1.

Government of the Islamic Republic of Afghanistan

Ministry of Rural Rehabilitation and Development (MRRD) and

Independent Directorate of Local Governance (IDLG)

List of Abbreviations and Acronyms:

ANDMA	Afghanistan National Disaster Management Authority
ARTF	Afghanistan Reconstruction Trust Fund
CC	Citizens' Charter
CCAP	Citizens' Charter Afghanistan Project
CCNPP	Citizens' Charter National Priority Program
CCDC(s)	Cluster Community Development Council(s)
CDC(s)	Community Development Council(s)
CDD	CCAP's Capacity Development/ Training Division/ Unit
CDP(s)	Community Development Plan(s)
CGC	Community Grievance Committee for CCAP
CCGC	Cluster/Gozar Grievance Committee for CCAP
CGGC	Central Government Grievance Committee for CCAP
CFHF	Community Financial History Form
CLDD	MRRD Community Led Development Directorate/ Unit
CPM	Community Participatory Monitoring
CPR	Common Property Resource
CRPA	Community Resources and Poverty Analysis
DAB	Da Afghanistan Bank (Central Bank of Afghanistan)
DCC(s)	Afghanistan's District Coordination Councils
DCCMC	District Citizens' Charter Management Committee
DGGC	District Government Grievance Committee for CCAP
DDA(s)	Afghanistan's District Development Assemblies
DO(s)	District Office
DRR	Disaster Risk Reduction
DRM	Disaster Risk Management
ESMF	Environmental and Social Safeguards Monitoring Framework
ESS	Environmental and Social Safeguards
FD	CCAP's Finance Division/ Unit
FP(s)	CCAP's Facilitating Partner(s)
FPMD	CCAP's FP Management Division/ Unit
FY	Afghan Government's Fiscal Year
GA	Gozar Assembly
GD	MRRD's General Directorate for the CC
GHM	Grievance Handling Mechanism
HQ	Headquarters
IA(s)	Implementing Agencies (here MRRD & IDLG)
IDA	International Development Association of the World Bank Group
IDLG	Afghanistan's Independent Directorate of Local Governance
IDP(s)	Internally Displaced Person(s)
IM	Implementation Monitoring
IMI	CDC/ CCDC/ GA Institutional Maturity Index
MAIL	Afghanistan's Ministry of Agriculture, Irrigation and Livestock
MCG	Maintenance Cash Grants
MCCG	Maintenance and Construction Cash Grants
MCCMC	Municipal Citizens'Charter Management Committee
M&ED	CCAP's Monitoring and Evaluation Division
MISD	CCAP's Management Information Systems Division
MoE	Afghanistan's Ministry of Education
MoF	Afghanistan's Ministry of Finance

MoPH	Afghanistan's Ministry of Public Health
MoEW	Afghanistan's Ministry of Water and Energy
MRRD	Afghanistan's Ministry of Rural Rehabilitation and Development
MSS	CCNPP's/ CCAP's Minimum Service Standards for Phase One
NSP	National Solidarity Program
NGO(s)	Non-Governmental Organization(s)
OM	CCAP's Operational Manual
PCCMC	Provincial Citizens' Charter Management Committee
PCE	Participatory Community Empowerment
PD	CCAP's Procurement Division
PDO(s)	Project Development Objective(s)
PGGC	Provincial Government Grievance Committee for CCAP
PIU	IDLG's Project Implementation Unit for CCAP
PMU(s)	CCAP's Provincial Management Unit(s)
RASS	Rural Areas Service Standard Grants
RCU(s)	CCAP's Regional Coordination Unit(s)
RF	CCAP's Result Framework
SIG	Social Inclusion Grants
SFSR	Sub-Project Final Status Report
SSS	Single/Sole Source Selection
SY	Afghan Calendar/ Solar Year
ToT(s)	Training of Trainer(s)
UABG	Urban Areas Block Grants
UN	United Nations
WB	World Bank

TABLE OF CONTENTS

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 15 years of experience from the National Solidarity Program, which delivered over $2 billion in rural infrastructure in 90% of communities across the country, with economic internal rates of return 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

Citizens' Charter hit the ground in May 2017. As of the end of this reporting period (20th September 2019), Citizens' Charter has reached about 12,484 urban and rural communities in 34 provinces across the country, reaching 11.35million people. To date, about $204.28 million of grants have been disbursed to communities; out of which $182.4 million is disbursed through IDA and ARTF in 8,475 various on-going projects[1]. These projects will help provide 63 million liters of water per day to 2.5 million people, irrigate nearly one million Jeribs of land, provide 5,500KW of energy, and build 900 KM of roads. Women's participation in CDCs has seen a drastic increase, with women making up more than 49% of the 250,000 elected Community Development Council members and 50% of Office Bearers. Further 78% of eligible female voters have been participating in CDC elections, which is higher than the male participation rate.

12,484 communities reached

11,515 CDCs elected

34 provinces covered

78% eligible female voter participation (only rural)

49% female members

11,355,133 beneficiaries

$182.4 Million grants disbursed[2]

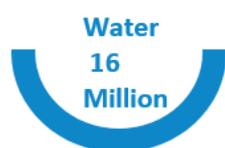**50%** of Office Bearers are women

83% of CDC members are new

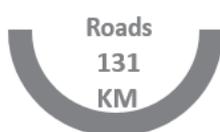[1] The balance of the grants are from bilateral sources

[2] There was total $4.78 million reversal from the communities and no disbursement during the quarter (only rural)

Actual Outputs from Projects Completed

Water
16
Million

Roads
131
KM

Energy
1,373
KW

Irrigation
40,711
Ha

Liters of clean
water per date

131 km rural roads
439 km urban roads

renewable
energy

Agricultural
Land

650,462
Beneficiaries

60,315
Beneficiaries

154,269
Beneficiaries

579,550
Beneficiaries

Key Challenges and Next Steps

- **Insecurity:** Insecurity together with unwilling traditions in some communities have always been a dynamic challenge for the program. For this purpose, the High-Risk areas strategy is in place which proposes alternative ways for project implementation in certain insecure situations.

  The data from the High-Risk area unit shows that 1,257 communities are highly insecure and 684 are extremely insecure in 31 provinces. Majority of the communities marked highly insecure are reported in Ghazni, Farah, Parwan, Hilmand, Faryab, Baghlan, Herat, Badghkhshan, Badghis, Nimroz, Paktia, Zabul ,and Nangarhar provinces. While the extremely insecure communities are reported mostly in Uruzgan, Farah, Ghazni, Herat, Kunar, Nangarhar and Paktia provinces3.

  Total 902 communities are under process to be shifted to Kuchis program including 307 insecure communities in 7 provinces. The program activities are suspended in total 788 communities of 13 districts of 6 provinces for the reasons of insecurity, resistance against women's participation, merging with other CDCs, and social conflicts. The program has been trying to have the social issues resolved and start the mobilization in these communities while it will also take the advantages of the high-risk strategy to start work in some communities where applicable.[4]

- **Low level of literacy :** The Citizen's Charter objective in addition to the service delivery, is to empower the communities in terms of their capacity development, involving them at local decision making and having them managed their own development work. Looking at the current data of the community profile, the average illiteracy rate among the community members both men and women who are over 18 years old is 73% (62% men and 85% women) which has been a challenge when it comes to expect them learn about several PLA tools, procurement, finance and monitoring. The community members with such literacy rate need to be given time in order to learn about the program and development.

- **Lack of common interest and benefits of the communities for joint projects:** Encouraging communities in order to go for joint projects is one of the approaches of the program in order to have the communities

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[4]For more detail and definitions/criteria for the security ranking, please refer to the Annex C: Security Report
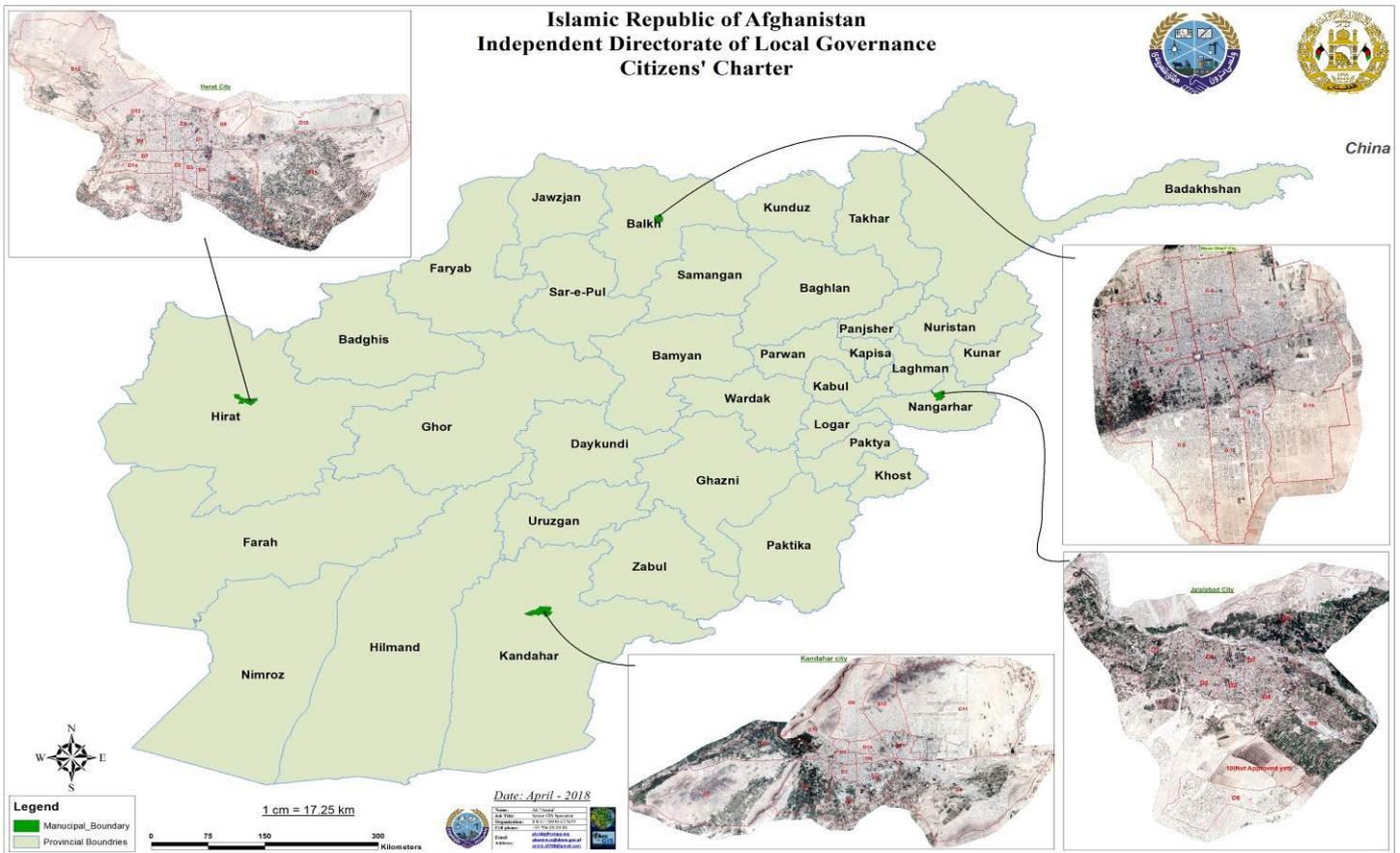
implement good quality and sustainable projects while this has been challenging for communities to choose a joint project as their needs, geographical structure, land issues and resources are not same.

- **Limited Funding and Over-targeting of the CDCs in Phase 1:** given the overall communitiestargets and current unavailability of counterpart funding; It will be difficult for the program to reachremaining communities overall targets. Therefore, it has been advised by the CC Steering Committee to explore ways to reduce the average cost per CDCs, explore ways of collaborating with line ministries for community driven development projects as well as temporarily halting further mobilization of the new CDCs by revising the overall targets; aligning with the PDOs. At the same time, MoF will be exploring means of filling the funding gaps.

- **Unavailability of the cluster level projects budget under rural Citizen's Charter:** There is strong demand for larger projects at cluster level. However, there is no budget allocated for such projects. Therefore, the communities are encouraged to go for the joint project, cluster level budget will definitely have greater result in terms of large and sustainable projects.

- **Unavailability of Operation and Maintenance (O&M) plan for the sub-projects:**Despite there is a progress from 44% reported in the last quarter to 68% in this quarter (24% improvement) in the availability of the O&M plans in the sampled monitored communities, the program needs to act upon the list shared by M&E division with the relevant field and HQ staff. When it comes to the training of the community members on the Operation and Maintenance of the sub-projects, as an average of the two rounds of the monitoring, people were training on O&M in 24% of the sampled communities. This will be closely monitored in the course of next quarter monitoring plan and will be reported accordingly.

Lessons Learnt

- **Joint projects' cost:** The initial purpose of the joint projects, in addition to sustainability, was to bring efficiency by lowering the overall cost of the projects with better quality, but the data for the current joint projects is in contradiction with the original concept in terms of cost as the per community grant went higher when they went for the jointsprojects.

- **Infrastructure Scorecard:** Some communities assume that by reflecting the lower level of the services in the infrastructure scorecard will result with more resources allocation by the government assuming that a certain community is prone to vulnerability and has not received the services over the years. The issue is clearly communicated to the FPs for better mobilization and awareness regarding the scorecard and its purpose. In addition, the staff at HQ do cross check the data of the scorecards for sampled communities with MIS and TPM reports in order to verify the results.

UrbanCoverage

Islamic Republic of Afghanistan
Independent Directorate of Local Governance
Citizens' Charter

Rural Coverage:
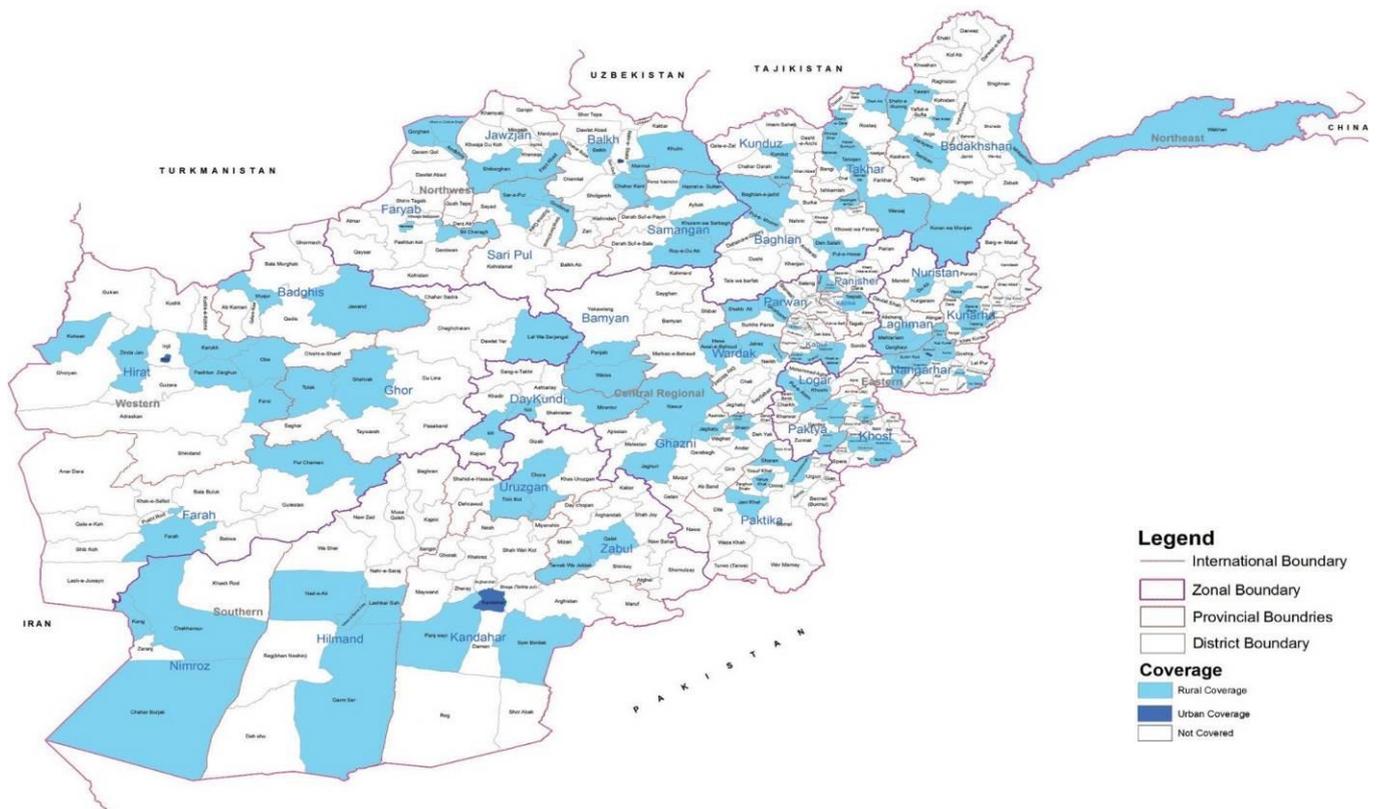
2. KEY ACHIEVEMENTS

Rural mobilization: As of the end of 3rd quarter of 2019, a total 11,643 rural communities were mobilized under Citizens' Charter National Priority Program MRRD of which 11,515 elected their Community Development Councils (CDCs),and 11,291 communities have prepared their Community Development Plans (CDPs). A total of1,556 Cluster CDCs has been formed. The number of District Citizens' Charter Management Committee (DCCMC) coordination meetings reached to 131 including 25 meetingsduring the quarter and 45 Provincial Citizens' Charter Management Committee (PCCMC) coordination meeting were held including 12 for the reporting quarter. The number of Cluster CDCs elected reached to 1,556 with 234 Cluster CDCs elected during the quarter. Of these, 1,293 Cluster CDCs developed their Community Development Plans (CDPs).

Total 1,030rural sub-projects completed till date and over 50% physical work is completed in 2,289 sub-projects and the construction are going on.

MCCG -Number of communities that completed their work under Maintenance Cash Construction Grant's (MCCG) reached 441 of which 226 communities completed their work during the quarter. The total number of completed projects in these communities reached to 535 including 277 for the reporting quarter. Total number of labor days created in the completed work is 1,294,939 days (1,247,987 days for 37,397 unskilled labors and 46,952 days for 1,531 skilled labors). A sum of 1,441,516 people benefitted from the MCCG work that includes 186,041 people as paid labors and 1,255,475 people who benefited from the infrastructure.

EQRA Schools: Technical surveyswere completed for 2,050 of total 2,647 planned schools to be constructed under EQRA. From the surveyed projects, proposals have been prepared for 1,9,71 which includes 1,438 new buildings and 371 missing components. The first tranche has been disbursed to 1,449 communities for school construction of which 1,155 communities already started their work.

