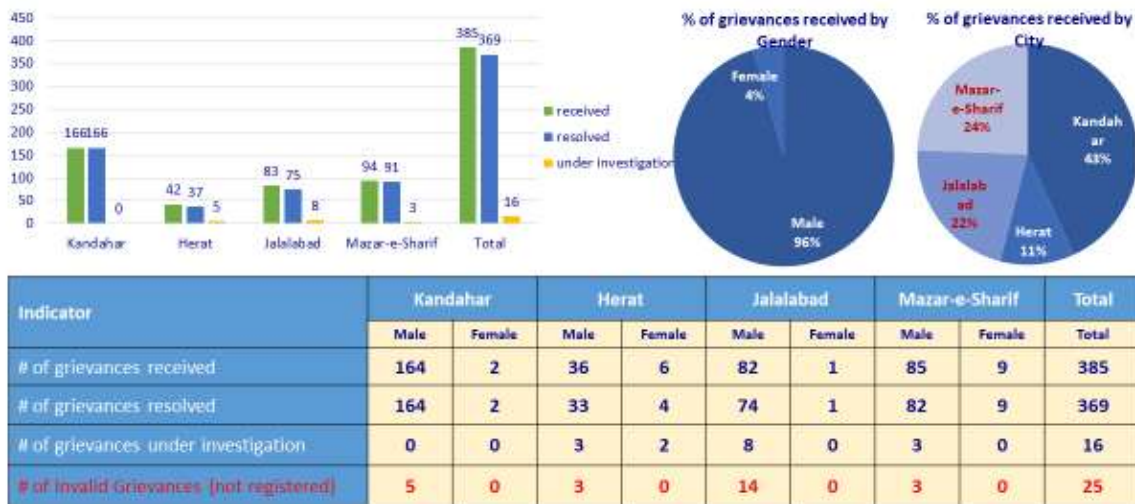
The Grievance Redressal section of the program has received a total of 385 complaints, 369 grievances have been resolved and 16 grievances are under investigation which will be addressed soon. During the year, 148 grievances have been registered by the grievance section and 144 grievances have been resolved. Below table describe more detail on number and the nature of grievances.

Table 6.19: Grievances breakdown and status:

Indicator	Cumulative up to end of previous reporting period		Progress during reporting year		Cumulative Progress by end of the reporting period	
	M	F	M	F	M	F
# of grievances received	232	5	135	13	367	18
# of grievances investigated and solved/closed	210	5	143	11	353	16
# of grievances under investigation	22	0	14	2	14	2
Categories of Grievances						

Corruption charges against CDCs (individual members/joint)	0	0	0	0	0	0
Weak performance allegations of CDC	57	2	19	1	76	3
Infraction of CC Om procedures	73	1	45	4	118	5
Social safeguards related	0		0	0	0	
Environmental safeguards	4	1	0	0	4	1
Subproject implement / quality related	98	1	70	9	168	10

Grievances Handling Update



Analysis of 323 Grievances:

- Most grievances are related to subproject implementation (46.2%), infraction of policy/procedure (31.9%) and weak performance of CDC (20.5%)
- Least grievances are in land acquisition and delayed implementation (0.3% each)
- Almost all grievances are reported by men 367 (95.3%) and 18 (4.6%) by women.
- Most grievances reported from Kandahar city (43.1%), Mazar (24.5%) Jalalabad (21.5%), and least grievances reported from Herat (10.9%)
- Most grievances reported in second six months of 2019 (38%) while in first six months of 2017 there was 0%.

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).

7.1.1. Rural

Several existing modules of M&E, finance, HR, Engineering and other divisions were modified based on the lessons learnt and newly introduced requirements. Several other new data entry and reporting modules were developed in the system for the same divisions under Dasterkhan-e-Meli, Grain Banks etc. Some HR and financial modules were developed to better manage the payroll system, maintain and update the employee documents, improved the employee performance appraisal and process the SOE base CDCs documents etc. In addition, a system is developed to allow the media access the information, which could be available to public.

Following the MoU signed with the Ministry of Agriculture, Irrigation and Livestock (MAIL), the same copy of MIS was given to the Agriculture and Food Supply Project(EATS) Project of MAIL. Their technical teams were trained and oriented, accordingly. Several modules were developed in the MIS system, including the M&E modules for SIG, Dastarkhwan-e Meli.

7.1.2. Urban

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. During the year a consultant has been hired by European Union in order to review the MIS and provide feedback on how to improve the data quality and performance of the system. The consultant has provided two documents 1) system assessment report and 2) data quality standard. Meanwhile, the MIS team has improved the system in the following areas:

- Improved the urban CCAP MIS modules for training, linkages, score card, and IMI reporting and monitoring data
- Developed task management system.
- Developed SOE based financial procedure in project MIS.
- Further enhanced the reporting sections of MIS by adding subcommittees detail report, M&E quarterly and annual reports, monitoring forms, results framework and engineering special reports.
- Developed HRM system.
- Developed REACH related modules for IDLG and Kabul Municipality.

7.2. Procurement

7.2.1. Rural

Completed Packages:

The listed procurement activities in Annex L include activities such as one floor 3D panel building, and construction of missing components in PMU offices, goods (IT/engineering equipment and office furniture), and services i.e., office supply. Of the 20 procurement activities, 16 of them were included in the Procurement Plan and were shared with the World Bank via the Systematic Tracking of Exchange in Procurement(STEP). The remaining 4 activities are under Incremental Operation Cost

(IOC). Cumulatively 13 contracts were signed for different packages under goods/non-consulting services with total amount AFN 133.36 million. Part of the International Oversight Consultant Activities, 27 contracts with total amount 35.63 million AFN have been contracted so far. Total 7 procurement activities/packages are under the procurement process and 15 planned for the next quarter.