Grievances: Total 336 grievances received during the quarter, of which 313, were resolved. Majority (104) of these grievances were on Infraction of CC Operations Manual procedures; while, total 88 were related to the quality of the sub-projects. There were also grievances related to the weak performance of CDCs, beneficiary targeting and sub-project selection.

SIG and Grain Banks: Grain banks have been established in 8,875 communities. There is widespread optimism and willingness of communities and CDCs towards this initiative. In total, 22,093 "Stop Seasonal Hunger Campaigns" were completed in 8,875 communities, with Vulnerable Groups Sub-committees formed in 114 districts of 34 provinces.8,157[5] communities established food/grain banks and mobilized food and non-food items worth $2,997,525 from which nearly 41,865households benefited so far. According to indicator winter food insecurity prevalence that were identified for the EW-EF-EA task force ranked for vulnerability to food/ nutrition insecurity.

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[5]Of total 8,875 communites where the Stop Seasonal Hunger Completed, it resulted with 8,157 communiteis established food/grain banks and mobilized food and non-food items.

In the targeted SIG provinces while the Grain Banks are matured and communities reached to minimum target of collecting 68000 AFNs, then these communities are eligible to receive SIG Grant.

Under SIG batch number 1, which is for IDPs and returnee's response, a total 1,475 communities were covered in 13 districts of 9 provincesof which the SIG proposals for 1,202 communitieswere approved. A total $ 902,096 matching grants were disbursed from which nearly 12,324 household actually benefited in 1,475 communities. While under SIG batch number 2, which is for drought response, a total 780 communities were covered in 16 districts of 6 provincesof which for 467communities the SIG proposal were approved. A total $ 333,580 matching grant was disbursed from which nearly 4,066 household actually benefited in780 communities.The disbursed SIG matching grant will be distributed during lean season.

Communications - Effective and systematic contact and relationship established with media has been maintained.The program has also improved the general awareness level of the media outlets by conducting regular meetings with their management. The efforts have resulted inexpansion of Citizens'Charternews/mentions? in the media hits in the most prominent local and national media outlets. Public Communication Division (PCD)has recommended some slight changes to the website and made it more users friendly. The communication working group (CITIZENS' CHARTER MoF, MRRD and IDLG and WB) jointly worked on an improved version of media monitoring tracking, data entry and reporting mechanism that can easily analyzed through charts and graph.

Urban mobilization - CCAP urban mobilization reached a total of 841 communities as of the end of the reporting period. 836 (99%) of these communities elected their Community Development Councils (CDCs) and 815 (95.9%) of these elected CDCs prepared their Community Development Plans (CDPs). As of now, Mazar-e-Sharif and Kandahar PMUs have fully established all their contracted CDCs and completed their CDPs.

The total membership of CDCs has reached to 17,964 members with 49.94 % female participation.

Since the inception of the program, a total 10 of MCCMCs (Municipality Citizens' Charter Management Committee) coordination meetings have been convened in four cities out of which 3 (2 in Jalalabad and 1 in Mazar-e-Sharif) were conducted during this quarter. All MCCMCs meetingswere led by the provincial mayor while the participants of the committee are PMU heads, CDCs chairperson and Gozars chairperson, FPs representatives and line ministries (Education, Public Health, MAIL, and MRRD) representatives. This committee oversees and coordinates overall activities of the Citizens' Charter at municipality level, overall progress in all sectors, challenges, and plans. The specific focus in these meetings was on the service delivery and quality of work, grievances handling and addressing issues related to minimum services standards.

Illustration: Ariane-4 area of Mazar Sharif City Before and after sub-project completion

The illustration above indicates the impact of the CCAP subproject on citizen's life. As can be seen in the photo, after completion of the project, the people has started investing in the area which clearly indicates that the CCAP has actively contributed in enhancement of the residents standards of living.

There is good progress in Gozar level as well; a total of 162 Gozar Assemblies elections completed, 161 Gozar Development Plans (GDPs) have been prepared and 149 subproject proposals reviewed and approved by Project Implementation Units (i.e. 95.3% Gozars Elections Completed, 94.7% GDPs prepared and 87.6% of Proposals approved for the total targeted 170 Gozars).

A sum of USD 47.90 million in grantshave been disbursed to the communities for urban infrastructure projects through which 819 subprojects at CDC level and 151 subprojects at Gozar level were financed in 745 communities. Out of these 819 subprojects financed, 85 subprojects have been completed so far, while physical work of 734 sub-projects is on-going. Meanwhile, Out of USD 47.90 million, USD 39.36 million were disbursed to CDC level subprojects and USD 6.18 million were disbursed for 151 Gozar level subprojects. During this reporting period a total of USD 6.4 million Urban Area Block Grants were disbursed to the communities. There is a difference of USD 0.8 million between Finance and MIS records, the reason for this difference is advance payments which is not yet reflected in MIS and some of the CDCs are till frozen.

Totally, 207 grievances have been recorded of which 198 grievances have been redressed so far and 9 grievances are under redressing process. During the quarter, a total of 58 grievances have been recorded, of which, 50 grievances have been redressed while 8 others are under redressing process.

3. SUMMARIZED FINANCIAL/EXPENDITURE STATUS UPDATE

a. Summarized Financial Status by Funding (US$ Millions)

Component	Cumulative planned disbursement up to end of last Q	Cumulative actual disbursementup to end of last Q	Planned disbursementsfor the reporting Quarter	Actual disbursementsfor the reporting Quarter	Variance during reporting Quarter (planned vs actual)	Variance (+/-) from start of project to end of last Quarter	Cumulative disbursementsup to the end of the reporting Period
1. Total Grants	193.87	172.25	81	74.58	6.42	23.34	246.83
a. Rural	135.00	131.62	72.00	67.31	4.69	3.38	198.93

b. Urban	58.87	40.63	9.00	7.27	1.73	19.96	47.90
2. Capacity Building	38.19	28.29	3.21	1.85	1.69	9.52	30.35
a. Rural	25.00	21.90	3.00	1.68	1.32	3.10	23.58
b. Urban	13.19	6.59	0.21	0.17	0.37	6.42	6.77
3. Evaluations and Studies	0.70	0.14	0.12			0.56	0.14
a. Rural	0.70	0.14	0.12			0.56	0.14
b. Urban							
4. Project Implementation Support	47.73	39.28	6.64	4.69	1.94	8.96	43.98
a. Rural	35.00	33.61	5.50	4.07	1.43	1.39	37.68
b. Urban	12.73	5.67	1.14	0.62	0.51	7.57	6.30
5. MCCG	23.00	16.81	0.50	0.21	0.29	6.19	17.02
a. Rural	23.00	16.81	0.50	0.21	0.29	6.19	17.02
b. Urban							
Total	**303.49**	**256.77**	**91.47**	**81.33**	**10.34**	**48.57**	**338.32**

b. Summarized Financial Status by Funding Source (US$ Millions)

Implementing Agency	Grant	Received	Disbursed	Balance
MRRD	ARTF	135.42	121.87	13.55
	IDA	73.99	70.40	3.59
	MoF	0.80	0.00	0.80
	Danish	5.50	5.24	0.26
	German	25.75	16.25	9.50
	IFAD	0.18	0.18	0.00
	EQRA	83.00	63.18	19.82
	CASA	6.05	0.24	5.81

	Sub-Total	330.69	277.35	53.34
IDLG	ARTF	58.39	49.40	14.54
	IDA	13.97	11.57	2.40
	MoF	1.20	0.66	0.54
	Sub-Total	**73.56**	**61.63**	**17.48**
Total	ARTF	193.81	171.27	28.09
	IDA	87.96	81.97	5.99
	MoF	2	0.66	1.34
	Danish	5.50	5.24	0.26
	German	25.75	16.25	9.50
	IFAD	0.18	0.18	0.00
	EQRA	83.00	63.18	19.82
	CASA	6.05	0.24	5.81
	Grand Total			

4. PROGRAM IMPELEMENTATION PROGRESS

Output Indicator	Cumulative up to end of previous quarter		Progress during reporting period		Cumulative up to end of this reporting period	
	Rural	**Urban**	**Rural**	**Urban**	**Rural**	**Urban**
# of communities mobilized	11,434	828	209	13	11,643	841
# of CDC elected	11,276	821	239	15	11,515	836
# of CDC members registered	227,649	17,603	6,091	361	233,740	17,964
# of male CDC members	115,456	8,816	2,936	177	118,392	8,993
# of female CDC members	112,193	8,787	3,155	184	115,348	8,971
# of CCDCs/GAs registered	1,322	158	234	5	1,556	163
# of CDPs completed	10,698	801	593	14	11,291	815
# of CCDPs/ GA Plans completed*	1,111	157	182	4	1293	161
# of CDCs with SP financed	5,540	699	67	46	5,607	745

# of CDCs with SP completed	0	173	946	0	946	173
# of subprojects financed for CDCs	8,476	764	117	55	8,593	819
# of subprojects completed	0	1	1,030	84	1,030	85
# of subprojects financed for CCDCs (joint)/ GAs	0	121	0	30	0	151
Grants disbursed	141,649,840	37,999,241.55	(4,779,538)	7,857,802.57 Afg	136,870,302	45,857,044
Grants utilized**	0	6,473,131.14	16,543,376	11,907,222.66	16,543,376	18,380,353.80
# of beneficiaries for soft comp (CDP completed)	10,653,437	1,346,526	701,696	19,625	11,355,133	1,366,151
# of beneficiaries for completed SPs	0	143,492	997,000	0	997,000	143,492
# of labor days generated **	0	2,641,585	937,350	248,462	937,350	2,890,047
# of laborers employed **	0	-	0	-	0	-
# of M/DCCMC coordination meetings held*[2]	106	5	25	5	131	10
# of PCCMC coordination meetings held*[3]	33	3	12	1	45	3

a. Rural

Social Mobilization

The evidences and field reports from the trainers and social organizers show that the program has been contributing to greater socio-economic changes in the communities. A good example could be a considerable reduction in the amount of Walwar[6] in most of the communities as result of the leaking pot exercise where people found Walwar one of the unwilling traditions that cause many other social problems as well as for most of the families the amount is unaffordable. In addition to that, the community members now are able to do the need assessment analysis as

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[6] The money which is taken by Bride's family is called Walwar in Afghan Society.

they learnt during the social mobilization of the CCNPP during the participatory activities of for example, Well-being Analysis where people categorized , Leaking Pot where people analyze their income and expenditures, Gap analysis and Community Development Plans (CDPs) in which people prioritize their development needs. The CDPs helped some communities receive grants from other donors for their development works. Moreover, there are evidences of community empowerment in terms of their capacities, unity and clear understanding of their development needs, which together contribute to social stability and economic sustainability. In addition to these outcomes of the program, there is significant progress underspecific indictors shown below:

Progress to date

The overall progress reported for the quarter is satisfactory in terms of CDCs elections, Community Profiles development, Community Development Plans (CDPs) preparation, sub-committees formation, and Cluster CDCs election and their CDPs preparation while in the same time the Facilitating Partners (FPs) have faced challenges due to insecurity over the quarter in Uruzgan, Zabul, Nangarhar, Ghazni, Farah and Paktika provinces.

Social Mobilization progress Rural CC during the quarter:

SN	Indicator	Planned	Actual	Progress (%)
1	Community Profile completed	0[7]	98	100%
2	CDCs Elected	0	78	100%
3	CDP completed	502	618	100%
4	Sub-committees formed	1129	2034	100%
5	Cluster CDC formed	212	314	100%
6	Cluster CDCs CDPs completion	1500	1178	79%
7	PCCMC Establish	34	34	100%
8	DCCMC Establish	123	123	100%

CDC and community profile analysis:

Indicator	Male		Female		Total
CDC members	118,568	51%	115,550	49%	234,118
Office Bearers (OBs)	23,133	50%	22,981	50%	46,114

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[7] Based on the contract with FPs, the Community Profiles, Elections and CDPs were supposed to be completed before June 2019; therefore, in the table above the planned figure is zero which means the original plan was developed up the end of May 2019 while the achievement is shown for their remaining work from the planned.

Of the above CDC members, 83% are new members (Never elected before under NSP). Over 4.55 million voted in CDC elections where women's participation in election was 75% of the eligible voters and 96% of men eligible voters.

Age-Wise Breakdown of CDC members:

Age categories	Male	Female	Total
18 to 35 Years old	42,554	60,493	103,047
36 to 50 Years old	47,158	41,381	88,539
Above 50 Years old	28,256	13,676	41,932
Total	117,968	115,550	233,518
%	51%	49%	100%

Figure 1: Age and Gender wise breakdown of the the CDCs members
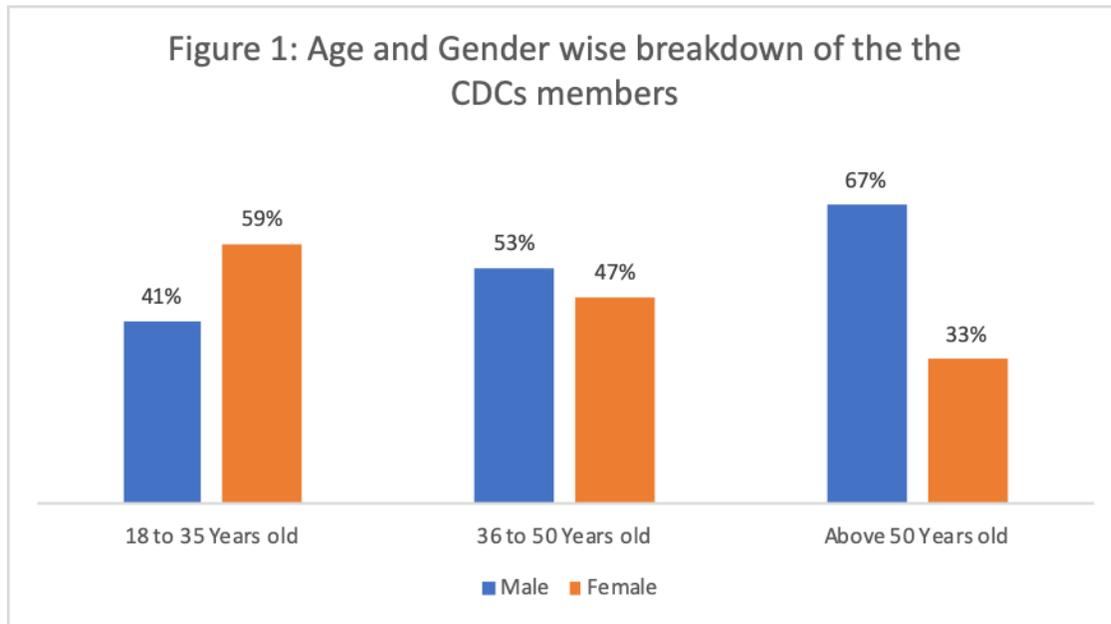
We have started Kuchi, EQRA and CASA-CSP mobilization without FPs, the mobilization is going well below is short information on social mobilization process for each program, the details achievement of each program is covered in the session under sub programs,

Central Asia South Asia-1000 Community Support Program (CASA-CSP).
CASA-CSP social mobilization process is implemented differently through the CC and non-CC Area:

a) **CC Area:** in CC area we already have completed the social mobilization process in all communities that came under the coverage of the CASA-CSP. Mostly we focus on CASA/CSP, adjusting of current CDPs, formation of CASA/CSP communication sub-committee and opening of sub-account,

b) **Non-CC Area:** For non-CC Areas social mobilization process implemented from the awareness raising up to CDP as participatory manner like CASA-CSP awareness raising,

Public Resource Mapping, Social Mapping and community profile, Community CDC Election, Well-Being Analysis, Leaking pot, Seasonal Calendar and women mobility, Community Development Plan

1. **Kuchi:**

For both CC and non-CC areas social mobilization process implemented from the awareness raising up to CDP as participatory manner like citizen's Charter with changes in the PLA tools.

- Utilization of PRA tools in Kuchi communities (Resource Map, Migration Route map, well-being analysis, livelihood pie chart and kuchi CDP)
- Establishment of kuchi CDC's

2. **EQRA:**
a) **EQRA in CC Areas:**
   - EQRA awareness (Program, Rules, Budget)
   - Sub-accounts are opened
   - Conducting the CDC training like Accounting, procurement, CPM and ESS
b) **Non-CC:** In the districts where we have no CC program, the social mobilization is focus more in below activities and process
   - Awareness raising on EQRA and CC
   - In Non-CC areas the CDC's established by NSP (National Solidarity Program) are re-elected and mobilized for EQRA program
   - EQRA Sub-program sub-accounts are opened for them
   - Establishing management sub committees
c) **None CC and none NSP:**

we have EQRA school projects in some communities where the communities are not cover by CC and not covered during NSP time as well, so the social mobilization process are focus on below activities and process,

- Awareness raising and completing the social map
- Compellation of election process
- Opening bank sub-account
- Establishing management committees

Lessons Learned

➢ Social changes take time and efforts, especially in a country like Afghanistan where a big portion of people are illiterate; therefore, the social mobilization process should not be implemented in a quick manner.
➢ FPs should not give promises beyond the program scope, otherwise the expectation of people will increase every other day
➢ It is crucial to keep Provincial Governors in picture of the Citizen's Charter activities , all priorities and decisions made on the prioritized list of projects
➢ The CDCs elections system under CC has proven effective and democratic as the elite capture during the elections of CDCs is minimized in the process
➢ The qualitive assessment of FPs greatly contributed to better performance of the FPs in the field.

> The community profiles and other tools developed in the communities under CC are not only used by the CC, but other donors also use the data of these tools for their resource'sallocations , like (WEERDP and LTACA from MRRD, we have train their staff how to use the CC tools for their activities, NHLP and FLRC from mail and etc.)