For more detail breakdown, refer to annex L

Table 7.1: Plan for the next quarter

SN	STEP ID	Description
1	MRRD/CCAP/GD/292	IT Equipment for HQ and Field Office - The year 2020
2	MRRD/CCAP/WR/295	Joint Project Water Supply Joint Project Bagrami District Kabul Province
3	MRRD/CCAP/WR/296	Kakraks' Joint Project of Canal Rehabilitation and Construction of Weir Nangarhar Province
4	MRRD/CCAP/GD/297	Engineering Equipment for Field Offices
5	MRRD/CCAP/GD/299	Office and Electrical Equipment for field offices
6	MRRD/CCAP/SR/300	The hiring of the firm for rental vehicles of field offices - Cluster One
7	MRRD/CCAP/SR/301	The hiring of the firm for rental vehicles of field offices - Cluster Two Provinces
8	MRRD/CCAP/SR/302	The hiring of the firm for rental vehicles of field offices - Cluster Three Provinces
9	MRRD/CCAP/SR/303	The hiring of the firm for rental vehicles of field offices - Cluster Four Provinces
10	MRRD/CCAP/SR/304	The hiring of the firm for rental vehicles of field offices - Cluster Five Provinces
11	MRRD/CCAP/SR/305	The hiring of the firm for rental vehicles of field offices - Cluster Six Provinces
12	MRRD/CCAP/SR/306	The hiring of the firm for rental vehicles of field offices - Cluster Seven Provinces
13	MRRD/CCAP/GD/298	Container for Baghlan PMU
14	MRRD/CCAP/GD/293	Conex with Installation for Exam Center
15	MRRD/CCAP/IC/294	International Technical Consultation for Engineering Division

7.2.2. Urban

Successfully started the procurement process for hiring of FPs for ten AF2 cities, and the interested consultancies are shortlisted and the RFP issued to qualified consultancies. Proposals have been received from the consultancies and the proposals are under evaluation. Meanwhile during the year other procurement took place such as:

- IT equipment repair and maintenance.
- Procurement of annex house for expansion office.
- Procurement of technical equipment.
- Procurement of stationary for PIU and PMUs.

Table 7.2: 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 Services	IDLG	52.00	2.47	16.00	0.03	68.00	2.50
	IDLG	52.00	2.47	16.00	0.03	68.00	2.50
Consulting services							
	IDLG	8.00	10.10	1.00	0.18	9.00	10.28
Total		60.00	12.57	17.00	0.20	77.00	12.77

Key Challenges and Recommendations:

S. No.	Challenges	Recommendations
1	Controller at the ministry of finance seeks to ask for the tax clearance documents of the winning bidder; however, such stipulation hasn't mentioned in the WB procurement regulations.	The management shall seek cooperation from the ministry of finance for resolving this issue.

7.3. Staffing breakdown

7.3.1. Rural

71 staff was allocated to IOC MRRD. Of 71 positions, HRCSD filled only 52 positions, and 19 positions are still vacant. The Director General and Vulnerable Groups Division (VGD) head positions at the management level are vacant of which VGD head position is under recruitment.

Table 7.3: staff breakdown by gender and unit

NTA Levels	RURAL			Gender-disaggregated			Unit disaggregated		
	Male	Female	Total	HQ	Province	District	Total		
Management (A & B)	16	1	17	17	-	-	17		
Professional (C, D & E)	1323	76	1399	150	354	895	1399		
Support (F, G and H)	869	147	1016	81	254	681	1016		
Total #	2208	224	2432	248	608	1576	2432		
Total %	90.80%	9.20%	100%	10.20%	25%	64.80%	100%		

Table 7.4: Staffing status

S#	Grade	NOL	Current	In the process	Vacant	Remarks
1	A,B	38	17	4	17	
2	C,D,E	1724	1399	91	234	
3	F,G,H	1088	1016	40	32	
Total	2850	2432	135	283		

7.3.2. Urban

Of the total 235 staff approved in the staffing plan, 207 were contracted, the recruitment for 4 new staff is under process, and 24 more staff will be recruited later in the CC implementation. During the current year totally 15 staffs (10 male, 5 female) have resigned. **20% of the recruited staff are female.**

Table 7.5: Table below shows breakdown of contracted staff:

NTA Levels	URBAN			Gender-disaggregated			Unit disaggregated		
	M	F	Total	HQ	Municipality	Total			
Management (A & B)	26	2	28	24	4	28			
Professional (C, D & E)	99	33	132	59	73	132			
Support (F, G and H)	42	5	47	29	18	47			
Total #	167	40	207	112	95	207			
Total %	80%	20%	100%	54%	46%	100%			

Table 7.6: Key Challenges/Recommendations:

S. No.	Challenges	Recommendations
1	No insurance and DSA according to international norms and standards and not upgrading of staff according to NTA and promotions based on WB NOLs are the main reasons for staff turnover.	Without gross salary we only have communication allowance under NTA, the WB does not allow any other allowances to the staff which results to loss of capacities, so the WB is recommended to allow the insurance to the staff, this will help us to retain the staff and control the turnover.

7.4. Public Communication

7.4.1. Rural

The Citizen's Charter has had effective and systematic contact and relationship with media over the past year. Regular meetings, emails and phone calls were conducted with media management and key journalists at national and local levels. As a result of strong relationship with the media, they responded positively to our contact and are always invited to cover CCNPP's achievements and events. The team met with the prominent media management in order to discuss the recent update on CCNPP, especially on the score cards, and gain the attraction of media outlets to educate the public on the importance of score cards. The program also authored articles covering various important achievement of CCNPP in national newspapers regularly, such as Hewad, Eslah, Kabul times daily and others. Phone calls, emails, and footages were shared with media to maintain the relationship. We also worked with **The New York Times** journalist on their opinion ([The Three Rules of Coronavirus Communication](#)) and fed them with the information and footages on how the CCNPP was involved in raising the public awareness around COVID-19 key messages reflected in this opinion. Meanwhile, Dastarkhwan-e Meli program launch and distributions have had great media coverage. The program facilitated media visit to some of the distribution sites.

The CCNPP also signed contract with 13 leading TV (TOLO & TOLONews, Meli, Ariana, 1TV, Khurshid, Shamshad, Kabul News) and Radio stations (Arman, Ariana, Khurshid, Kilid, Shamshad) for airing paid PSAs for a duration of one year.

Media monitoring was conducted regularly that captured 8,518 mentions/reflections of CCNPP in the national and local media with positive perceptions. CCAP management also appeared once or twice every month on media programs to exclusively discuss CCAP achievements.



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



1TV, Zhwandon TV and Arezo TV reporters were taken to Barami District to cover a distribution under the Dasterkhan-e Meli program

Furthermore, the team continued partnering with media on paid radio and TV spots to raise the general awareness regarding the program operations at the national level covering 15 key media outlets with over 300 minutes spots (mostly one-minute spots) broadcasted.

Considering the importance of the awareness on COVID-19 in the country, PCD initiated awareness campaigns through social media and documentary films and spots to educate the public on the preventive measures and key messages on the COVID-19. Further, the communication team within the related IAs, developed the communication strategy for Dastarkhwan-e Meli in coordination with the media office of the first Vice President and MoF. The strategy includes a comprehensive budget plan, key messages and audience mapping at the national and local level. The communication strategy and most of its relevant products such as the billboard, two pagers, Q&A, content for brochure, GRM

posters, banners and informative TV spot, logo and etc are developed for Dastarkhwan-e Meli in coordination with the partner organizations.

The website <http://www.ccnpp.org/Default.aspx> and social media pages of CCNPP is regularly updated, with Facebook as a key channel of communication. This was reached to more than 66,800 followers last year alone.

Additional achievements include:

- The program developed and prepared a number of awareness raising products for the CCNPP MTR at the World Bank and communicated the key achievements to the participants, especially for the program donor representatives in the form of a documentary, infographics, banners, brochures, one-pagers, spots and other promotional material conveying the key program outcomes.
- 16 rounds of Mobile Cinemas were conducted for the CDCs and local residents in different districts of Badakhshan, Takhar, Balkh, Herat and Faryab provinces covering hundreds of people. We showcased video documentaries on all components of the CCNPP as well as encouraging the CDCs to maintain projects, women empowerment and the GRM.
- To keep the internal staff aware about the CCNPP achievement, an internal weekly newsletter was created. This is shared every week with all staff members. The contents include the updates, news and articles associated to the program.



A scene of mobile cinema display to local residents, in shahre buzurg district, badakhshan



a scene of mobile cinema display to local residents, in nule alam district. loaar

Key Plans for next reporting period:

- Implement the Dastarkhwan-e Meli communication strategy and messaging
- Start awareness campaigns of CCNPP and messaging through billboards
- Concentrate on the traditional communications and messaging tools
- Take national media reporters to the CCAP Projects in the field.
- Ensure that the CCAP and REACH websites are updated with current information (reports, photos, presentations etc.).

For more detail on public communication, refer to Annex M

7.4.2. Urban

The program focuses to increase the community awareness regarding the program activities and achievements, during the year the media appearance were as following:

- 1,203 media appearance (745 TV events, 432 Radio mentions 26 talk shows) which has been illustrated in the below chart.
- Participated twice a month in life talk shows on the topic of Citizens' Charter achievements which were broadcasted through Radio Bayan's 74 substations countrywide.

- Arranged 24 interviews through Radio Bayan regarding Public Awareness Raising on GRM, Project Monitoring, and Women's Participation in Citizens' Charter which were broadcasted concurrently by its 74 substations countywide.
- BBC and Voice of America (VOA) developed news reports on Citizens' Charter achievements and depicted the impact of women role in urban areas.
- Arranged several interviews of CCAP Management with TOLO and Khurshid TVs.
- As per communication strategy, the Citizens' Charter latest progresses are updated in the CC website and social media pages on daily and hourly basis.
- The total engagement of the urban CC Facebook has reached to 385,530 audiences so far
- Besides, updating 380 posts in the website and in the social pages, we have 4 series in social media pages (before – after picture of each subproject, good photo of the week taken of one completed subprojects, Monday success story profile of the best CDC/Social practices, and 24 hours' story update at Facebook timeline) to attract variety of audience group as a great number of people are interacting, sharing and commenting on these series.
- A total of 67 videos produced with messages of champion CDC performances, MSS projects impact, women livelihood projects, before and after situations of the cities, Dasterkhan Meli videos and etc. These videos were mostly occasional based, as an average one movie/video has been produced per week.
- Besides focus on reaching to external audiences/participant groups, some channels have been activated for communicating the program progress to CC staff members as emails, newsletters, WhatsApp and Viber Groups, presentations, wall messaging, and developing personal briefing package to newly recruited staffs.

Important Lessons Learned:

- 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.
- For media campaign on GRM, MSS and Scorecard a contract was signed with Media Group Company. What we have learned, is that we should not look for a production company, instead it is better to deal directly with the TVs, because the production companies create a lot of problems during implementation, especially in payment related issues.

Key Challenges and Recommendations:

S. No	Challenges	Recommendations
1	COVID-19 put negative impact on various communication activities including traveling to field and cities.	As soon as the threat subsided, the outreach campaigns restored with new approaches.
2	Cultural barriers in terms of women participation in making videos and other publication materials for Citizens' Charter.	The Gender Unit is recommended to conduct more women trainings and mobilization activities in order to convince them and their families to participate in social activities.