Key Challenges and Recommendations in the Social Mobilization

Challenges	Recommendations
Due to worse security situation the FP's would be not able to complete the mobilizations process on time within the first phase in some communities	The FP should come with the clear plan and method of their implementation how to adjust the remaining activities with the remaining time, also, they should clear their position and take decision they plan to complete the remaining activities or would like withdraw from the district
Some of the FPs downsized their expert staff (specially the SOs) based their contract in 3rd years,	The FP's has to provide the assurance that they can achieve the remaining task on a smaller number of social organizers
Most of the FPs are not paying their field staff salaries, even for more than four months,	Not paying the salaries on time will demotivate and will discourage the staff to leave the organizations, so it is kindly requested to pay the salaries on time
In some area the awareness of communities is weak from the program	The relevant PFs have to do more work with communities, CDC's and sub-Committees to improve communities' awareness and be able to achieve their target-based operation plan
Some of the FPs are not process the follow up visits based on training manuals	The FP chief and provincial trainer with their SOs should regularly visit communities and follow the CDC and sub-committees plans
The other ministries (line ministries) and other organizations are not supporting CDCs and their sub-committees based their requirement	The Government and other organizations need to go through already established CDC's, CCDC's and their relevant sub-committees. Based on trust they can give them some projects

Next Plan:

- Preparation of Institutional building manual for Kuchi program

- Conduct reflection workshop on Kuchi social mobilization

- Conduct institutional building workshop for Kuchi SOs

- Follow the remaining community's mobilization

- Follow the remaining district clustering

- Completion of CASA-CSP none CC area mobilization (50 communities)

PCCMC and DCCMC Meetings

Total 12 PCCMC and 25 DCCMC meetings were held during the quarter where the following main topics were discussed:

- lack of medicine in health clinics and how to solve the problem with related organizations
- The discussion took place on the enhancement and importance of linkages
- The staff security issues were discussed
- More focus and concentrations on services to remote communities within the district
- Discussion took place about the vaccinations programs
- Monitoring and follow up from Mobilization and implemented projects
- Discussion regarding the MSS (Minimum Services Standards)
- Discussion about the EQRA projects and its progress
- Discussion on the 2nd instalment of EQRA project
- FP's incentive to their staff

Key challenges and recommendations under DCCMC and PCCMC

Challenges	Recommendation
1. lack of medicines in some clinics 2. lack of coordination meetings among the sector directorates 3. security and obstacles in the routes, especially for the participations of women in meetings 4. The remote communities, has less access to services and most of the projects are implemented by governmental and other NGO's within communities near to district office 5. Suspension of vaccinations programs within the district due to security issues 6. The MSS mentioned in CC is not enough 7. In insecure areas still some school projects are not started 8. If the 2nd instalment is transferred on time it will effect on the quality of projects 9. FP's are not paying their staff salaries on time	1. The health focal points at the provincial and district level should follow and solve the medicines problem with their related offices, 2. There should be Improvements in the coordination meetings among the sector directorates by conducting PCCMCs and DCCMCs; highlighting the importance of coordination and enforcement via PGs 3. There would be regular meetings with elders, CDC members and CCDC members to make sure the security of development organizations specially CC on staff are safe 4. The remote communities should be dealt equally regarding the developmental programs 5. It is expected from the Health facility authorities to restart the vaccinations programs stopped due to the temporary security issues. 6. The project needs to be chosen by the communities in accordance to the sectors under Rural Citizen's Charter and as per the Minimum Service Standards (MSSs). should be delivered as per the standards 7. In secure area the quality would be considered and those areas where is no security the discussion would take place with elders to pave the way to start the

	school implementation
	8. 2ⁿᵈ instalment should be transferred on time to maintain the quality
	9. To maintain the quality and progress the FP's should pay the staff salaries especially social organizers on time

Gender

Achievements

- The first and second round of FPs evaluation of gender section is done in close coordination with FPMD. The gender indicators such as women participation, FPs social organizers understanding form the Gender strategy, their coordination with CCAP, field visits and trainings delivery were rated moderately satisfactory or satisfactory. We have considered the uncontrollable factors such as security, traditions, in scoring.

- Women participation (Nearly 50%) is assured within the program.In most of the sampled visited CDCs by the gender foucal points, the women take participation in activities for example, from the CDC election to the CDC development plan, there has been a good range of women's participation.

- Gender Study Proposal is at shortlisting stage and will be announced for bid soon.

- Based on reports received from FPs and our Gender Focal Points, women participation in committees, CDC sessions and activities vary from area to area like it is high in Central and West Zone and Northeast, and it is fair in East and North Zones and it is poor in South. Looking at the constraingsagains women's participation, the current trends are giving hopes for their furtehr improved participation in the future.

- GWG Meeting was conducted on July 3ʳᵈ, in OXFAM, discussing the quality of work in area, women mobility, women engagement and participation, challenges and how to come over with these challenges. The meeting pointed out that FPs should have strong coordination with their field staff, and should follow up with them on Gender issues.Also, FPs have the responsibility to improve inclusion and participation of women in CDCs and their sub-committees and cluster sub-committees and must influence gender relations at the community level.

- The Head of Division for Gender, MRRD-CCAP,was recruited.

Gender related key Challenges and Recommendations

Challenges	Recommendations
1. Cultural barriers and patriarchy role in CDCs: repulsive traditional and cultural norms, restriction of family elders, low awareness of women of their rights, people sensitivity toward women's participation, and cultural norms and bias. Lack of programs for women's awareness. This is while the SOs and FP focal points mainly focus on the specific trainings that should be delivered to women based on OM, they are not working with women to convince them about their social rights and make them ready mentally to be a volunteer in this program. 2. Lack of PMU social organizers; for example, in Herat (Farsi & Karukh) districts also in Badghis and Farah Provinces. Some Social Organizer positions are stuck with HR team due to various reasons and it has caused deficiency in quality of work specially for Gender 3. Women asking for Livelihood Projects, they are addressing CCNPP to provide them Women-Specific Projects 4. Insecurity and political subject such as election causes slow duration of activities also shortage in field visits and regular spot checks.	1. Awareness campaign related to gender mixed with religious and cultural context should be carried out. Cultural sensitivity toward women should be addressed through culture itself and influential figures in the community. Women awareness, regarding gender efficiency, raising through building men's capacity and awareness through SOs, Mullahs and elders, FPs and SOs need to be pro-active in this regard. The recommendations are shared with FPs in the last two Gender Working Group Meetings in order to consider them in the social mobilization. 2. Trainings on common awareness, women participation in society and women participation legitimacy in Islam can be much more effective in raising the women presence in this program. This issue will be discussed with FPs within next GWG meeting. 3. Gender Division will conduct a meeting with HR team to find alternative solutions for hiring SOs in insecure areas. 4. Either the program should go through a strategy to convince the women that CCNPP is their now and future project, this project is benefiting all the people, women, men, children and any… or provide them livelihood projects. 5. is the security and other political factors being uncontrollable factors affecting the program, and comparing the program to the current situation, though it has challenges but it goes very well.

Lessons learned:

- Women in some areas like central and west zone has more interest in the program and tended to participate in all processes. It shows that these areas are more capable of investing.

- The program may present the Gender concept mixed with cultural and religiousto prevent possible backlashes and make it more sensible and acceptable.

Next Quarter plan:

- Develop useful communicating tools for better outreach to program within the country by end of Dec 2019.
- Conducting Central Zone Workshop on Gender and Women Participation in CCNPP in Oct 2019.
- Developing a Mechanism on tracking M & E finding and follow up with relevant FPs by end of Dec 2019.
- Stablishing the Anti-Harassment Committee in HQ in close coordination with HRD by Nov 2019.
- Need assessment and roundtable discussion with the female? HQ staff for defining their workplace needs, Oct 2019.
- Regular Monitoring of FPs by who?
- Collaboration with HR team in recruiting female staff, based on need

Engineering

During the reporting period, 851 subprojects proposals have been approved for disbursement, but no subprojects were financed, and all 851 subprojects are waiting for disbursement.

Progress to date:

Subprojects progress during the reporting period:

Sector/ SP type	# of Communities	# of subprojects Submitted	# of subprojects financed	# of subprojects completed	Grants committed to subprojects $	Grants disbursed to communities $	Grants utilized by community for subprojects$	Estimated # of beneficiaries for financed subprojects	Actual # of beneficiaries for completed subprojects
Grid Extension	256	256	193	1	15,169,122	6,815,645	20,707	239,700	761
Irrigation	4,366	4,366	3,385	372	100,123,090	53,953,876	8,374,522	3,067,125	366,551
Renewable Energy	1,137	1,137	891	4	58,195,421	23,368,432	152,737	523,086	2,221
Transport (Road & Bridge)	460	460	313	20	18,054,936	7,444,236	828,972	327,016	17,969
Water Supply, Sanitation and Hygiene Education	4,857	4,857	3,811	633	87,810,344	45,016,728	7,166,438	3,831,376	609,498
	11,076	**11,076**	**8,593**	**1,030**	**279,352,913**	**136,598,917**	**16,543,377**	**7,988,303**	**997,000**
Note: The same beneficiaries may benefit from more than 1 subproject/ sector. Hence adding up the total number of beneficiaries in each subproject type/ sector would not be feasible here. Please see table above for total beneficiaries without double-counting across sectors.									

Subproject Details

Sub-projects physical progress:

Physical Progress of the sub-projects

Progress in %	# of sub-project with 51 to 60 % physical progress	# of sub-project with 61 to 70 % physical progress	# of sub-project with 71 to 80 % physical progress	# of sub-project with 81 to 90 % physical progress	# of sub-project with 91 to 99 % physical progress	# of sub-project with 100% work completed 100%✿	Sub Project Financial Status Report Pending with Engineering Division	Sub Financial Report Pending Finance Division	Project Status (FSRs) with
# Communities with sub-project progress (above 50%)	306	713	485	464	321	1,119	23	22	
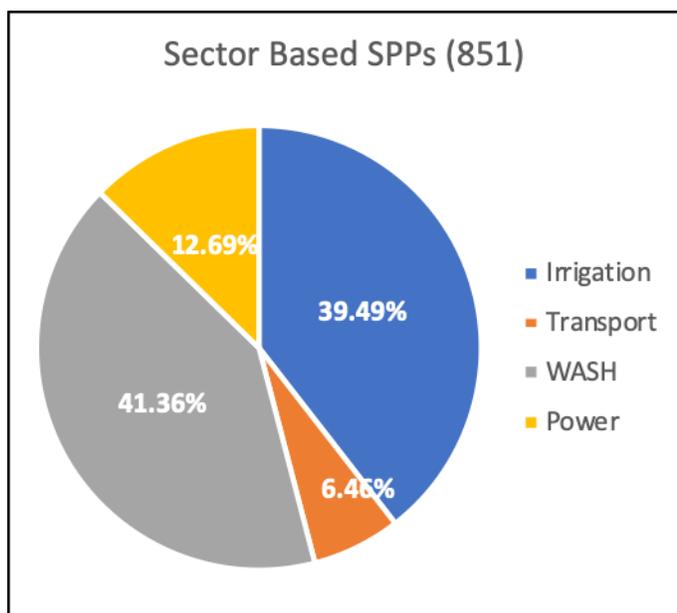
Sub Projects breakdown based on sector:

Sector Based SPPs (851)

Budget based SPPs $ 21,504,671
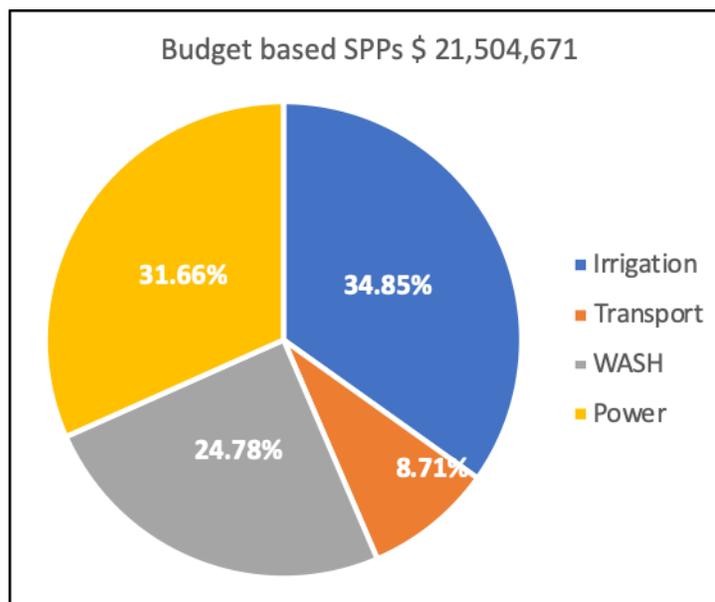
Engineering Missions conducted to provinces in four sectors:

No	Sector	No of Missions	No of provinces Covered	No of Districts Covered	No of days spent
1	Watsan	8	8	10	38
2	Transport	8	9	13	43
3	Irrigation	11	13	15	55
4	Power	7	10	10	46
Total		30	34	40	48

Technical Trainings:

Technical trainings conducted in each sub-sector.:

No	Sector	Field Specific training			Field on the job training		
		No of Districts Engineers	No of PMUs Engineers	Total	No of Districts Engineers	No of PMUs Engineers	Total
1	Watsan	0	0	0	43	14	57
2	Transport	90	30	120	30	60	90
3	Irrigation	45	3	48	45	12	57
4	Power	0	0	0	60	12	72
Total		135	135	33	168	178	98

Approved F8 forms[8]:

No	Sector	No of approved F8	No of project returned	No of project redesign
1	Watsan	352	76	2
2	Transport	430	120	0
3	Irrigation	336	54	0
4	Power	108	52	20
Total		2100	1220	302

✿

Progress

- 1119 subprojects had their Sub project Financial Status Report (SFSR) reviewed and approved the data is available in CCNPP MIS data base. Output sheet for Kuchis subprojects (zarang water tanker, family solar panel, trend shelter, and family bio sand filter) prepared and submitted in MIS system. The reverse osmosis water filtration system piloted subproject for salty ground water in Faryab province evaluated and report sendto the WB.Technical support of PMU provincial and districts engineers provided in the areas of site selection, survey, design of irrigation and civil part of MHP subprojects. Prepared the solar HH system guideline for Kuchis CDCs.

Sub-projects province wise comulitivephysical progress:

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[8]Form 8 is the Sub Project Proposal Formcontent project profile, details of site selection, engineering technical survey and design, BoQ, Cost, ESS related checklists, community contribution plan, time bound work plan, and conclusion.

Region	Province	Physical Progress (%)				Grand Total
		# of projects with 0 to 25 % physical progress	# of projects with 26 to 50 % physical progress	# of projects with 51 to 75 % physical progress	# of projects with 76 to 100 % physical progress	
Center(Kabul)		118	72	69	9	268
	GHAZNI	8	5	5		18
	KABUL	23	25	34	1	83
	PAKTIKA	61	24	22	5	112
	WARDAK	26	18	8	3	55
East(Jalalabad)		144	172	54	6	376
	KHOST	35	50	18	4	107
	LOGAR	29	25	21	1	76
	NANGARHAR	54	86	15	1	156
	NURISTAN	26	11			37
Northeast(Kunduz)		4	22	22		48
	KUNDUZ	4	22	22		48
Northwest(Mazar)		39	47	23	32	141
	BALKH	34	38	19	21	112
	FARYAB	5	9	4	11	29
South(Kandahar)		49	30	23	7	109
	HELMAND	15	2			17
	KANDAHAR	12	13	16	3	44
	URUZGAN	8				8
	ZABUL	14	15	7	4	40
West(Herat)		25	85	69	34	213
	BADGHIS	9	30	41	16	96
	HERAT	16	55	28	18	117
Grand Total		379	428	260	88	1155

- A meeting regarding to design and cost estimation of Solar Mini Grid Systems (SMGS)sub project proposals for field responsible engineers(focal point) will be conducted and agenda points will be   - The following, but no limited to topics will be covered in this meetings. Over esitbmiated proposals - BoQ items quality and quantity considerations - Solar design X-l sheet usage.

- Technical criteria prepared for the pre-qualification of the Solar Mini Grid System (SMGS)'s supplier companies which will be included in the procurement process.

Key challenges

- Inflation of USD exchange rate due to the market fluctuation as this affects the cost of delayed projects as such at the cost of items in the market are not stable and it contency amount is also not suffeceit to cover that. In addtion, in the local market, most of the itmes are improted where the purchase normally takes place with USD and up and down in the Dollor rate direct affect the prices in AF in the market.
- Lack of knowledge of irrigation engineers in the design, implementation and consumption for surface irrigation solar system.engineers are nosed with lack of technical knowledge (design and implementation) for the surface irrigation by solar

Recommendations

- Conducting of surface irrigation solar system training with other software training for all stage of a project (designers, implementers and consumers) for PMU and district engineers.

Plans for next quarter

- Technical review and approval of subprojects proposals F8 in the system
- Technical review and approval of subprojects proposals F8 of Kuchis program
- Monitoring of 10% Ongoing subprojects in all Sectors, at the field level, engineers are busy with design, implementation and monitoring.
- CCNPP Irrigation EM Annual upgrading. .
- Technical mission(3missions/month) including to following tasks:
- Support provincial & district engineers in the CCNPP MSS,
- PMUs and Districts Engineers On the job training as per technical needs.
- Support of PMU and district engineers for completion of irrigation sub-projects.

Approved sub-projects proposals:

Region	Province	# of Proposal Developed	# of disbursed Sub-projects	# of Ongoing Sub-projects
Center(Kabul)		**549**	**328**	**268**
	GHAZNI	91	40	18
	KABUL	133	84	83
	PAKTIKA	175	146	112
	WARDAK	150	58	55
East(Jalalabad)		**530**	**428**	**376**
	KHOST	121	116	107
	LOGAR	122	85	76
	NANGARHAR	212	187	156
	NURISTAN	75	40	37
Northeast(Kunduz)		**83**	**49**	**48**
	KUNDUZ	83	49	48
Northwest(Mazar)		**200**	**173**	**141**

	BALKH	149	137	112
	FARYAB	51	36	29
		291	**235**	**109**
South(Kandahar)	HELMAND	95	94	17
	KANDAHAR	90	72	44
	URUZGAN	32	24	8
	ZABUL	74	45	40
West(Herat)		**320**	**236**	**213**
	BADGHIS	106	98	96
	HERAT	214	138	117
Grand Total		**1973**	**1449**	**1155**

EQRA

As per the EQRA PAD a total of 2,647 projects (1946 New Building and 701 Missing components) are planned, out of which technical survey work for 2,050 projects is completed. Within this figure of 2,647, a total of 1,973 projects proposals are developed in which 1,438are new Building and 371are Missing components. Moreover, 1,449 schools '1st tranche have been financed into CDCs' bank accounts, out of which 1,155 projects are currently ongoing, while the others construction work will be started in near future.

Environmental and Social Safeguards Update

Progress

Screening report (ESMP) developed and for Zendaya irrigation canal and approved by World Bank Safeguards team. Furthermore, the ToR for Social Risk Assessment developed with cooperation with IDLG and submitted to World Bank Safeguards team. On the other side one day ESMF training done for CASA new recruited Engineers and total 34 engineers are participated.

Environmental and Social Safeguards Documents details at the subproject level:

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	9133		1118		10251	
# of ESMPs prepared	9257		1093		10350	
# of voluntary land donations	8605		545		9150	
# of purchased land	22		28		50	
# of Public land (community/gov)	1758		222		1980	
# of ESS sub-committees established	5430		390		5820	

# of Communities trained on ESS	3518		784		4302	
# of ESS related grievances recorded	9		4		13	
# of Monitored ESS issues in SP	1840		360		2200	

Other TasksCompleted:

- Environmental Screening Checklist for power projects (batteries), approved, (this checklist is for identification of battery banks and proper mitigation for the significant adverse impact if any.
- CCNPP Environmental and Social Management Framework (ESMF) revised based on Joint Projects and approved by World Bank Safeguards team and uploaded at CCNPP Web site,
- Screening Report Template developed and finally approved by World Bank Safeguards team, this report contains the screening and scoping of joint projects how it affects people and what will be the plan to do better.
- Cascade Training of Hyderabad- India, (Improved management of Land acquisition, Resettlement and rehabilitation, LARR) has been Conducted for Provincial ESS focal points total 30 participants.