7.5. Environmental and Social Safeguards (ESS)

7.5.1. Rural

The main goal of ESS is to promote the environmental and social sustainability of sub-projects by protecting people and their environment from potential adverse impacts and enhancing benefits. We help do this through safeguard policies such as Environmental and Social Management Framework (ESMF), Resettlement Policy Framework (RPF) and national law and regulation on ESS that serve to identify, avoid and minimize harm to people and the environment.

Progress to date:

Table 7.7: The CCAP ESS progress for the reporting period is as below:

Indicator	# (Main CCAP)	# (Kuchi Sub-program)	# (MCCG)
# of Site Selection done	5535	246	876
# of ESMPs prepared	5483	245	874
# of voluntary land donations	3158	80	3
# of purchased land	17	0	0
# of Public land (community/gov)	1237	80	97
# of ESS sub-committees established	2362	0	0
# of Communities trained on ESS	11723	0	0
# of ESS related grievances recorded	20	0	0
# of subprojects monitored on (SS aspects	1820*	0	0
# of compensation	0	0	0

ESMF was completed for Dastarkhwan-e Meli CCAP and was revised to ESMP. During the reporting period, we completed Social Risk Assessment (SRA) for the IDPs, returnees and economic migrants with the support of the Bank.. We also signed the MoU between MRRD, MoUA and Kuchi Directorate on temporary use of the Governmental Land (for 5 years which can be extended based on needs, request and agreement of different stakeholders such as line ministries and beneficiaries) for the implementation of development subprojects under Kuchi. This was shared with World Bank Safeguards team.

The program also published ESS publicity material to raise community awareness, and conducted awareness sessions for CDCs on water and air pollution in Kabul province(228 CDCs were covered with 4778 participants of which 2633 were male and 2145 female).

The ARAZI (Afghan Land Authority) has asked for a list of indicating how much land is required for each project. However, this is a challenge for us since the projects are designed and developed on the basis of community needs and we have little or no awareness of where these projects will be implemented in the future. We are not in a position to provide this to ARAZI. Consequently, we have drafted an MoU to be signed between MRRD and ARAZI to resolve this issue.

Refer to Annex N for 13 joint projects

7.5.2. Urban

Social Risk Assessment:

The EZ-Kar, aims to strengthen the enabling environment for economic opportunities in cities with a high influx of displacement (IDP and returnee) populations. Some of Afghanistan’s communities have been experiencing a considerable influx of in-migrants since 2002 and this has seen a sharp increase between 2015 and 2018. These include returning refugees, Internally Displaced Persons, and economic migrants. In-migration significantly affects the host communities in terms of stretching existing services and increasing the competition for natural resources and unskilled work opportunities. In this context, there is a need to understand how returnees, IDPs and economic migrants fare in terms of shelter, jobs, access to key services, and meaningful inclusion in the existing governance structures and participation in the Community Development Councils and their sub-committees. Under these circumstances, the present project, CCNPP has conducted a Social Risk Assessment. The overall purpose of this study is to better inform the two Projects (CCNPP and EZ-KAR) in its design and implementation modalities related to social safeguards, especially related to the displaced populations but also covering the impacts of the displacement on the host communities. The risks, gaps and issues identified by the assessment can be used to better inform policy and procedural decisions and discussions for the future of both Projects.

Jalalabad Park Safeguards Corrective Action Plan (SCAP):

From April 2020 to September 2020, the TPM conducted two missions for auditing Jalalabad park SCAP implementation process. The TPM did not review the existed relevant documents precisely as well as the current statuses of the SCAP process. On the other hand, the TPM carried out a mission to the area and contacted the affected people directly without coordinating with Jalalabad PMU. Therefore, the affected people provided inaccurate data/information to the TPM which was different from the information provided through confirmation letters by DAB and other commercial banks. The TPM shared the audit report with the WB, and the WB advised them to collect accurate data and revise the report.

The TPM conducted second mission, unfortunately, the mistake has been repeated and the report submitted to WB with inaccurate data. On 20 September 2020, the WB held a meeting with TPM and urban ESS PIU staff about the second report, justifiable reasons along with relevant documents provided for both, finally, they agreed to finalize the case within the forthcoming week.

The TPM shared the Jalalabad park case report for the third time with ILDG, whereas the report was unacceptable for the IDLG side; therefore, the IDLG returned the report back with proper justifications to TPM.

Table 7.8: 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	
	MRRD	IDLG	MRRD	IDLG	MRRD	IDLG
# of Site Selection done		1,317		8		1,325
# of ESMPs prepared		1,317		8		1,325
# of voluntary land donations		35		2		37
# of purchased land		4		0		4
# of Public land (community/Gov.)		13		4		17
# 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		0		9
# of Monitored ESS issues in SP		801		14		815

Key Achievements:

1. Finalized, published and distributed the ESS booklet among communities in the 4 major cities.
2. Conducted a mission to Kandahar province from 14 to 21 July 2020, for visiting the sites where land acquisition and ESS relevant problems had happened. The mission identified five ESS issues (1-trees cutting, 2-water reservoir cleaning, 3-constructing water manhole close to road ditch, 4-labor health and safety, 5-land acquisition/documentation and dust control issues) and shared their findings with PMU, HRDA and Kandahar city mayor, the issues were discussed with them and agreed on preparing required documents for all ESS cases, especially filling of land acquisition/donation forms for the six identified sites.
3. Conducted a joint official mission with a team of engineers to Herat city from 31 August to 05 September 2020 for visiting four (2 CDCs, 1 GA and 1 BGA) level ongoing projects had ESS issues, shared our findings and recommendations in a meeting held with PMU's and FP's ESS focal points, site engineers, and PMU/FP management, in the meeting, discussed the current situations, details of the projects, plans, and planned SPPs from the ESS perspective.
4. Conducted an online ESS training for 9 ESS focal points (8 male, 1 female) of the 4 targeted major cities PUMs and FPs from 20 to 22 September 2020. The training topics were proper preparation of ESMPs, application of WB's ESS policies, ESS reporting process, GRM, ESS checklists and ESS monitoring,
5. Finalized Disaster Risk Management (DRM) principles in close coordination with MRRD Disaster Risk Management Center for integrating the DRM principles into CCAP Operational Manual.
6. Implemented Jalalabad Park Safeguards Corrective Action Plan (SCAP)
 - ✓ Disbursed Afg.10, 658,000 compensation amount to 192 affected stall owners.
 - ✓ Disbursed Afg. 24,904,020 Compensation amount to 11 affected households.