Key challenges

- District governors are not approving the public lands. Due to landowner cannot provide the legal documents, and most of the private lands are not registered with ARAZI.Unavailability of Mine Action Centre for Afghanistan (MACA) office in the districts as well as some province, so that district governor is not ready to approve the document.
- ARAZI is not ready to sign the land documents.

Recommendations

- For solving the ARAZI issues there is need to take a meeting at the senior management level with them for finding an easy procedure, CCNPP Social Safeguards Officer will do it in coming month.
- And for mine issue, a letter for cooperation will be sent to them in start of November.

Plans for next quarter

- Work with provincial data base officer for ESS data entry,
- based on the order of HE President Office Conducting Prevention, reduce and Air Pollution management of Kabul City awareness for the Kabul PMU, social organizer and then as a cascade system for the CDCs of Kabul PMU Districts is planned ,
- Field visit for spot checking of ESS documents and implementation of Environmental Social Management Plan (ESMP).

Scorecards

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

At Glance:

What is a score card?

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

The CC Score Cards are a bottom-up means for the Government to obtain feedback from communities in terms of its services provision in Education and Health, as well as rural Infrastructure. Health and Education scorecards are implemented at the facility-level (one per school or clinic), and infrastructure scorecards (in rural only) are implemented at the community level. The Community Infrastructure MSS Scorecard section measures the basic MSS (Universal Access to Clean Water, Basic Road, Basic Electricity, and Small-Scale Irrigation) at the Community level. To complete the score cards, the elected CDC members and the relevant sub-committees visit the facilities and meet with the services users to assess whether the facility or infrastructure meets the Minimum Service Standards committed to people by the Government. Feedback is then provided to the facility management and the results are shared with the larger community. Finally, the findings are reported through the Citizens' Charter MIS to Government officials by district, provinces, and nation-wide. Each community covered by the Citizens' Charter will complete score cards every six months, with reports to be provided to the relevant District, Provincial and Central Government Offices and Ministries[9].

Please see the annex D for specific indicators and implementation process of the scorecards under each sector including health and education.

Results for the scorecard

Summary: During the reporting period, total 4,203 communities reported scorecards on clean drinking water and infrastructure. Total 1,114 schools reported for education MSS which provide services to 4,594 communities and 237 health centers reported on scorecard which provide services to 2,956 communities.

Among the communities, only 1,997 communities reported for all three sectors (drinking water and infrastructure, health and education) of which 389 (19%) meet all MSSs[10].

Overall MSS Status

19%

81%

■ # of Communities Meet MSS

■ # of Communities Not meet MSS
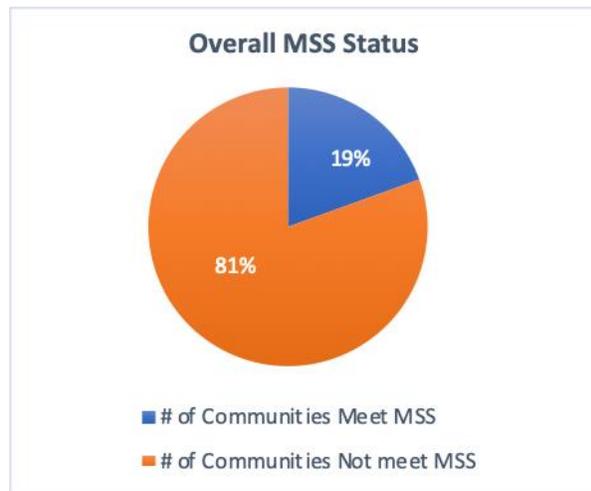
Summary of the scorecard results:

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[10] A community meets all MSSs when it has access to clean drinking water as per the Minimum Standards, health MSSs, Education MSSs and plus one of the three infrastructures (Electricity, Road, and Irrigation)

Indicators	Cumulative up to the end of Previous Quarter	During the reporting period	Cumulative up the end of current quarter
# of communities reported scorecard on clean drinking water and Infrastructure	4,307	4,203	8,510
# Communities have access to clean drinking water as per the MSSs	1,714	1,520	3,234
# of communities have access to basic electricity as per the MSSs	1,451	1,020	2,471
# of communities that have access to basic road as per the MSSs	3,198	3,017	6,215
# of communities that need for small scale irrigation	3,288	2,905	6,193
# Health Centers reported on scorecards	241	237	478
# Health Centers provide all Minimum Service Standards	200	198	397
# of schools reported on the scorecards	1,225	1,114	2,339
# of schools provide all Minimum Service Standards	827	746	1,573

Overall infrastructure MSSs Results

Access to Clean Drinking Water: The figure indicates access of the communities to clean drinking water in addition to one of the three infrastructures as per the MSSs (Basic Road, Basic Electricity, and Irrigation).

Of the communities have access to clean dirking water as per the MSS, Samangan is a province where 95% (141 communities) have access to clean drinking water followed by Khost province with 87% (66) of the communities having access to clean drinking water as per the MSSs, and in Jawzjan province more than 71% (20) of the reported 28 communities have access to clean drinking water as per the MSSs.

Access to Basic Roads: of the reported 4,203 communities, 72% have access to basic road as per the MSSs.

Access to Basic Electricity: Total of 24% (1,020) communities have access to Basic Electricity.

Small Scale Irrigation: Of the reported communities, 69% (2,905) need Small-scale irrigation infrastructure.

Scorecard results for clean drinking water and infrastructure Minimum Service Standards (MSS):

Infrastructure MSS status
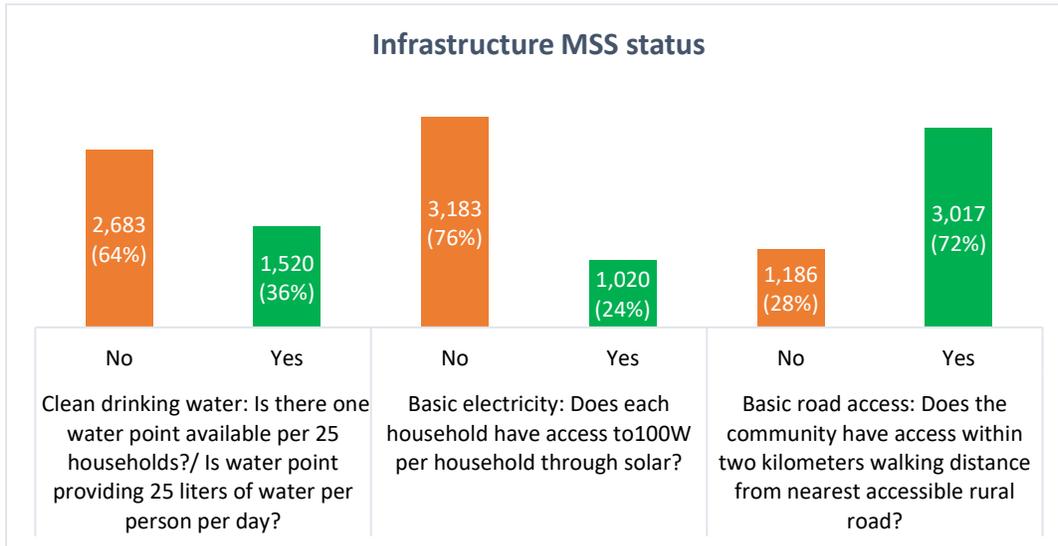
Education Minimum Services Standards (MSSs) Scorecard results:

A total of 4,594 communities reported scorecards on 1,114 schools during the reporting period which includes 376 schools from grade 1-3, 13 schools from grade 1-6 , 297 from grade 1-9 , and 428 schools from grade 1-12. Of the reported 1,114 schools, 69% meet all Minimum Service Standards (MSSs).

Education MSSs status from grade 1-3 schools:

The following 3 questions are applicable for the schools with grade 1 to 3:

1. Are the Education MSSs clearly posted at school?
2. Do the teachers have at least grade 12 education?
3. Do students have 24 hours per week of education in grade 1-3?

In 62 % of schools with grade 1 to 3 the Education MSSs posters were posted, in 90% the teachers had at least 12 grade of education and in 91% of these schools' students have 24 hours of education per week.

MSSs Statas of School Grade 1- 3
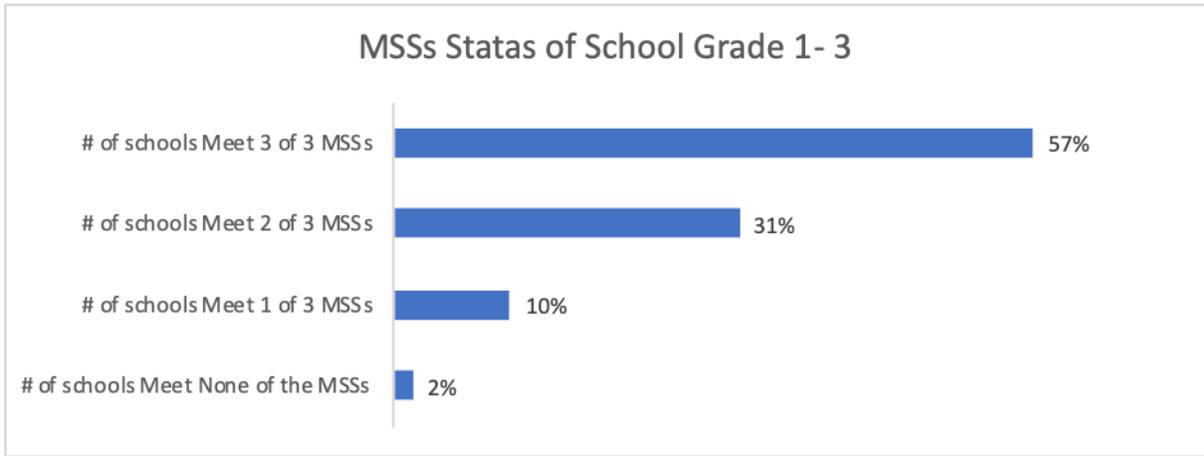
Education MSSs status from grade 1-6 schools:

The following 4 questions are applicable for the schools with grade 1 to 6:

1. Are the Education MSSs clearly posted at school?
2. Do the teachers have at least grade 12 education?
3. Do students have 24 hours per week of education in grade 1-3?
4. Do students have 30 hours per week of education in grade 4-6?

The 13 schools reported on scorecard for grade 1 to 6 meet all MSSs except for 3 schools where the education MSSs were not posted.

MSSs Statas of School Grade 1- 6
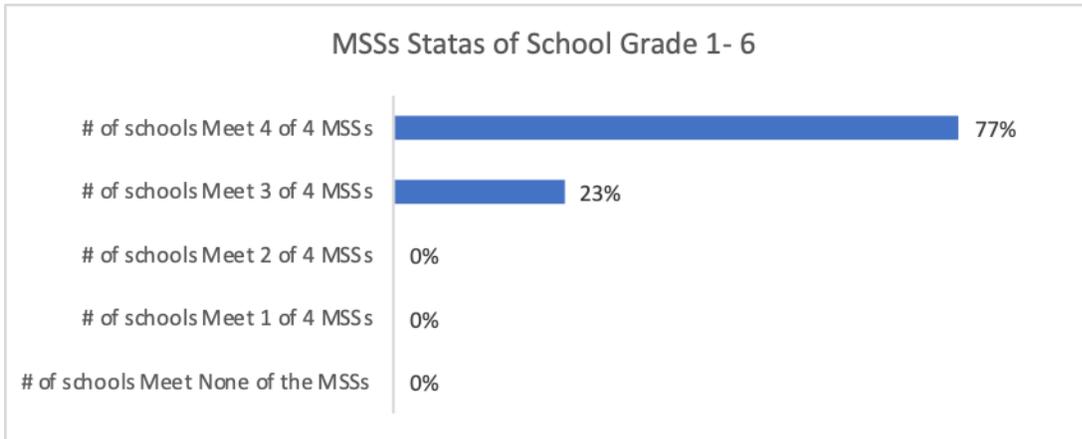
Education MSSs status from grade 1-9 schools:

All 5 questions below are applicable for the schools with grade 1 to 9:

1. Are the Education MSSs clearly posted at school?
2. Do the teachers have at least grade 12 education?
3. Do students have 24 hours per week of education in grade 1-3?
4. Do students have 30 hours per week of education in grade 4-6?
5. Do students have 36 hours per week of education in grade 7-12?

MSSs Statas of School Grade 1- 9

Category	Percentage
# of schools Meet 5 of 5 MSSs or all	64%
# of schools Meet 4 of 5 MSSs	23%
# of schools Meet 3 of 5 MSSs	7%
# of schools Meet 2 of 5 MSSs	2%
# of schools Meet 1 of 5 MSSs	3%
# of schools Meet None of the MSSs	1%

MSSs Statas of School Grade 1-9

Question	Yes	No
Are Education MSS clearly posted at the school?	73%	27%
Do teachers have at least grade 12 education?	93%	7%
Do students have 24 hours per week of education in grade 1-3?	96%	4%
Do students have 30 hours of education in grade 4-6?	93%	7%
Do students have 36 hours of education in grade 7-12?	85%	15%
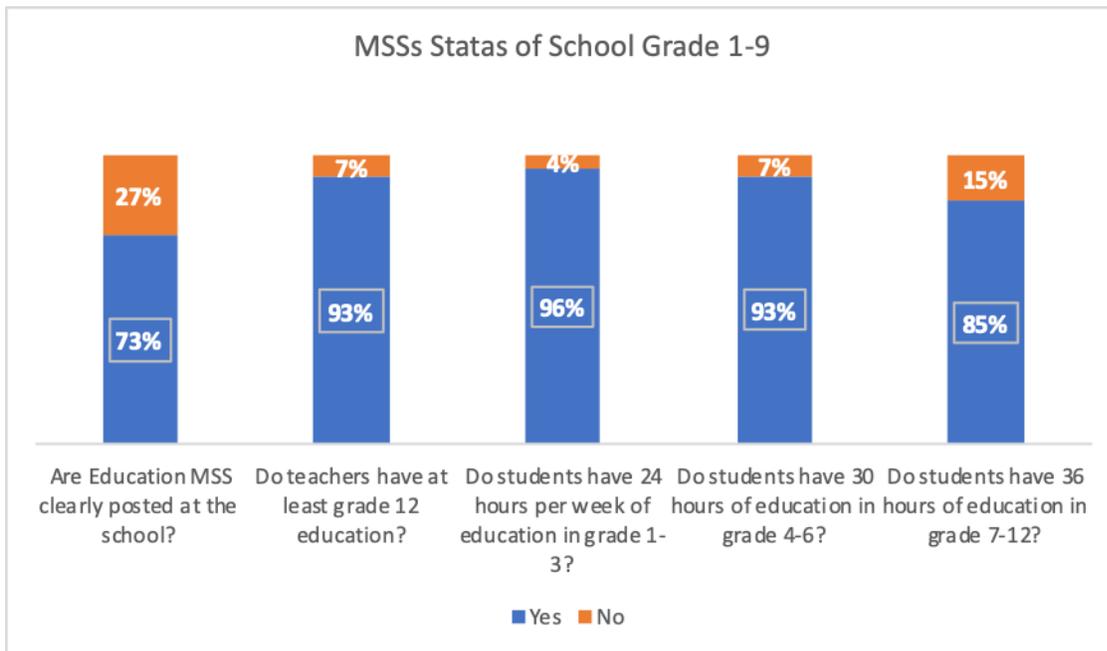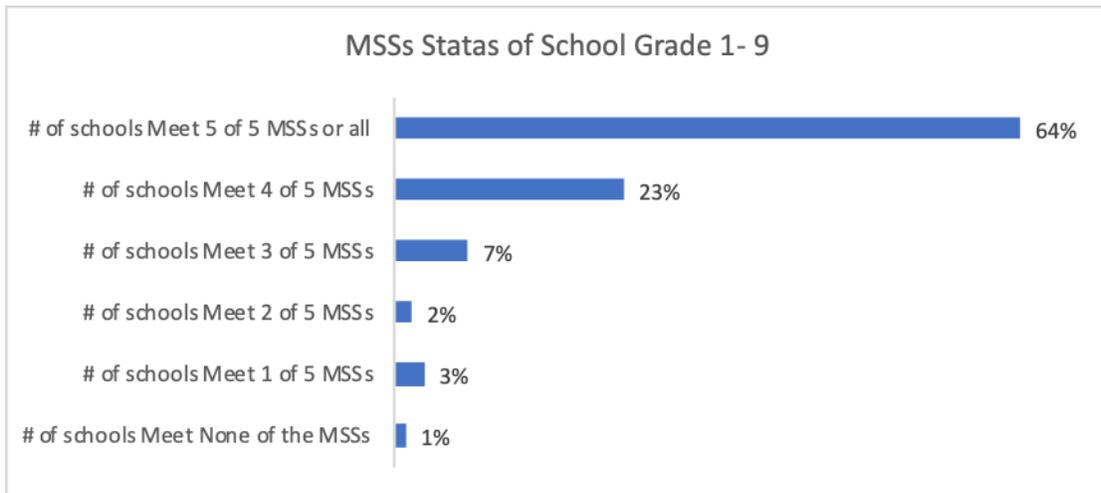
Education MSSs status from grade 1-12 schools:

All 5 questions are applicable for the schools with grade 1 to 12:

1. Are the Education MSSs clearly posted at school?
2. Do the teachers have at least grade 12 education?
3. Do students have 24 hours per week of education in grade 1-3?
4. Do students have 30 hours per week of education in grade 4-6?
5. Do students have 36 hours per week of education in grade 7-12?

MSSs Statas of School Grade 1-12

# of schools Meet 5 of 5 MSSs or all	77%
# of schools Meet 4 of 5 MSSs	16%
# of schools Meet 3 of 5 MSSs	4%
# of schools Meet 2 of 5 MSSs	1%
# of schools Meet 1 of 5 MSSs	1%
# of schools Meet None of the MSSs	0%

Education MSSs status for grade 1-12 schools

Are Education MSS clearly posted at the school?	Do teachers have at least grade 12 education?	Do students have 24 hours per week of education in grade 1-3?	Do students have 30 hours of education in grade 4-6?	Do students have 36 hours of education in grade 7-12?
Yes 80% / No 20%	Yes 95% / No 5%	Yes 98% / No 2%	Yes 98% / No 2%	Yes 95% / No 5%

■ Yes ■ No

Education MSSs Status
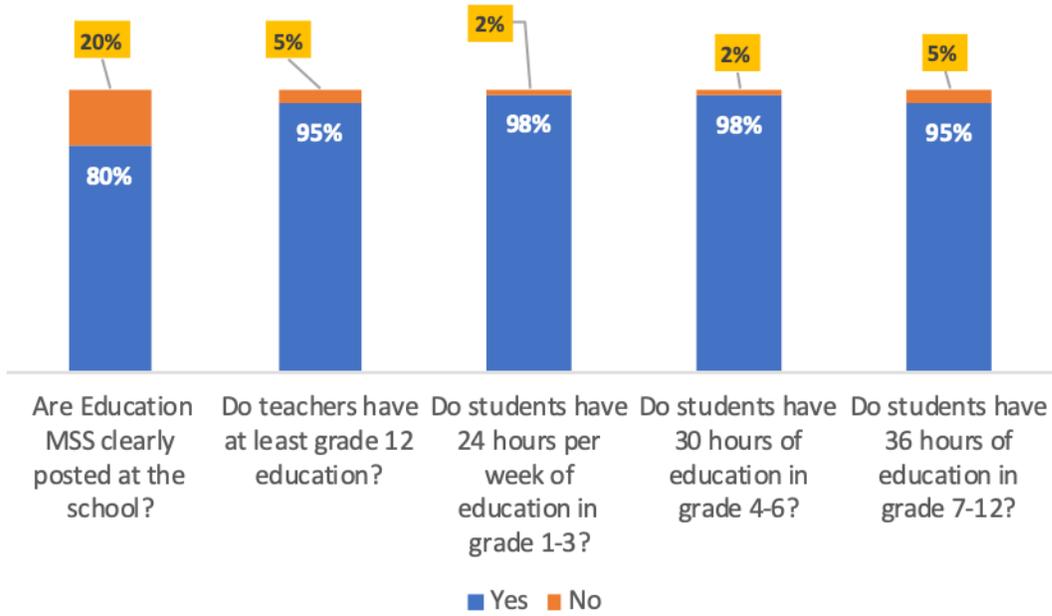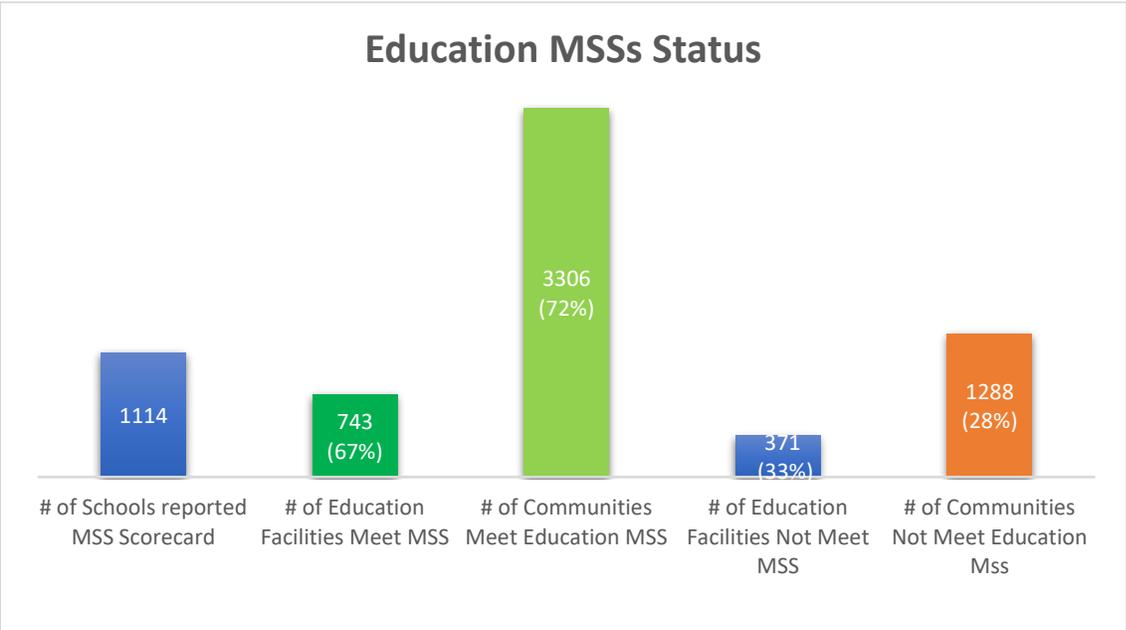
Reported education facilities covers 4,594 communities. The schools that meet all education MSSs provide education services to almost 72% (3,306) communities.

In Farah province more than 99% of the Education facilities meet all MSSs. Out of 197 Education facilities that reported education MSS Scorecard, 196 facilities meet all MSSs and these 196 Education facilities provide service to 596 communities. Similarly, in Kapisa province almost 97% (31) facilities of the reported 3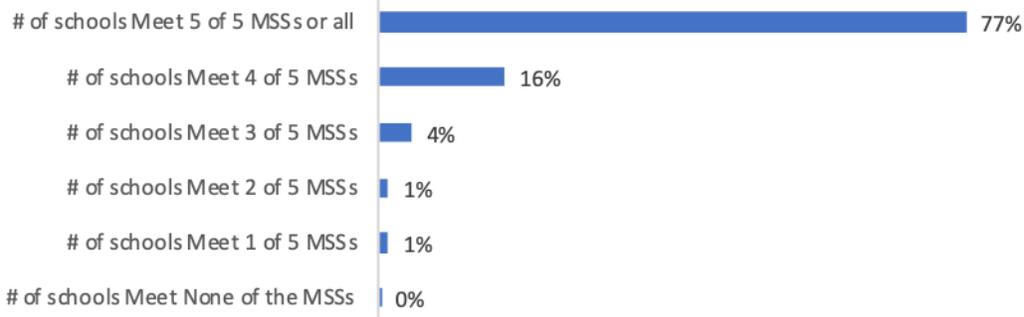2 education facilities meet all MSSs and these 31 facilities provide service to 172 communities. In Kunar province 94% (60) facilities of the reported 64 education facilities meet all education MSSs and these 60 education facilities provide services to 472 communities. In Herat, Samangan and Ghor provinces more than 60% of the reported education facilities do not meet education facilities. In Herat 61 out of 91, in Samangan 39 out of 61 and in Ghor 43 out of 72 Education facilities do not meet education MSSs.

A major trend in Education facilities is that in Primary Schools only 57% (215) facilities meet MSS, while Secondary and High Schools more than 64% (199) and High Schools 77% (329) of the facilities meet all education MSSs.

Health Minimum Services Standards (MSSs) Scorecard results:

A total of 2,956 communities reported scorecards for 237 Health facilities of which 83% (197) meet all MSSs and these 197 Health facilities provide services to 2,510 communities which is 85% of the communities reported for scorecards.

Health Sub-centers: The Minimum Service Standards for Health Sub-center are:

1. Are Health MSS clearly indicated at the information board at the health sub-center?
2. Is the Health Sub-Centre open during the official time?
3. Does the Health Sub-Centre have one
4. Does the Health Sub-Centre provide family planning?
5. Does the Health Sub-Centre provide services for any of the following conditions?
6. Diarrhea, Malaria, Antenatal Care, Tuberculosis Detection and Referral, and Immunizations

In terms of Health facility type, 82% (84) Health Sub-Center meet all MSSs and these facilities provide services to 808 communities.

**Basic Health Centers**: The Minimum Service Standards for Basic Health Center are:

1. Are Health MSS clearly indicated at the information board at the basic health center?
2. Is the Basic Health Centre open during the official time?
3. Does the Basic Health Centre have one midwife, and one nurse?
4. Does the Basic Health Centre provide immunizations?
5. Does the Basic Health Centre provide family planning services?
6. Does the Basic Health Centre provide services for any the following conditions?
7. Diarrhea, Malaria, Antenatal Care, Tuberculosis Detection and Referral?

Similarly, 81% (77) of Basic Health Centers (BHC) meet all MSSs which provide health services to 947 communities. The 19% (18) of the BHCs that do not meet Health MSS provide services to 190 communities.

Comprehensive Health Centers: The Minimum Service Standards for Comprehensive Health Center are:

1. Are Health MSS clearly indicated at the information board at the Comprehensive health Centre?
2. Is the comprehensive Health Centre open during the official time?
3. Does the Comprehensive Health Centre have one doctor, one midwife and one nurse?
4. Does the Comprehensive Health Centre provide pre, during, and post delivery services for pregnant women?
5. Does the Comprehensive Health Centre provide immunizations?
6. Does the Comprehensive Health Centre provide services for any of the following conditions?
   Diarrhea, Malaria, Tuberculosis Detection and Referral?

Around 90% (36) Comprehensive Health Center (CHC) meet all Health MSSs and these 36 CHC provide Health services to 755 communities, while only 4 CHC do not meet Health MSSs and these 4 CHC provide Health Services to 105 communities.

Health MSSs Status by Facility
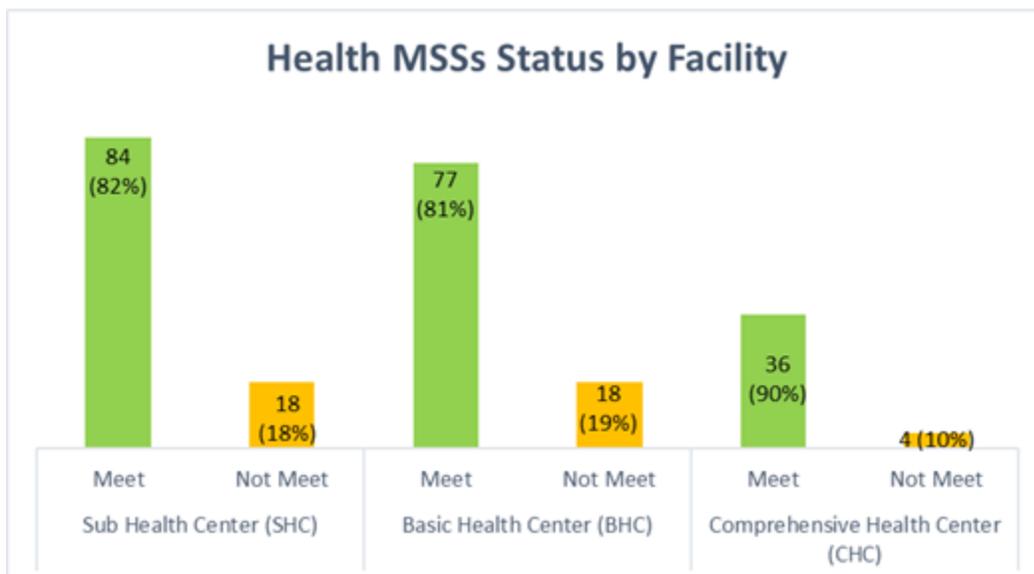
In Farah, Sari Pul and Kunduz provinces more than 90% of the reported Health Centers meet all Health MSSs. In Farah province 41 Health centers reported during this quarter and all 41 Health centers meet Health MSS, similarly in Sari Pul province 11 out of 11 Health centers meets all MSSs and in Kunduz province 12 out of 13 reported Health facilities meet all Health MSSs.

Major trend in Health facilities, CHC meet 90% of MSS, BHC more than 81% meet all Health MSSs.

Institutional Maturity Index (IMI)

The CC IMI is a self-evaluation tool that is designed to not only assess Community Development Councils (CDCs) and their sub-committees, but to be an educative process through which the elected representatives in CDCs and those that serve in CDC Sub-

Committees engage in self-reflection to consider their interactions and their work. CDCs and the Sub-committees should go through the self-evaluation process after first 6 months of their creation (election) as a baseline and then after two and half year of the first IMI, moreover the main purpose of the IMI is to reflect key findings and information on CDCs and their respective sub-committees activities, performance and maturity level .

The IMI tool is divided into total 7 forms (From 17.1 is for the CDCs and other six (17.2 for the Education SC, 17.3 for the Health SC, 17.4 for the Agriculture SC, 17.5 for the VGD, 17.6 for the Youth SC and 17.7 for the Environment).

The responsibility of taking CDCs and Sub-Committees through the IMI self-evaluation process lies with FP Social Organizers.

IMI maturity ranking weights and ranking

Weightage range	Ranking
0% to 40%	Immature
41% to 60%	Low Mature
61% to 80%	Mature
81% to 100%	High Mature

Maturity level of CDCs in IMI baseline broken down by province

The table below shows the maturity level of 9,560 CDCs those reported on IMI baseline:

# and % of CDCs at different level of maturity								
Province	# of CDCs High Mature	% of CDCs High Mature	# of CDCs Mature	% of CDCs Mature	# of CDCs Low Mature	% of CDCs Low Mature	# of CDCs Immature	% of CDCs Immature	Grand Total
BADAKHSHAN	1	0.20%	26	5%	424	83%	60	12%	511
BADGHIS		0.00%	59	25%	176	73%	5	2%	240
BAGHLAN	2	0.49%	44	11%	209	51%	154	38%	409
BALKH		0.00%	15	5%	60	21%	211	74%	286
BAMYAN		0.00%	10	4%	142	51%	128	46%	280
DAYKUNDI	2	0.67%	38	13%	165	55%	94	31%	299

FARAH	31	9.94%	168	54%	112	36%	1	0%	312
FARYAB		0.00%	3	1%	202	72%	74	27%	279
GHAZNI	3	0.41%	71	10%	389	53%	269	37%	732
GHOR	2	0.42%	151	32%	262	55%	60	13%	475
HELMAND		0.00%	21	6%	156	45%	170	49%	347
HIRAT	9	1.66%	102	19%	344	64%	86	16%	541
JAWZJAN	2	1.01%	16	8%	84	42%	97	49%	199
KABUL	20	8.00%	68	27%	103	41%	59	24%	250
KANDAHAR		0.00%	1	0%	52	15%	297	85%	350
KAPISA		0.00%	43	19%	172	77%	9	4%	224
KHOST	4	1.31%	35	11%	74	24%	192	63%	305
KUNARHA		0.00%	4	2%	172	90%	16	8%	192
KUNDUZ		0.00%	5	2%	95	43%	119	54%	219
LAGHMAN	1	0.31%	7	2%	199	61%	117	36%	324
LOGAR		0.00%	30	10%	108	36%	159	54%	297
NANGARHAR		0.00%	69	17%	284	70%	55	13%	408
NIMROZ		0.00%		0%	89	50%	89	50%	178
NURISTAN	13	10.83%	78	65%	20	17%	9	8%	120
PAKTIKA		0.00%	29	19%	61	41%	60	40%	150
PAKTYA	7	4.96%	26	18%	54	38%	54	38%	141
PANJSHER		0.00%	1	2%	42	66%	21	33%	64
PARWAN		0.00%	2	1%	43	20%	171	79%	216
SAMANGAN		0.00%	11	6%	72	42%	88	51%	171
SARI PUL	2	1.18%	22	13%	63	37%	82	49%	169
TAKHAR	1	0.42%	21	9%	131	56%	83	35%	236
URUZGAN		0.00%	2	4%	13	28%	32	68%	47
WARDAK		0.00%	28	9%	237	77%	44	14%	309
ZABUL		0.00%		0%	29	10%	251	90%	280
Grand Total	100	1.05%	1206	13%	4838	51%	3416	36%	9,560

CDCs' Institutional Maturity Index (IMIR) by Facilitating Partners (FPs)									
SN	**Facilitating Partner Packages**	**Highly Mature**		**Mature**		**Low Mature**		**Immature**		**Grand Total**
		#	%	#	%	#	%	#	%	
1	ACTED+CHA+MOVE		0%	62	12%	378	73%	79	15%	519
2	Afghan Aid+CHA+OXFAM	11	1%	253	25%	606	60%	146	14%	1,016

S. No	Name		%		%		%		%	Total
3	AHDS+SDO		0%	2	1%	42	13%	283	87%	327
4	AKDN+CONCERN	2	0%	47	6%	555	74%	143	19%	747
5	AKDN+SCA	2	0%	60	8%	376	47%	361	45%	799
6	BRAC	11	1%	130	15%	412	48%	301	35%	854
7	CARE+RI+ORCD	3	0%	100	11%	450	51%	329	37%	882
8	CHA		0%	68	6%	465	39%	668	56%	1,201
9	CHA+Move	31	6%	168	34%	201	41%	90	18%	490
10	DACAAR	14	2%	89	14%	391	61%	142	22%	636
11	NPORRAA+ACTED+SCA	4	1%	53	8%	207	32%	390	60%	654
12	OXFAM+AKDN	2	0%	48	8%	307	53%	222	38%	579
13	SCA+Afghan Aid+Action Aid	20	2%	126	15%	448	52%	262	31%	856
	Grand Total	**100**	**1%**	**1,206**	**13%**	**4,838**	**51%**	**3,416**	**36%**	**9,560**

Maintenance Cash and Construction Grant (MCCG)

Major achievements:

The Maintenance Cash and Construction Grants (MCCG), is sub-program under Citizen's Charter which provides short-term employment opportunities enabling 35% of the communities' households (host and immigrants) all over the year to mitigate seasonal hunger, maintain/repair existing infrastructure, and construct small infrastructure (including class rooms) that falls outside the Citizens' Charter construction menu. The 35% of the households are chosen from the poor category of the Well-beingAnalysis (WBA) in the communities

Overall MCCG achievements shows that 535 subprojects have been completed which generated 1,294,939 labor days for 38,928 laborers so far, out of which during this quarter a total of 277 subprojects have been completed which generated 634,970 labor days for 20,970 laborers. Out of the total laborer, 11% (3,194) are IDPs and returnees. 1,255,475 people will benefit from the completed MCCG subprojects.

The table below indicates the progress on some main indictors under MCCG:

S. No	Sectors	MCCG ongoing projects sector/ types	# of projects
1	Transport	Culvert/ construction/rehabilitation	12
2		Pathway/ construction/ rehabilitation	41
3		Tertiary road basic access/ graveling	712
4		Concrete and Stone Masonry side ditch Rehabilitation/construction	86
5	Irrigation	Concrete, Gabion and Stone Masonry Retaining Wall	10
6		Protection wall/ construction/Extension/ rehabilitation	102
7		Canal extension/ rehabilitation/ construction	88
8	Education	Primary/Secondary School Classroom / rehabilitation/ construction	4

9	Water Supply, Sanitation, and Hygiene Education	Latrine/Public Bath	3
Total			**1058**

The table below indicates the progress on some main indictors under MCCG:

Output Indicator	Cumulative up to end of previous reporting quarter	Progress during the reporting quarter	Cumulative up to end of current reporting quarter
# of provinces covered	9	0	9
# of districts covered	14	0	14
# of communities with approved maintenance plans	1,074	336	1395
# of communities received MCCG	1,074	79	1,153
MCCG disbursed to communities (US$ million)	33.33	1.3	34.63
# of communities completed MCCG work	215	226	441
MCCG utilized and closed in communities (US$)	5,690,323	4,326,234	10,016,557
Planned/ Estimated in Approved Plans Planned			
Grant portion committed to labor in proposals (US$)	19,986,081	780,000	20,766,081
Grant portion committed to non-labor in proposals (US$)	13,324,054	520,000	13,844,054
# of estimated labor days (unskilled)	3,317,006	140,934	3,457,940
# of estimated labor days (skilled)	313,395	24,870	338,265
Total # of labor days estimated.	3,630,401	165,805	3,796,205
# of skilled laborers estimated	7,834	622	8,456
# of unskilled laborers estimated	82,927	3,523	86,450
Total # of laborers estimated	90,761	4,145	94,906
# of subprojects	1,802	98	1,900
# of beneficiaries estimated for paid labor	583,352	26,945	610,294
# of beneficiaries estimated for repaired/ constructed infrastructure	2,331,276	805,034	3,136,310
Actual Data for Communities with MCCG Closed			
Grant used for labor (US$)	3,571,068	3,191,183	6,762,251
Grant used for non-labor (US$)	2,204,159	2,033,493	4,237,652
# of labor days (unskilled)	634,567	613,420	1,247,987
# of labor days (skilled)	25,402	21,550	46,952
Total # of labor days actual	659,969	634,970	1,294,939
# of skilled laborers actual	835	696	1,531

# of unskilled laborers actual	17,123	20,274	37,397
Total # of laborers actual	17,958	20,970	38,928
# of subprojects	258	277	535
# of beneficiaries from paid labor	102,752	83,289	186,041
# of beneficiaries from infrastructure	360,042	895,433	1,255,475

Lessons learned:

1. It has been observed that the lottery system, which is recommended in the MCCG operational manual for the communities that their numbers of poor are more then 35%, does not work efficiently. The close observation shows that all the people in the poor category needs/want job when the MCCG projects are implemented in their community. Implementation of the lottery system creates some social issues as every poor wants job. It is recommended that an alternative solution (e.g. increasing the allocation per CDC) is proposed instead of the lottery system.