- ✓ Given 14 plots to 11 households as compensation against their land.
 - ✓ Transferred Afg. 413,700 to Jalalabad municipality account as the land cost and taxes of 14 plots.
 - ✓ Prepared SCAP implementation final report and received its conditional NOL from WB on 20 January 2020.
 - ✓ Restarted Jalalabad park subproject physical activities on 10 February 2020, the subproject physical activities was stopped, on 08 April 2019, due to non-compliance with the approved Resettlement Policy Framework (RPF) for CCAP and the World Bank's social safeguards policies.
7. Finalized ESMF and RPF training material based on MoE ESS colleagues' feedback.
 8. Help the TPM representative on preparation of post-audit report of Jalalabad park project SCAP implementation report through the collection of PAPs contact numbers and bank verification letters. TPM collected inaccurate information, as a result, the WB advised them to collect accurate data and revise the report.
 9. Prepared, developed, designed, and finalized ESS brochure content for urban area community awareness in coordination with the Communication Unit and got its NOL from WB.
 10. Developed an ESS logbook for ESS related issues such as trees cut down, OHS, and land acquisition issues.
 11. Compiled Land Data Sheets of provinces and shared with WB.

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

8.1. At the national level:

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

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 2020, the MoF team worked closely with line ministries towards implementing the CC Governance, Coordination and Reporting Mechanism at place. Various coordination meetings at ministers' level, directors' level and technical committees' level were held. More importantly, two inter-ministerial steering committee meetings were conducted on key policy and strategic issues including the Mid-term Review of the Citizens' Charter. 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.

Citizens' Charter Steering Committee Meeting dated Feb 19, 2020

The meeting was opened by H.E Dr. Mohammad Hodayoun Qayoumi, Acting Minister of Finance then. Dr. Qayoumi welcomed the participants of the meeting including Excellency Minister of MRRD, Deputy Ministers, World Bank team responsible for Citizens' Charter and the wider CC team.

In the outset, Citizens' Charter Urban and Rural Director Generals presented the CCAP MTR's overall achievements, challenges and way forward. Following the urban and rural presentations, Mr. Janmejy Singh from the World Bank presented the CCAP MTR updates and recommendations with emphasis on key strategic priorities, implementation issues and policy recommendations going forward. The Steering Committee reached to a number of important decisions and conclusions on key strategic priorities and policy recommendations including sustainability of CDCs and sub-committees,

SOE based disbursement, insecure areas CDCs, MSS, and inter-ministerial coordination and collaboration.

Citizens' Charter Steering Committee Meeting dated April 30, 2020

The meeting was initiated with opening remarks from the Minister of Finance, Mr. Abdulhadi Arghandiwal. The participants included:

- Minister Abdul Hadi Arghandiwal (Chiar – MoF)
- Minister Nasir Durrani – MAIL
- DM Hashmatullah Ghafoori – MAIL
- DM Naheed Sarabi – MoF
- DM Shahzar Zadran – MRRD
- DM Abdul Baqi Popal – IDLG DMM
- And the CCAP directors and wider team

The meeting discussed the progress, issues and next steps of the Citizens' Charter Afghanistan Project. The MTR key strategic priorities were also discussed and followed up.

Coordination Meetings Progress:

Indicators	Implementing Agency	Total up to the end of 2019		2020		Grand Total	
		Planned	Progress	Planned	Progress	Planned	Progress
# MCCMC Meetings	Urban	12	9	16	11	28	20
# DCCMC Meetings	Rural	386	259	170	138	524	397
# PCCMC Meetings	Rural	140	94	68	26	208	90
	Urban	12	9				
# High Council for Poverty Reduction Meetings	MoF	12	8	-	-	12	8
# of CC Ministerial Steering Committee Meetings	MoF	4	4	2	2	6	6
# of Meetings at the Deputy Ministers Level	MoF	6	4	-	-	6	4
# of Meetings at the Directors Level	MoF	18	14	6	5	24	19

MoPH:

- MoPH finalized and shared with MRRD and MoF the Nutriaconducted an orientation workshop for all BPHS and EPHS implementing NGOs (health managers) and CC FPs.
- Took active part in improving the community scorecard and minimum standards for health.
- Health sector sub-national focal points attended PCCMC and DCCMC for good coordination at the provincial level.
- Shared the concept of community dialogue with IDLG colleagues to be used for health Shura activities.
- Actively participated in all CCNPP missions
- Provided technical feedback on the results of the community scorecards.

MoE:

- MoE participated in CC missions.
- Provided technical feedback on the results of the community scorecards.