Key Challenges:

1. Security is a serious challenge for implementation of MCCG projects, for instance the worst security situation in Kunduz, Baghlan and Urozgan provinces has enormously delayed the implementation of MCCG projects.

Future Plan:

2. It is planned that in the next quarter 350 communities should be covered under MCCG, number of monitoring visits to MCCG projects should be increased, a refresher technical training will be conducted for MCCG engineers.

MCCG Monitoring Findings

Total 55 communities were monitored in 4 provinces during the reporting period.

MCCG data shows that the MCCG posters were posted in public places in the greatest number of sampled monitored communities in Farah 3 out of 4 and Urzgan 4 out of 9. While the MCCG poster were posted in least number of sampled communities in Nangarhar 1 out of 31 and Laghman 2 out of 11.

The MCCG poster where it was not posted was available with one of the CDC office bearers in all sampled monitored communities in Farah, Laghman and Nangarhar provinces. On the other hand, Urzgan is the only province where the MCCG poster was not available with one of the CDC office bearers in 2 out of 9 sampled communities.

It clear from the sampled monitored communities' data that resource maps were available at the community in all sampled monitored communities in Farah, Laghman and Nangarhar provinces.

Contrary to this, resource map was available in least number of sampled monitored communities in Urzgan 4 out of 9.

During monitoring, it has been observed that the materials and equipment were purchased for most number of sampled monitored MCCG sub projects in Farah, Laghman, Nangarhar and Urzgan province; It worth to mention, the materials were not purchased for those sub projects where the physical work of sub projects are not started.

The social organizers visit the sampled monitored communities in Farah, Laghman and Urzgan provinces, moreover it has been observed that the social organizer did not visit only 1 community out of total 31 sampled monitored communities.

During the monitoring, the well Being analysis posters were available in Farah 4 out 4 sampled communities, Laghman 1 out of 11, and Nangarhar 31 out of 31 sampled monitored communities; which is the highest figures; also, in Urzgan the well-being analysis poster was available only in 7 out 9 sampled communities.

The labors were selected through lottery in all sampled monitored communities in Farah and Laghman provinces. Whereas the labors were selected through lottery in Nangarhar 23 out of 31 and Urzgan 4 out of 9 sampled monitored communities.

Sampled communities MonitiongFindigns Summary for MCCG:

S. N	Key indicators of MCCG Monitoring Form	Yes%	No%
1	Was the MCCG poster posted in a public place?	18	82
2	If No, was the MCCG poster available with one of the CDC Office Bearers?	95	5
3	Was the Resources Map available with one of the CDC Office Bearers?	91	9
4	Were materials purchased for the subproject?	89	11
5	Were equipment/ tools purchased for the subproject?	93	7
6	Was the Well Being Analysis poster available with the CDC Office Bearers?	96	4
7	Was there a lottery in the community for selecting laborers?	76	24
8	Do the Social Organizers responsible for the MCCG in this community visit and work with you?	98	2
9	Do the Engineer responsible for the MCCG in this community visits and works with you?	100	0
10	Do they record their visits in CDC log book?	100	0

Recommendations:

1. MCCG posters and labors' list needs to be available in the communities so that people and stakeholders understand about the number of labors, their categories in WBA, MCCG budges, working days and etc.
2. The MCCG projects need to be highlighted in the Resource Map.
3. Those WBA with incorrect categorization of the community people or with missing households need to be revised and corrected which will help in the labor selection process and lottery
4. The flexibility of putting the new comers of IDPs and returnees in the WBA should be in place.
5. One standards attendance sheet for labors need to be given to the communities to avoid discrepancies.
6. The attention needs to be given during the selection of projects site and the consensus of the majority of the community members should be taken.
7. As the MCCG district monitoring officers positions were announced with incorrect Grade (E), and then re-advertised; now the HR division needs to accelerate the process in order to have timely monitoring from the projects.

Grain Banks, Social Inclusion Grant and Kuchies Development

Major achievements:

Grain Banks

Grain Bank is a community-led strategy that enables communities to reduce the impact of prolonged food shortages – more than 3-4 months in a year – which women, men and children of very poor households face. The purpose of establishing grain bank is to encourage and support collective action that helps to mitigate forms of extreme poverty in households that have no able-bodied person and/or cannot meet their daily minimum food requirements. Grain Banks at each community level is for mobilization of food and non- edible items to address food and non-food items requirements and shortages of very poor households. Grain Banks has the potential to make an important contribution towards this goal, and in addition works to build vertical and horizontal solidarity within communities, and illustrate the Government's commitment to reduce poverty. This initiative will contribute towards the institutionalization of community-driven pro-poor development approaches, and through studies/ evaluations will provide important lessons as to future humanitarian programs in rural Afghanistan.

The objective of establishing grain bank is to encourage and support collective action at community level that helps to mitigate forms of extreme poverty (such as seasonal hunger, loss of access to interest-free borrowing and commercial loans) in households that have no able-bodied person and/or cannot meet

their daily minimum food requirements. These households are generally in the lowest Well Being Analysis (WBA) grouping and are often referred to as 'very poor'.

Community Grain Banks:

The table below indicates the progress of some main indictors under Grain Banks

Output Indicator	Cumulative up to end of previous reporting quarter	Progress during reporting quarter	Cumulative up to end of current reporting quarter
# of provinces covered	34	0	34
# of districts covered	114	0	114
# of Communities with established Vulnerable Groups Sub-Committees	7812	973	8,785
# of communities with "stop seasonal hunger campaigns" completed	18366	3,727	22,093
# of communities with food/grain banks set up	7068	1,089	8,157
Estimated value of goods/labor/cash raised by communities (US$)	2520961	476,564	2,997,525
Actual # of beneficiaries in communities with food and non-food items have been distributed (Households)	35022	6,843	41,865

In addition to the above major achievements, 293 jeribs of agricultural land has voluntarily been dedicated by community members for sustainability and maturity of 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 Grain Bank while other part of this land has been dedicated under SIG.

Social Inclusion Grant (SIG)

Under batch number 1, from the total1,985 communities contracted, 1,475 communities have been covered. 1,202 communities, SIG proposals have been approved in 13 districts of 9 provinces. The total matching grants disbursed under SIG batch# 1 is $902,096 from which only 12,324 households actually benefited. Remaining disbursements will be made during the lean season, as planned.

 Table below Batch# 1: IDP & Returnees response SIG implemented by FPs

Output Indicator	Cumulative up to end of previous reporting quarter	Progress during reporting quarter	Cumulative up to end of current reporting quarter

# of provinces covered	9	0	9
# of districts covered	13	0	13
# of communities covered	869	606	1,475
# of communities that have SIG Proposal Approved	869	333	1,202
Total SIG matching grants disbursed (US$)	$892,956	$9,140	$902,096
Actual # of beneficiaries in communities with SIG grants distributed (HH)	11,638	686	12,324

Under batch number 2, from the total2207 communities contracted, 780 communities have been covered. 467SIG proposals have been approved in 16 districts of 6 provinces. The total matching grants disbursed under SIG batch# 2 is $333,580 from which only 40,66households actually benefited. Remaining disbursements will be made during the lean season, as planned.

Table below Batch# 2: Drought Response SIG implemented by VGD/CC

Output Indicator	Cumulative up to end of previous reporting quarter	Progress during reporting quarter	Cumulative up to end of current reporting quarter
# of provinces covered	6	0	6
# of districts covered	16	0	16
# of communities covered	197	583	780
# of communities that have SIG Proposal Approved	197	270	467
Total SIG matching grants disbursed (US$)	$90,483	$243,097	$333,580
Actual # of beneficiaries in communities with SIG grants distributed (HH)	3,116	950	4,066

Key Challenges

- The filed missions' reports of the VGD staff and field level staff indicate obscene or low attention of the FPs to the Grain Banks while the findings have regularly been shared with the management and FPs.

Recommendation

- The Social Inclusion Grant (SIG) has been introduced as the most prominent and most effective sub-program of the Citizens' Charter National Priority Program (CCNPP) across the country to mitigate the level of seasonal hunger and starvation of vulnerable groups specially of the poorest category as per the WBA exercise; therefore, people in areas which are not covered by

SIG, demand expansion of Social Inclusion Grant (SIG) sub-program to their locations and they have pledged for extending their support for its successful implementation if expanded to their areas. In recognition of their demand, we recommend SIG expansion to be implemented by VGD/CC. In addition, the SIG expansion would lead to increased optimism of people towards grain banks and this would encourage community members' maximum contribution towards grain banks which will guarantee and institutionalize grain banks sustainability in the future.

The GB & SIG Future Plan till end 2019

- Around 500 new Grain Banks will be established.
- Around 200 SIG proposals will be approved.
- Food and non-food items distribution will be commenced.

Kuchies Development Program

The Kuchies Development Sub-Program (KDSP) is a Citizens' Charter Sub-Program that will be introduced as part of the upcoming CCAP restructuring. The program is designed to reach semi-nomadic and fully nomadic Kuchies communities in Afghanistan. The program is equally adhered to the principles of equity, inclusion, participation, accountability, and transparency. The Kuchi program is intended to contribute effectively into the Project Development objective (PDO) of the Citizen's Charter that is: to improve the delivery of core infrastructure, emergency services, and participation of Kuchi communities in social services aimed to strengthen Kuchi Community Development Council (KCDC). The differences between the Kuchies Development Sub-Program (KDSP) and the mainstream Citizen's Charter will be the standard of services and some of the social mobilization methods. The sectoral Menu for Kuchies Development Program (KDP) include specific mobile services, such as providing of electricity, through solar or biogas, modernization of drinking water and reservoir systems.

Kuchi Development Sub-Program (KDSP) has commenced its field work in all 32 provinces where Kuchies are available throughout four seasons of a year. During the course of action 5 HQ based Kuchi staff and 132 Kuchi field staff and 5 engineers have been recruited for KDSP implementation, and recruitment of the remaining 27 engineers is under process. Furthermore, first ToT of Kuchi mobilization conducted in all regions for all newly hired Kuchi staff and 4 Kuchies development Sub Projects worth$521,207 are designed and proposed by 2 KCDCS.

Table below: General updates on Kuchi Development Program progress

S/No	Indicators	Cumulative Up to the end of previous quarter	During Quarter	Cumulative up to the end current quarter
1	# of KCDCs mobilized	79	197	276
2	# of KCDCs Elected	43	217	260
3	# of WBA completed	30	181	211

4	# of KCDPs developed	36	169	205
5	# of Sub Projects proposed	0	4	4

Large gatherings among some Kuchies communities during the social mobilization indicates greater awareness, full support and deep interest of them in the development activities while at the initial stages their response to the program used to be weak due lack of believes among Kuchies on KDSP.

Key Challenges

- During the course of field work, it has been identified that majority of Kuchi communities located in very remote and wide areas, that has become a great challenge accessing to those communities. Kuchi social organizers stay for days and nights within such remote Kuchi communities for their mobilization.
- Majority of Kuchi communities located in areas that are totally under control of Taliban Kuchi social organizers with constant support of Kuchi community elders, and provincial teams managed to go inside of such insecure areas for implementing KDSP among people who haven't been benefited even from basic services throughout the past 18 years.
- Most of KCDC members are illiterate, this might become a challenge in the implementation of SP.

Recommendation

- Due to cultural diversity of Kuchies, their life style, living in remote area of the country, we must be flexible and open for new lessons arriving during implementation of the program, and we need to move ahead according to sensitivity of Kuchies communities.

- To work with Kuchi communities is more difficult and challenging than normal communities, so we need to allocate more time to mobilization and other technical activities of Kuchies program.

The Kuchi development Program Future Plan till end 2019

- Mobilization of 174 of KCDCs will be completed.
- Election will be conduct in 190 KCDCs
- Around 239 WBA exercises will be facilitated.
- Around 245 KCDPs will be developed, and
- Technical survey and design of 146 Kuchies Sub-Projects will be undertaken.

Lessons learned

- Community contribution to the grain banks was presumed to be an impossible practice of supporting the poorest households on community level but the current progress and achievement indicates that, it is one of the best and transparent approaches and most welcomed by community members.

- Proper awareness raising around grain banks model and its benefits contributed much to increased mobilization of food and non-food items. Communities which are properly sensitized and their awareness are raised in a required way have matured grain banks with huge amount of food and non-food items.

- Drought combined with conflict has created internally displaced populations that are living in extremely poor conditions. Many communities continue to depend on insufficient incomes derived by migrating outside of their farmlands. Inadequate rains and snowfall in parts of Afghanistan caused significant failure of the rain-fed crops in the provinces. The situation affected the most vulnerable populations and their access to food and water. for this reason, less than expected number of contributors at village level is one of the most concerning challenges we faced

- During the course of field work it has been identified, that majority of Kuchi communities located in very remote and wide areas, that has become a great challenge accessing those communities. Kuchi social organizers stay for days and nights within such remote Kuchi communities while they are working on KCDC development.

- Majority of Kuchi communities located in areas that are totally under control of Taliban Kuchi social organizers with constant support of Kuchi community elders, and provincial teams managed to go inside of such insecure areas for implementing KDSP among people who haven't been benefited even from basic services throughout the past 18 years.

- Against the initial perception exist that working with Kuchi communities would be more difficult than normal communities while based on the feedbacks form the field, Kuchi communities welcomed warmly KDSP and showed their full support from the program.

b. Urban

Community Mobilization

Major achievements:

During the reporting period 13 communities were mobilized, 15 CDC elections were conducted and 14 CDPs were completed. Also, 25 CDCs formed their Sub-committees (Education, health, and youth, VGD, ESS, and CPM) in 4 cities, and 65 CDC exercised IMI, and IDLG monitored and assessed from all activities of 114 CDCs. During this session report a total number of USD 6.4 million disbursed for the communities by which nearly 189,856 households have benefited so far directly from the projects.

Progress to date:

Atthe end of reporting period, a total of 841 (98.9%) communities have beenmobilized, a total of 836 (98.4%) communities have completed their elections and selected their CDC representative and a total of 815 (95.9%) communities have completed their development plan (CDP) respectively of the contracted 850 urban communities. Up till the end of Q3, Mazar-e-Sharif and Kandahar PMUs have fully established all their contracted CDCs and completed their CDPs (Participatory Learning Approach (PLA) is an exercise which enables the communities to know about their community social resources, poor and

rich person of their communities, working season and women mobility. This exercise has been completed in all those CDCs which have completed their community development plan.)

At Gozar level, a total of 162 Gozar Assembly elections completed, 161 Gozar Development Plans (GDPs) have been prepared and 146 subproject proposals have been reviewed and approved by Project Implementation Unit (i.e. 95.3% Gozars Election Completed, 94.7% GDPs prepared and 87.6% of Proposals approved for the total targeted 170 Gozars). The PLA exercise also completed in all those Gozar Assemblies which have completed their Gozar Development Plan.

CDC and community analysis:

- Total CDC membership is 17,964 (Men: 8,993, 50.06% and women: 8,971, 49.94%)

- Total Office Bearers are 3,993 (Men: 1994, 49.94% and women: 1999, 50.06%), which shows 0.12% increase in female Office Bearers participation.

- Of nearly 638,806 eligible voters, women's participation in CDC elections was 49.4% and men's participation was 50.6%.

Age-Wise Breakdown of CDC members
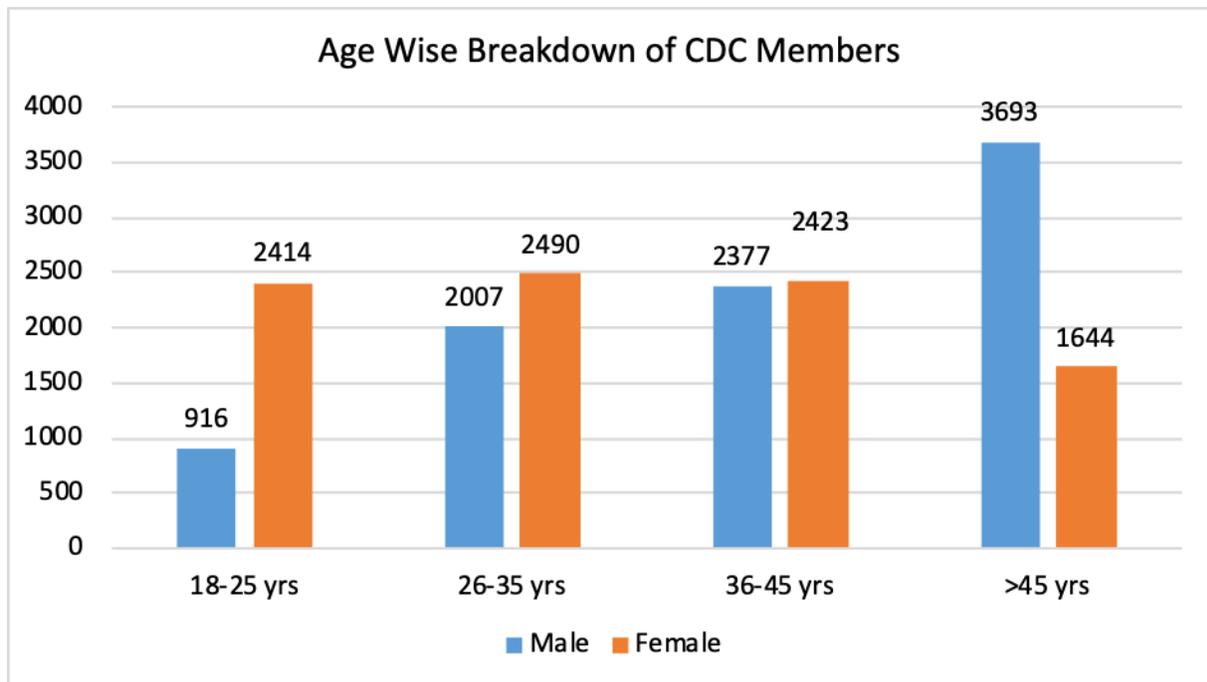
Gender / women's participation:

- The percentage of women beneficiaries is 49.51% (676,416 females out of 1,366,151 population), and female CDC members are 50.49%.

- The field level participation of women as CDC members and office bearers is very good overall (almost 50%). Acceptance of female participation in the program is also increasing in communities.

- Female staff in CCAP-IDLG increased to 19%.

Gender Related Progress:

- Checked, verified and approved 60 women's livelihood projects

- Conducted an anti-harassment workshop for support staff of IDLG DMM/CCAP (35 participants)

- Drafted gender mainstreaming annex for Ez-Kar project, the main purpose of the annex is a deep review on gender related issues in EZ-kar and giving the useful approach for the program filed workers to consider the Gender issue seriously.

- Cooperated and facilitated with WB Youth Team on conducting research in Herat and Jalalabad cities and arranged two workshops for the PMUs and FPs' staff regarding the research.

- Established networks of Coordination with Gender units of IDLG, MRRD, MoEC, MoWA, FLO, and WB and prepared a mechanism for conducting women's monthly meetings in DMM conference hall.

Important lessons learned:

- CCAP had a key role in women's encouragement for participating in social activities and raising their voice at the communities.

- Women are showing high level of interest in implementation of PLA tools and in their routine activities, this has raised their awareness regarding the different analysis.

- CC has improved women's participation in decision making process of the communities (50% of CDC & Office Bearers including 10 women as CDC Chairpersons and 2 women as GA Chairpersons but we need to have more focus on meaningful women's participation in Kandahar and Jalalabad cities as well.

Plans for next quarter:

- Conduct 2 Gender Working Group (GWG) meetings at IDLG/CCAP conference hall to address the program gender related issues.

- Conducting monthly women staff coordination meetings to address common challenges of women in the workplace.

- Conduct workshops in Kabul and the 4 cities on Anti-Harassment Policy and safe workplaces for women in the urban CCAP PIU/PMU/ FPs offices.

- Establish Youth Advisory Group in the municipalities of the four major cities.The Youth Advisory group will consist of CCNPP youth sub-committees and provincial offices of other related agencies in order to raise youth voice and include them in municipalities plan.

- Field monitoring visits to Kandahar, Mazar-e-Sharif, Herat and Jalalabad cities for focus on women's livelihood projects.

Engineering

Major achievements:

The major achievements during the reporting period are as follows:

- 16 subprojects proposals at CDC level and 21 subprojects proposals at GA level have been reviewed, approved and entered in MIS.

- 110 ESMPs have been prepared and approved.

- 467 subproject expenditure reports (showing 50% of actual budget utilization) were reviewed, approved and uploaded into MIS, totally, 1188 expenditure reports (25% =468, 50% = 452, 75% = 179 and 100% =89) have been reviewed so far.

- 85 subprojects (18 Herat, 9 Jalalabad, 37 Kandahar and 21 Mazar) have been completed and the SFSRs uploaded in MIS.

Progress to date:

By end of this reporting period, the Finance Unit has disbursed a total of US$ 47.90 million dollar to CDCs and GA while the MIS shows a total of US$ 39.36 million disbursement to CDC for 819 subprojects (42 water supply, 734 transport, 6 park/recreation areas and 37 power supply) and a total of US$ 6.18 million disbursed to GA for 143 subprojects. There is a difference of USD 0.8 million between Finance and MIS records, the reason for this difference is advance payments which is not yet reflected in MIS and some of the CDCs are still frozen.

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	41	37	6	81,501,695	729,418	59,497	9,643
Park & Recreation Area	9	6	0	40,201,452	295,101	8,123	
Water Supply and Sanitation	43	42	12	63,106,042	683,034	69,720	18,627
Road/Street Upgrading	745	734	67	3,389,338,081	37,689,754	1,240,822	115,988

and Drainage							
Total	**838**	**819**	**85**	**3,574,147,270**	**39,397,307***	**1,378,162**	**144,258**

* In Subproject proposals we do not have disbursed amount in USD, we only have it in AFN, 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 by CDC wise and the amount disbursed sector wise.

Important lessons learned:

It is observed that refresher trainings of community procurement/accountant are needed for all FPs site engineers and supervisors. As per field mission, we have observed that some of the CDCs procurement filing has errors and needs to be rectified, so this training is needed. In addition to this, a refresher training of projects management and quality control is also mandatory in order to have good progress in project completion and have quality projects in all four cities under the coverage . This training will be conducted at each PMUs which will be supported by PIU.
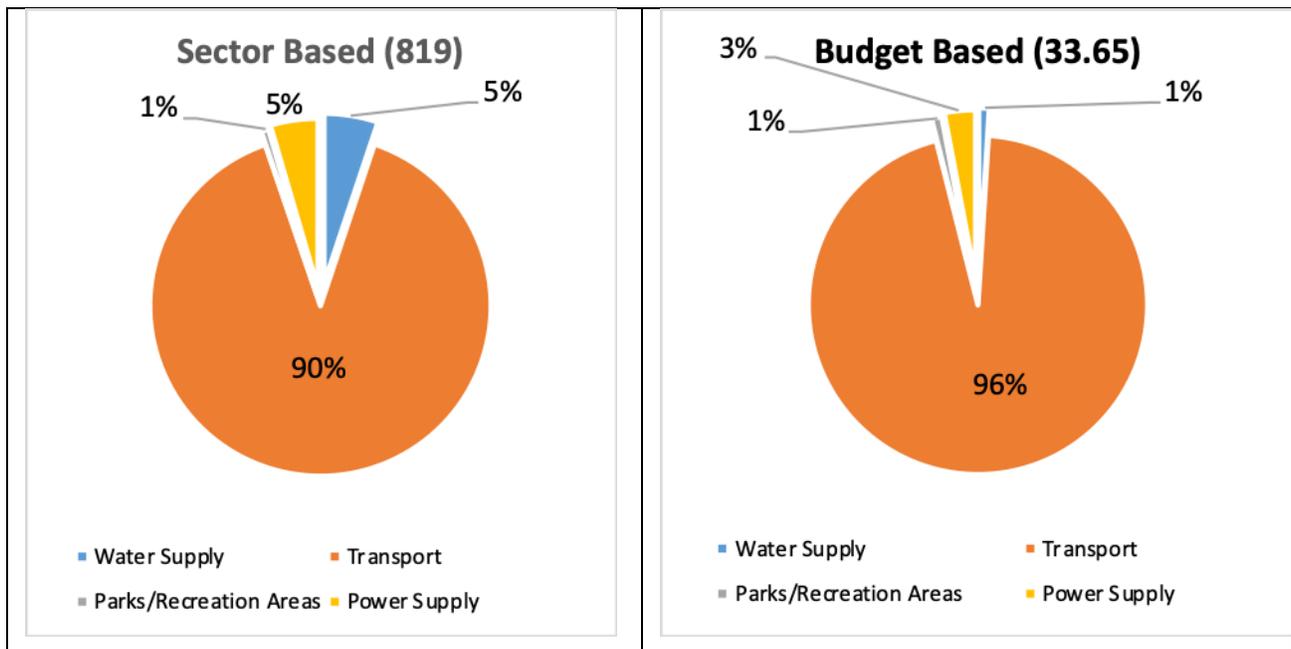
Key challenges and recommendations:

S. No,	Challenges	Recommendations
2	The communities proposed water supply	This issue was communicated with Grants staff

	subprojects at Gozar level and street upgrading subprojects at CDC level, which had affected the subproject progress. Because, firstly, pipe installation should be completed then street upgrading can be started.	and agreed to accelerate disbursement of Gozars Grants.
3	Unavailability of construction materials, namely, crushed stones and sand in Herat, as the Department of Mines has closed all crush plants. This has highly affected the progress of CC projects in Herat City.	We have communicated this issue with Herat mine department and will find a solution soon for this issue.
4	Implication of 10% community contribution and revision of various SPPs.	The communities were not affording 25% contribution hence the Operation Manual is revised and based on approved criteria some of CDCs subprojects proposal would be revised.
6	Updating the engineering norms, based on ground reality. We sent the new norms, recently, developed by ACLU and in the book of Dr. Logar Khan and shared with PMUs to avoid further exaggeration during cost estimation	As per technical unit and management decision the Public Work norms should be revised and in the subprojects machinery norms should be added.
7	Some of the communities wants to outsource their subprojects. Thus, a clear criterion is required to ensure 100% transparency, as outsourcing of the community's subprojects can compromise quality.	Developing a proper checklist for outsourcing of community subprojects. Communities should be encouraged to implement their projects directly by themselves, as sub-contracting of projects can compromise the quality of the projects.

Field Missions for Review & Approval of 20% CDC level subprojects and 100% GA level subprojects:

During the reporting period, four senior engineers of Engineering Unit have conducted 21 visits in 170 subprojects in the 4 major cities, below you can find key finding of the visits:

Key Findings, Recommendations/Next Steps:

S. No.	Findings	Recommendations
1	In Kandahar city, a numbers of CDCs/GAs	The issue has been shared with DMM and as

	subprojects are waiting for preparing municipality development plan. CDCs/GAs cannot start their subprojects unless municipality development plan is finished. This issue has been strictly followed up with Mayor and DMM. Collectively, 19 GAs and 5 CDCs are waiting for municipality development plan.	well as with Kandahar mayor and the office of Mayor promised to solve it soon.
2	Some CDCs subprojects don't have proper filing system of procurement/accountant.	Refresher training of community procurement/accountant is recommended. And will be conducted for FPs staffs in the cities.
3	Low capacity of FPs staffs is still a challenge.	Project management and Quality control training is recommended for FPs staffs and will be conducted in the cities.
4	Unavailability of gravel and sand in Herat city. Recently, department of mine stopped all gravel/sand plants which has affected our CC subprojects progress.	The issue has been shared with Herat municipality and as well as with governor office. Based on this discussion, some of the crushed plants got permission to produce gravels and sands.
5	Repeated deviations and its rectification. All the engineers are instructed to minimize the deviations and focus enhancing the quality.	A checklist of common error has been prepared and share with PMUs on how to minimize the deviations and prevent the similar deviations in other sites.

Third Party Monitor (TPM) Urban:

During the fiscal year 2019, a total of 226 deviations were found by third-party monitor (TPM) of which 112 deviations have been rectified, 17 deviations are unrectified, 97 deviations are pending

Year and City	Deviation Status			Total
	Pending	Rectified	Non-rectifiable	
Herat	13	18	1	32

Jalalabad	11	56	2	69
Kandahar	72	20	14	106
Mazar-e-Sharif	1	18	0	19
Grand Total	**97**	**112**	**17**	**226**

Key Findings from Evaluations/Studies Undertaken:

IDLG has not conducted any Evaluation or Study.

Scorecards

As end of Jun-2019 IDLG has established 813 (94%) CDCs with their subcommittees among which 765 CDCs (94%) filled scorecards for health/education or both.

Table 1: MSS Score Card Coverage by Cities

City	Total # of Communities Contracted	Total # of Communities with CDCs and Sub-Committees Established	Total # of Communities with Score Cards Completed	% of Communities with Score Cards Completed
Herat	200	197	197	100%
Jalalabad	200	177	159	90%
Kandahar	300	289	259	90%
Mazar-e-Sharif	150	150	150	100%
Total	850	813	765	94%

Considering all MSS (Health and Education) (see **Figure 1**) 37% of communities meet all MSS (Health and Education) and 63% of communities do not meet all MSS. While separately for each sector (see **Figure 2**) e.g. 46% of communities meet education all MSS and 54% do not meet education all MSS and in the health sector 89% of communities meet health all MSS and 11% do not meet all Health MSS. The

Figure 3 and **Figure 4** show percentage communities and facilities which meet and do not meet the MSS for each sector (Education and Health)

Figure 1: Overall MSSs Status

- # of CDC do not meet all MSS
- # of CDC meet all MSS

Figure 2: Each Sector MSS
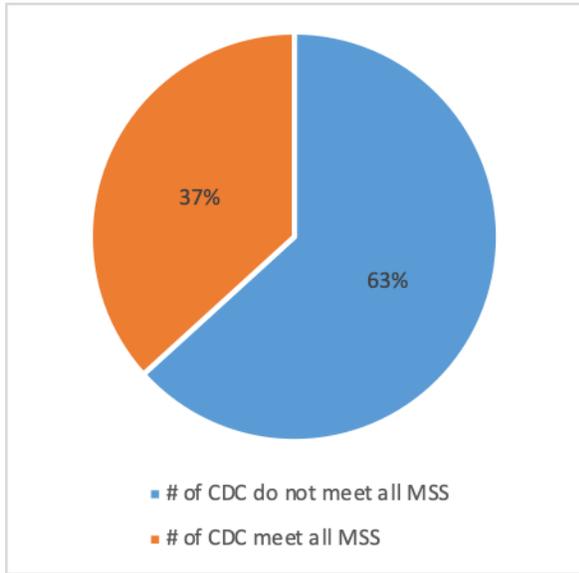
- # of CDCs meet all MSS
- # of CDCs do not meet all MSS
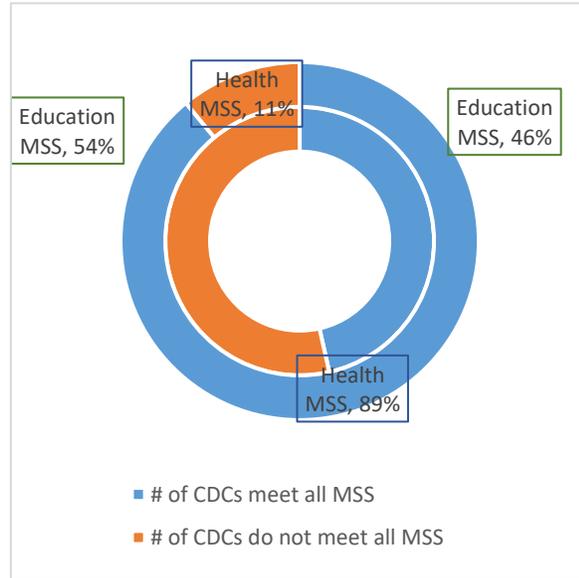
Figure 3: Education MSS status by Community and by Facility

Figure 4: Health MSS status by Community and by Facility

- Meet
- Not Meet
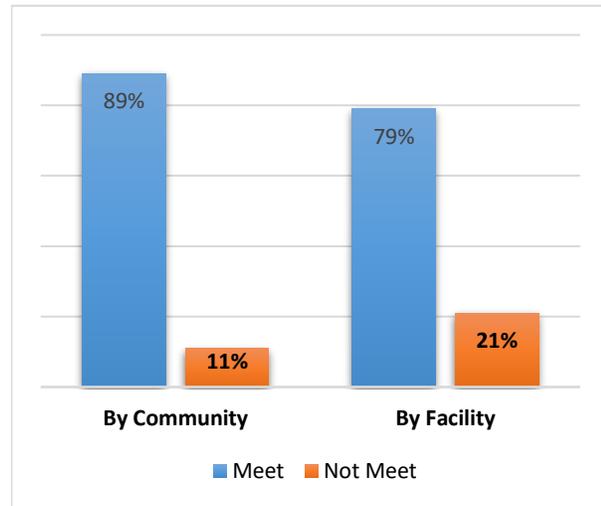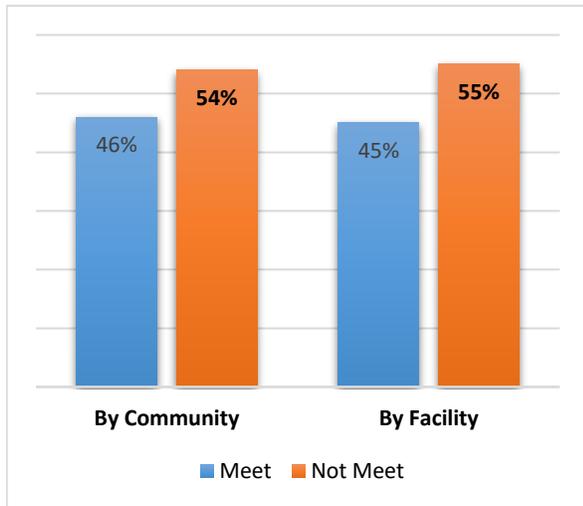
- Meet
- Not Meet

Table: Percentage Education Facilities meet MSS:

| # | Indicator | Cities | | | | Tot |
		Herat	Jalalabad	Kandahar	Mazar-e-Sharif	
1	# of Education Facilities meet 100% (all) MSS:	3	14	17	16	
2	# of Education Facilities meet 80% MSS:	25	3	2	12	

#						
3	# of Education Facilities meet 75% MSS (Exceptional):			3		2
4	# of Education Facilities meet 60% MSS:	4	1	1	6	
5	# of Education Facilities meet 40% MSS:	1				
6	# of Education Facilities meet 20% MSS:					
7	# of Education Facilities meet 0% MSS:					
	Total	33	21	20	36	

Table: Percentage Health Facilities meet MSS:

#	Indicator	Cities				Tot
		Herat	Jalalabad	Kandahar	Mazar-e-Sharif	
1	# of Health Facilities meet 100% (all) MSS:	3	7	7	2	
2	# of Health Facilities meet 83% MSS:	1			1	
3	# of Health Facilities meet 67% MSS:				1	
4	# of Health Facilities meet 50% MSS:				2	
5	# of Health Facilities meet 33% MSS:					
6	# of Health Facilities meet 17% MSS:					
7	# of Health Facilities meet 0% MSS:					
	Total	4	7	7	6	

6. OPERATIONS PROGRESS

MIS

Key Achievements:

The MIS had good progress during this quarter, developed some new modules as have been indicated below:

- The GRM module has been improved which will be used for CCAP and EZ-KAR.

- Community Financial History Form (CFHF) module has been developed.

- Subproject Final Status Report (SFSR) module for GA has been developed.

- Developed GA Withdrawal recording section.

- GA PLA Photos addition section developed.

- Module developed for internal monitoring follow-up (but not finalized)

- Now the users can extract some information date wise which was not possible in the past, meanwhile the following reports are added:

  - Detail reports for IMI.
  - Detail reports for Scorecard.
  - Detail reports for CPM.
  - Monthly report for president office.
  - Quarterly report developed in MIS.

- Annual report developed in MIS.
- Data cleaning started and the missing data for 1C, CDC PLA, GA PLA, CDP Sectors corrected, Women livelihood sectors corrected, Form 3B and expenditure reports completed.

Some of the system features are improved such as report creation by date, field attention, data validation, user registration and the MIS now also show the block grant in USD based on MoF exchange rate set.

Plans for next quarter:

- Further enhance the reporting sections of MIS on outcome indicators; to bring ease in informed decision making of PMUs, PIUs and other users.

- Do the data cleaning and remove all data errors, and completing missing data which is a continued work of the MIS section.

- Launch FPMU Module.