9. Challenges, Recommendations & Lessons Learnt

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

9.1. Rural

S. No.	Challenges	Recommendations
2	Resource Limitation: The introduction and implementation of the emergency project -Dasterkhan-e-Meli, has meant that the sub-programs under CCAP rural have enormous resource challenges. We lacked human and financial resources such as shortage of staff, transportation and equipment in the fields. This affected the overall performance and progress of the sub-projects. The absence of regular resources can potentially lead to delay in the development work and loss of the gains the program made, especially in some of the deprived and insecure areas.	Timely resources allocation in the project design needs to be considered in order to effectively implement the program. Early and timely procurement of the equipment including vehicles, computer and other office supply need to start.
3	Inflation: During the distribution of Relief package, the cost of food materials (Oil and Beans) almost doubled. Despite the program has signed an MoU with the MoC, the cost has gone higher during the distribution.	The Ministry of commerce (MoC) needs to be well prepared for such situation when there are chances of inflation, market fluctuation and shortage of commodities (especially basic food items).
4	FPs lack progress: This is a challenge but also a learning. During the handover from the FPs, we learnt that the FPs downsized their staff despite the work load. After the FPs withdrew, the remaining targets and activities ended up on the PMUs desks adding more activities to their workplan than originally agreed. In addition, the FPs could not complete the target IMIs on time, which is still pending. Moreover, the 2nd IMI submission is taking place prior to the agreed timeline and targets. Similarly, the FPs did not complete 5,161 scorecards last year. This includes lack of submission of 1,241 in the first round of scorecards, 991 in the second and 2,929 in the third.	The program management needs to analyze the overall FPs' work which is remaining and calculate that how much time and efforts are needed to complete the remaining work which is not feasible in the current contract period for FPs. The analysis for Scorecard and IMI have been completed by M&E team and shared with the relevant divisions for implementation.
6	Sub-projects implementation delays: The sub-project implementation was delayed in some of the communities due to unpaid installments exacerbated by lack of budget a portion of the project budget was directed to Dasterkhan-e-Meli emergency project. However, we aim to resume our activities after the required budget have been approved for the next quarter/year and disbursed to the rural CCAP.	The disbursement needs to take place for all those communities where construction work is possible
8	Financial challenges: The disbursement condition was changed from IUFR (Interim Unaudited financial report) to SOE (Statement of Expenditure) based replenishment. Therefore, the fund liquidation took time due to the SOE process reporting and delayed approval by the TPMA and World Bank.	The finance team has been introducing effective ways on regular basis based on lessons learnt to the field staff in order to improve and accelerate the documentation process . There are three options proposed in order to improve fund liquidity: 1. Return to the IUFR system, 2. Double the designated account ceiling and, 3. Simplify and modify the SoE replenishment process as proposed in detailed to the WB by finance division.

9	Women's lack of interest in sub-projects: Women are explicitly requesting livelihood activities, and women-specific projects. They have clearly stated that they are not concerned about the project and prepared to sit long hours to listen to anyone.	The MRRD/CCAP management is trying to coordinate with projects that contain livelihood activities, especially benefiting women. It has formed a link with WEE-RDP to address this challenge.
10	Well-being analysis tool: The WBA needs to be revised. There should be a flexible tool to increase the inclusion criteria. The program needs to ensure that the IDPs and returnees too should be given the opportunity to work for cash. This challenge has been frequently cited and reported by the IDPs and the MCCG community members.	The program needs to bring flexibility in terms of changes into the WBA based on clear procedure and criteria to include people who return to the communities.

9.2. Urban

S. No.	Challenges	Recommendations
1	Not conducting regular missions to the provinces, lack of ESS officers' proper attention to ESS issues, Lack of coordination between PMUs and the relevant governmental sectors/agencies, Lack of ESS officers and Lack of proper coordination between social organizers and PMU engineers, have caused ESS deficiencies and issues at the field level	Solving these challenges needs management support, this will enable us to closely follow the ESS relevant issues and solve the problems on the spot during the projects implementation process.
2	Due to high level of unemployment and prevalence of COVID-19 in the country, the communities cannot afford to pay the minimum 10% community contribution of their selected subprojects.	The list of all those communities that have been evaluated very poor in the households survey or have a high percentage of physically very weak persons, has been reported to senior management. According to Operations Manual, those communities which have poor or very poor HHs above 50% are eligible for payment of 5% contribution, and those CDCs will be exempted who are unable to pay based on the established procedure as outlined in the program operations manual.
3	To compensate the COVID-19 lockdown, which had affected the subprojects implementation progress, all FPs contract goes again for no-fee extension; however, they have reduced their technical staffs, which is resulting into delays of subprojects completion within the set deadline.	For filling this gap, all the PMUs technical and none technical staffs are strongly instructed to closely monitor and support the FPs work. The FP and PMU staff will collaborate with each other to make sure qualitative subprojects completion has happened within the set deadline.
4	The PIU management has received few complaints regarding the low quality of Mazar-e-Sharif city subprojects.	To ensure quality delivery of subprojects, a project mission visited Mazar-e- Sharif for redressing of this complaint. Both the PIU and PMU management provided instructions to FP and CDCs/Gozar on revising the mix design for concrete, preparing weekly field monitoring plan for both PMU and FP to track field activities, and training of subprojects supervisors on how to monitor subprojects works on daily basis. Currently, the low quality of subprojects is under control

		and in general the standard construction work is taking place.
5	In Herat city, 11 water supply subprojects have not been connected to the city main water supply network/pipe.	These 11 water supply subprojects have 700 meters distance from the main water supply network which require more than \$50,000 expenses to solve this problem. The program management is looking for feasible solution to resolve this issue.

9.3. Inter-ministerial coordination

Challenges	Recommendations
Although the inter-ministerial coordination has improved at the leadership level of the program, yet there is lack of cooperation and responsiveness at the sub-national level. There appears to be a disconnection between the provincial administrations and CCAP at the sub-national level	IDLG to send an official maktoob to all 34 provincial governors to put CCAP on the monthly PDC meetings and resolve the issues and bottlenecks if any.
The oversight committee meetings (PCCMC, DCCMC, MCCMC) chaired by the governors, district governors and mayors are not conducted according to the set frequency. In addition, proper reporting on those meetings remains limited as well as not widely shared with MoF.	IDLG maktoob to also highlight the role of governors, district governors and mayors in conducting these meetings on the set frequency. Also, both IAs (IDLG & MRRD) to start reporting to MoF on the outcome of these committee meetings.
One of the key functions of these sub-national committees was to address issues raised in the score cards relevant to the various line ministries. However, this has not really been achieved to date.	At the provincial level, the Governors are responsible for managing and overseeing the program plus the PMU offices are required to make sure all the program objectives and targets are met. The PMUs shall work at this end and ensure the scorecards are truly reflected in these committee meetings.

9.4. Lessons Learnt

During 2020-21, we learnt the following lessons, which are based on evidence such as our communication with the community, field observations, reports from the PMUs and SOs etc.:

Community Development Approaches: we continue to learn that community-based approaches where communities are in charge of their own development priorities is the only way to reduce conflict and decrease insecurity in Afghanistan as well successful implementation of the projects. The Armed Opposition Groups (AOGs) continue to prevent the distribution of packages and other resources in Jawzjan, Balk, Ghor and Wardak provinces. However, we learnt from our experience that communities are the only way to negotiate and resolve problem with the AOGs due to their ongoing communication and access to Taliban and other such groups.

MCCG Targeting: This a repeated challenge being reflected in this report as it was already reported in the last quarter that currently 54% of Afghan population lives below the poverty line. Our assessment from the field shows that targeting only 35% of Households (HHs) according to the Well-Being Analysis (WBA) is not sufficient. In most of the communities the percentage of poor HHs is above 35%, this has been observed while checking the WBAs. Therefore, the number of targeted beneficiaries should be increased from 35% to at least 45% so that all the poor HH in the communities are covered under MCCG. Moreover, to get an accurate picture WBA should be revised or replaced with a modified and more robust poverty analysis tool.

Extension of CDCs due to social issues and insecurity: A number of communities were suspended for a while, especially in the Uruzgan province due to increased levels of insecurity. Therefore, our recommendation is to either withdraw and shift these number of CDCs in a district or province in more secure areas or give the CDCs an extension so that we contribute to support communities in the most deprived areas. Similarly, social tensions continue to interrupt the CDC activities. Therefore, the internal conflict between the CDCs and other challenges the communities face, our recommendation is that CDCs are given timelines considering the issues. In cases where the CDCs fail to resolve any minor challenges, the program management can make decision if the communities should be withdrawn or given more time. In addition, the CDCs with lower number of households within a community that does not meet the requirements, either let them continue the program with less number HHs or give them more time for discussion if communities do not show agreement then it is suggested to go for withdrawal. There should be serious action for withdrawal like an alert to communities to know the allocated number of CDCs will be withdrawn if the social issues do not solve, this way community people will try best to come up with an agreement

Administrative cost for CDCs in Dasterkhan-e-Meli: the transportation cost was equally allocated to each community without any consideration to geography (remoteness) and distance. This led to communities charging individual HHS an amount to cover the cost of transportation to deliver relief packages. This was reported in social media negatively suggesting that the government is charging HHs for the relief packages. Therefore, our advice moving forward would be to consider administrative costs carefully at the design stage ensuring equitable distribution of resources.

Learning and scalability: The provincial managers are recommended to hold weekly or at least bi-monthly meetings with the monitoring teams. The monitoring team needs to present the critical findings with high priority and urgency to the provincial unit. The provincial managers need to assign staff to come up with an action plan for the findings and provide evidence based progress in the next meeting. This will help the program to take concrete corrective actions on the critical issues before it scales up to bigger and rectifiable issues. The provincial management needs to minute the meeting and share it with everyone.

Sustainability of CDCs: The sustainability and functionality of the CDCs are directly linked security and stability of the country, include the rights of women and the vulnerable groups. In order to keep continue making the CDCs and their sub-committees engaged in the development work, it will require concerted efforts to further their capacity and of community members. According to the 'CDC bylaw', the election of each CDCs needs to take place once in each three years. Therefore, the program needs to raise awareness of the community and CDCs on the election process, value of democracy and how it contributes to peace. The community members should be encouraged to take ownership of the program and organize re-election and select their representatives.

Lack of budget for ESS mitigation measures: Rectification of ESS issues sometime require additional cost and budget which is currently not considered in the budget allocation for a community. There could be contingency cost as a general if not for each specific community or project which can help the program and CDCs deal with such cases.

Scorecard Implementation: One of the significant challenges under scorecard implementation is that some of the communities who receive the services from a school or clinic are not part of the CCAP coverage. In addition, some of the targeted communities are located as far as 60KM away from a school or clinic, which makes it difficult for a community to join other communities who report on the scorecard. Therefore, these communities should be exempted from reporting on the scorecard in health and education MSSs. The program needs the World Bank's approval on this

Success Story

Rural

Innovative Approaches to Community Development in Afghanistan: The Public Resources Map

Rural development is rapidly changing in Afghanistan. Whereas traditional structures placed the decision-making power in the hands of a community's male elders, today women and young people work side by side with their community members to analyze, develop multifaceted Community Development Plans, and select new development projects for their communities through the Public Resources Map, Well-being Analysis, "Leaking Pot" Analysis, and other participatory development planning tools. This categorical shift is the product of concerted efforts from multiple national administrations beginning with the National Solidarity Program (NSP) to the current [Citizens' Charter Afghanistan Project \(CCAP\)](#), and a result of the support of the [Afghanistan Reconstruction Trust Fund's \(ARTF\)](#) 34 donor countries and organizations.²

The current CCAP program not only recognizes that Afghanistan has suffered from chronic instability and conflict during its modern history, leaving the country's economy and infrastructure in ruin, but it also provides innovative pathways for communities to promote inclusive development on their terms. To prepare their plans, each of the current 13,005 (12,155 rural and 850 urban) community development councils (CDCs) takes part in participatory, community-driven exercises that are meant to provide a nuanced understanding of each community's economic and social relations with a focus on seasonal hunger, indebtedness, poor wages, lack of access to health services and education, among other factors. The sequential exercises and analyses not only emphasize understanding the key dimensions of poverty, but also how poor families experience poverty in each community.

To better understand underlying socio-economic dynamics in rural and urban contexts³, professionally-trained social organizers hired by the national government lead each participating community in the development of a Public Resources Map. Men and women representatives of 60 percent of all households gather around in a large field to visually represent and demarcate the location of neighborhoods, community



resources, rivers, mosques, roads, public resources (schools, clinics, asphalted roads, irrigation canals, etc.) and CDC-led investments, and the location of CDC leaders' homes within each community. The objective of this exercise is to increase communities' collective understanding of development investment and the existing power structures throughout each neighborhood. The findings are then transposed on a large permanent map for their future reference. The final product visually exposes the existing relationship between the allocation of public resources and the residences of community leaders versus those of other members. In some communities, this work illustrates the stark contrast of income inequality as it relates to public investment, especially related to the elite capture of public resources.

² The ARTF is a multi-donor trust fund administered by the World Bank Group on behalf of 34 current and past donors, including: Australia, Bahrain, Canada, Denmark, the European Commission, Finland, Germany, India, Iran, Ireland, Italy, Japan, South Korea, Kuwait, Luxembourg, the Netherlands, Norway, Portugal, Saudi Arabia, Sweden, Switzerland, Turkey, the United Kingdom, and the United States of America. The ARTF provides on-budget financing to support the Government of the Islamic Republic of Afghanistan through its Ministry of Finance and is the largest single source of such funding to the Government.

³ Afghanistan's Ministry of Rural Rehabilitation and Development ([MRRD](#)) is responsible for the implementation of CCAP in rural areas of the country, while the Independent Directorate of Local Governance ([IDLG](#)) is responsible for implementation in urban areas.

For many members of the community, the Public Resources Map is their first experience with this level of financial information sharing on CDC activities and as a tool to promote improved transparency, allowing them to make better decisions regarding community leadership in the future. Nasrullah, a resident of Char Sang Village in the Balkh District of Balkh Province noted that, “through the Public Resources Map, we found that there are 560 households in Char Sang Village. We [learned] about the whole geography of our village, identified what public resources exist in this village and how we can use them. We also identified the gaps and shortages which will help us find how to work with the government, donor agencies and NGOs to address these gaps as part of our Community Development Plans.”



As a result of the Public Resources Map and other interventions, the approximately 13.5 million CCAP beneficiaries have a better understanding of their community’s dynamics, public spending through their local CDC on public works and infrastructure projects, a greater sense of solidarity among community members and greater trust in the government. In an interview, an elder from the Loye Kali Community in the Panjwai District of Kandahar Province succinctly summarized CCAP’s impact: “In my 65 years of life, no one came to our community to ask us about what we have or need in our community, and we did not understand the real causes of our problems. Until now, no one had asked us about seasonal unemployment or our community’s resources. Through [Citizens’ Charter] we were able to identify and better understand the underlying causes of poverty and hunger in our community.” It is imperative that CCAP continues to provide these opportunities for Loye Kali and the over 13,000 communities that currently rely on the project to promote tangible change from the ground-up.

Urban

Nabila’s Success Story No Pain No Gain

City: Jalalabad

District: 5

CDC: Shahidano

Women Empowerment Project:

Nabila is a 20 years old girl; CCAP has brought mentally and physical changes in her life. She says, “I was very little when my father passed away. My mother, three brothers, two sisters started suffering poverty and difficulties of life. Even though my uncle was very poor, he took the responsibility to raise us. He is responsible to make a living for his children as well. As time was passing, we were facing greater economic problems. Sometimes, I was thinking about my mother and our poverty and telling myself what, how and where to do something to see a change. I was very little; I took my mother’s sandals to a cobbler to sew. When the cobbler was sewing the sandals, I was looking at his fingers to see and learn how he sews the sandals. I usually went to him in order to learn how to sew. Sometimes the cobbler was angry at me and forcing me away. As a little kid, I was very persistent. I didn’t leave him until I learned how to sew shoes.

After I learnt shoe sewing, I searched for getting thread and a needle. One day, my brother wanted to go to downtown and asked me if I need anything. I told him to bring me shoe thread and a needle. He laughed with himself and asked me what I was doing with them. I insisted him a lot until he brought me a role of thread and a needle. I got very happy. I first sewed my mother's sandals; she was surprised how come such a little girl can sew shoes. She never thought that I would be able to learn how to sew shoes. I became famous in the village. Through cobbling, I was able to make a living. When CCAP started its activities in district 5 of Jalalabad city, based on poverty analysis, I became member of Shahidano Tapi CDC in women empowerment project. I learnt two things here, sewing cloths and handicrafts. I have had this in my mind for a long time to learn how to sew cloths. Fortunately, CCAP answered all my questions. As for other girls, the program paved a way for me to go to school and become empowered. I tailor one or two pairs of cloths every day. Besides, tailoring, I work on handicrafts as well. I spend the income I get from tailoring to my family with pride. My mother's dreams came true and she is not suffering from poverty anymore. I don't ask my uncle to help us now, because he is not rich either. My hopes for my brothers have also come true. Two of my brothers go to school and my other brother would like to pursue his higher education with the means I have provided for him.



My message to young sisters is to be self-sufficient and strong all the time. Go to school, make efforts and not to rely on others. Poverty will say goodbye to you and happiness will join you.