- Start to develop (Human Resources Management Information System (HRMIS),

- Finalize Monitoring Form-2 module.

- Develop reporting section for Monitoring Form-1, and 2 and CPM.

- Developing verification and form upload procedures for IMI, and CPM Forms.

- Analyses current CC forms, and changing data collections procedures of those forms which are feasible (Kobo Toolbox, Tablet)

- Develop training manuals for MIS, develop subcommittees detail report, and develop M&E quarterly and annual reports in MIS.

- Working on internal monitoring system, with other units and management, to launch it and test it.

- Recruiting 3 remaining positions of EZ-KAR.

- Developing training manuals for MIS.

- Developing record keeping section for revised SPPs.

- Developing revised Linkage module, and modifying training module as per new forms.

- Developing CPM for GA.

- Developing detail report for sub-committees.

- Developing M&E Quarter and annual reports in MIS.

- Developing API for EZ-KAR MIS data integration with project central MIS.

- Developing several required modules for EZ-Kar.

Key Challenges/Recommendations:

S. No.	Challenges	Recommendations
1	Lack of enough MIS staff at central and provincial level	The approval and recruitment process should be expedited.
2	Inefficient reporting system. The Reports were not developed based on specific Department, Client and User's needs. Also, there were not periodic reports like annual and quarter reports and etc.	(further improvement of MIS reporting systems); outcome-based reporting tabs need to be developed in the MIS
3	The visual studio and SQL software are not licensed.	To purchase visual studio professional, and SQL Standard edition licenses
4	Current Data errors, and some missing data in MIS (Data related to newly added modules)	Follow up, and checking the data on regular bases, with data quality assurance and provincial team
5	Delays between actual field progress and actual data availability in the MIS are creating reporting discrepancies	To influence other units and FP to submit documents on time to PMU, MIS. To increase data entry staff.
7	Some data has obvious errors but corrections would mean redoing work on the ground for the actual data collection	To train field and FP staff to ensure that the corrected version of

	documents is submitted to MIS, and make sure that most of the errors are deducted before uploading

Third Party Monitoring (TPM) Rural:

As of this reporting period the ARTF third party monitor (TPM), MSI has visited 414 sites and identified deviations a total of 414 deviations in 194 sites visit in CCAP sub-projects. All the deviations have been assigned to field engineers for rectification, have been provided feedback for all of them, in which 117 have been rectified, 17 are unrectified and 7 deviations are pending with MSI and the rest 273 deviations are still open with our field colleagues and will be resolved soon by providing required documents and geo-tag photos. In addition, MRRD Engineering Division had monthly coordination meetings with MSI-TPM to discuss the reported deviations.

Monitoring and Evaluation (M&E)

Key Findings from Monitoring Reports (Rural)

The team monitored total 939 sampled communities in 100 districts of 32 provinces where out of these visits 482 visits were conducted in order to see the social mobilization process of the program while the rest 668 were carried out in order to see the sub-projects implementation, CDCs and their sub-committees' functionality and performances. The two provinces which are not included in the monitoring data set are Nuristan and Daikundi where we do not have the monitoring officers and the recruitment is under process and to the end of October they will be on board.

The communities were selected using stratified sampling. The monitoring visit in the social mobilization were conducted in focus groups with at least 60% of the CDC members while the sub-projects monitoring and CDCs and their sub-committees monitoring conducted using both field observation and focus group meetings.

The monitoring team is composed of a pair of male and female monitoring officers at provincial levels and they conduct joint monitoring visits where feasible by bringing the male and female member of CDC together in the focus group meetings otherwise the visits are done in separate meetings. The monitoring findings for each community is shared with the relevant departments and stakeholders for taking on time corrective actions and closely followed up on regular basis.

MonitonigCoverage

Province	# of Districts monitored	# of communities monitored	# of Form I[11] filled		# of Form II [12]1st round filled		# of Form II 2nd round filled	
			M	F	M	F	M	F
32	100	939	499	325	531	369	102	81

Results/findings:

PostersAvailability: The below table summarizes the information on poster availability based on all FP packages. Overall, the posters were available in 453 out of 499 sampled monitored communities in 32 provinces. From the data collected during monitoring visit, it appears that in provinces like: Badghis, Bamyan, Faryab, Ghani, Jawzjan, Kabul, Kunarha, Logar, Nimroz, Paktika, Panjshir, Parwan, Sari Pul, Uruzgan, and Zabul the posters were available in all sampled monitored communities. Subsequently, the posters were available in least number of sampled communities in Khost 11 out of 17 sampled communities, Paktia 11 out of 18, Kandahar 15 out of 19, Nangarhar 13 out of 17, Takhar 21 out of 25, Badakhshan 19 out of 22, and Laghman 13 out of 16; furthermore, the posters were not available only in

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[11] Form 1 of monitoring is used in order to monitor the social mobilization after a CDC develops its Community Development Plan (CDP) in sampled communities

[12] Form II of the monitoring is used to monitor the ductility of the CDCs and quality of sub-projects in sampled communities which is normally filled 2 times for a sampled community and in some cases 3 times and this is linked to number of grant disbursements take place to a community.

1 or 2 out of sampled monitored communities in Baghlan, Balkh, Ghor, Hilmand, Herat, Kapisa, Kunduz, Samangan, and Wardak.

Posters Avilibility based on FPs Package:

FPS	Posters Availability by FP			
	During Last Quarter		During this Quarter	
	Yes	No	Yes	No
ACTED+CHA+MOVE	97%	3%	99%	1%
Afghan Aid+CHA+OXFAM	86%	14%	92%	8%
AHDS+SDO	96%	4%	100%	0%
AKDN+CONCERN	80%	20%	87%	13%
AKDN+SCA	84%	16%	85%	15%
BRAC	52%	48%	68%	12%
CARE+RI+ORCD	98%	2%	99%	1%
CHA+Move	100%	0%	100%	0%
DACAAR	82%	18%	87%	13%
NPORRAA+ACTED+SCA	93%	7%	96%	4%
OXFAM+AKDN	100%	0%	98%	2%
SCA+Afghan Aid+Action Aid	91%	9%	96%	4%
CHA (10)	86%	14%	95%	5%
CHA (2)	89%	11%	88%	12%
Grand Total	86%	14%	91%	9%

CDC sub-committees' formation: CDCs Sub-committees were established in 512 out of 529 of sampled monitored communities. The sub-committees were established in almost all sampled monitored communities in most of the provinces except in provinces like: Hilmand, Khost, Paktika, Paktya, and Zabul. The data shows the sub-committees have been established in Hilmand 12 out 18, Khost 8 out of 13, Paktika 18 out of 20, paktya 5 out 7, and Zabul 17 out 19, Badakhshan 23 out of 24, and Takhar 4 out 5.

CDC sub-committees' functionality: The table below gives information on CDC sub- committee's functionality based on sub – committee vision, activity plan and achievement.

From the monitoring data, it is clear that in Badakshan, Balkh, Bamyan, Herat, Nimroz, Panjshir, Sari pul, and Wardak provinces the sub- committee had vision in all sampled monitored communities in both male and female wings of the CDCs. Meanwhile, in Farah, Ghor, Kabul, Kapisa, Kunarha, Paktika, the sub

committees had vision in all sampled monitored communities only in male wings of the CDCs. On the other hand, were Baghlan, Jawzjan, Kandahar, Khost, Kanduz, Nangarhar, Paktya, Samangan , and Takhar were the provinces reported with the lowest number of CDCs having their vision.

Badghis, Balkh, Bamyan, Herat and Sari pul were the provinces wheremost of the sampled monitored CDCs had the activity plan with timeline in both male and female wings of the CDCs. In male wings of the CDCs, the activity plan were not available in any of the sampled monitored communities in Khost, Paktika, Paktya, Samangan, Takhar and Uruzgan provinces; on the other side, in female wings of the CDC the activity plan were not provided for any of the sampled monitored communities in Baghlan, Faryab, Helmand, Jawzjan, Kabul, Kandahar, Khost, Logar, Nangarhar, Paktika, Paktya, and Samangan provinces.

In male wing of the CDC, Panjshir is the only province in which the achievement of subcommittees in all sampled monitored communities match with the activity plan and timeline; while Farah is the only province in which the achievements of the committee's match with timeline in all sampled monitored communities in female wings of the CDC. When it comes to achievement of the sub-committees, Ghor, Jawzjan, Kabul, Kandahar, Khost, Laghman, Logar, Paktya, Paktika, Samangan, Sari-pul, Takhar, Uruzgan and Wardak are the provinces where the achievements of the sub-committees do not match with their action plan. The table below shows the breakdown by indicators:

CDCs' sub-committees functionality:

Functionality of Sub-committees	Male CDC				Female CDC			
	Yes	No	Yes	No	Yes	No	Yes	No
Do they have vision for the committee?	380	130	75%	25%	236	124	66%	34%
Do they have activity plan with timeline?	289	223	56%	44%	191	170	53%	47%
Do the achievements of the committee match the activity plan and time line?	127	385	25%	75%	89	272	25%	75%

Facilitating Partners (FPs) Social Organizer (SO) performances: FPs Social Organizers (SOs) are required to visit the communities according to their contractual obligations and provide the CDCs with the required support in terms of capacity development, and institutionalization of the CDCs and communities.

The performance of FP social organizers was monitored in the following areas: appointments making with CDC for visits, setting the appointments based on best day that all people could be available ,and treatingthe community members with respect and listen to their views.

It has been observed from the monitoring data, the female FP SO did not make appointments before their visits in Wardak 14 out of 16 sampled monitored communities, Kabul 4 out of 12, and Nangarhar 2 out of 12 sampled communities, which is the highest figure among the provinces.

The data shows that the FP SO appointments were based on the best day to meet the community people in almost all sampled monitored communities in all provinces; It is worth to mention, in male wings of the CDCs Kunduz 1 out of 9 was the only province where the FP SO appointments is not on the best day to meet all community people whereas, in female wings of the CDCs in Kabul 6 out of 8 sampled monitored communities the FP SO appointments were not based on the best day to meet the community people.

The FP SOs treat all community members with respect and listen to their views in most of the sampled monitored communities; while there have been few cases where the FP SO did not treat all the community members with respect, observed in Kandahar and Kunduz in male wings of the CDCs; also, in female wings of the CDCs the same case were in Kandahar, Nangahar, and Wardak provinces.

Faciliating Partners' Social Organizers' performances:

SOs' Performance	Male CDC				Female CDC			
	Yes	No	Yes	No	Yes	No	Yes	No
Do the SO make appointments for visits?	496	3	99%	1%	303	22	93%	7%
Are these appointments based on best day to meet all people are available?	495	1	99%	0%	297	6	91%	2%
Do SO treat all community members with respect and listen to their views?	497	2	100%	0%	321	4	99%	1%

CDC Satisfaction from the exercises: The provinces with the greatest number of communities, which were very satisfied, are Paktya 17 out of 18 sampled monitored communities, Hilmand 14 out of 27 sampled communities, and Kandahar with 6 out of 19 sampled monitored communities.

Even so, in female wings of the CDCs, 272 out of 325 sampled monitored communities the communities' members were satisfied. Beside this, 21 out of 325 sampled monitored communities were very satisfied. In contrast to this, 17 out of 325 sampled monitored communities were somewhat satisfied; in addition, 15 out of 325 sampled communities were not satisfied.

The provinces with the highest number of very satisfied communities from each exercise were: Ghor 7 out of 12, Paktya 7 out 18, and Ghazni 3 out of 8. Although, the provinces like: Samangan 3 out of 16 sampled monitored communities, Bamyan 3 out of 19, Kabul 2 out of 4,kapisa 2 out of 15 Laghman 2 out of 16, Panjshir 2 out of 4, and sari Pul 2 out of 17 were somewhat satisfied. Also, it is worth to mention that the communities, which were not satisfied, are in logar 12 out of 12, Kabul 2 out of 12, and Baghlan 1 out of 5

CDCs Satifactoin level from the excercices during the social mobilization and instituational building:

CDC Satisfaction level

Male CDC: Not Satisfied 0%, Satisfied 84%, Somewhat Satisfied 1%, Very Satisfied 15%

Female CDC: Not Satisfied 3%, Satisfied 86%, Somewhat Satisfied 4%, Very Satisfied 7%
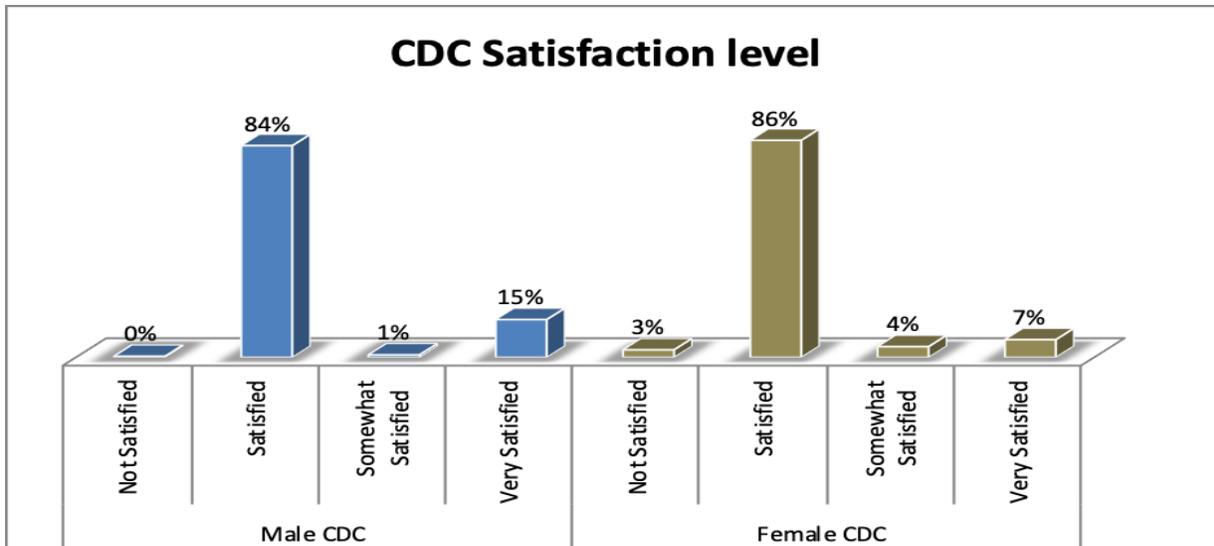
CDCs' meeting minutes avilibility during the monitoing:

CDC Minutes of Meetings availability

Male CDC: Yes 73%, No 27%

Female CDC: Yes 60%, No 40%
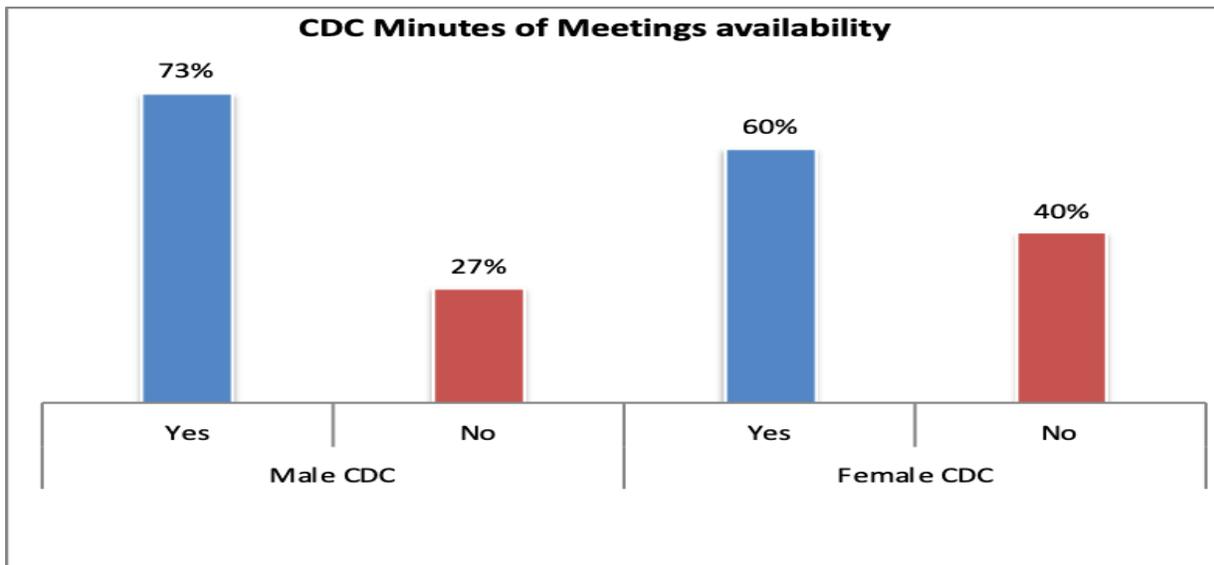
Sub-project Monitoring in communities:

Total 824 sub-projects were monitored during the reporting period of which 133 were monitored for the second round.

The sub-projects status in sampled monitored communities:

Monitoring round	# of monitored projects	% of ongoing projects	% of completed projects	% of projects that not started	% of suspended projects
First	691	85	7	6	3
Second	133	77	20	0.7	2

Overall, 66 i.e. 8% of the sampled monitored sub-projects were not started or suspended in both first and second round of monitoring due to: delay in installment (17), Social Problems (14), engineer were busy in other projects (7), technical problems (10), the CDC member give priority to their first project (6), delay in procurement (3), and the remaining 4 sub-projects were delayed due other reasons like: lack of water, lack of engineer, and lack of labors.

The table below summarizes some key monitoring indicators for the sub-projects.

Monitoring questions	First round Monitoring			Second Round Monitoring		
	Yes	No	Yes%	Yes	No	Yes%
Is the subproject according to need and priority of the community?	580	4	99	102	0	100
Do all community benefits from the subproject implementation?	537	47	92	93	9	91
Is there any defect in technical survey of the subproject	37	547	6	2	100	2
Does the CDC have a copy of the subproject proposal?	323	261	55	60	42	59
Is the subproject implementing according to the design specified in proposal?	545	39	93	100	2	98
Was there any a delay or problems in implementation of the subproject so far?	116	468	20	19	83	19
Are there any deviations in the Bill of Quantity for the subproject?	28	556	5	1	101	1
Is there any sign board installed at the subproject site?	58	526	10	13	89	13

Operation and Maintenance plan of the subprojects: The table below illustrates the Operation and Maintenance plan availability for sampled monitored sub-project, training the community members received on O&M and number of men and women received the training.

Operation and Maintenance Plan (O and M Plan)

Questions	First Round Monitoring			Second Round Monitoring		
	Yes	No	Yes%	Yes	No	Yes%
Is the O and M plan of the sub-project available?	363	221	62	75	27	74
Is there anyone in the community trained to operate and maintain the subproject?	81	503	14	34	68	33
Number of trained members? Men	271			98		
Number of trained members? Women	62			2		

Land acquisition for sub-projects: The table below describes the land acquisition for the sub-project implementation. It can be seen from the chart that 81% of the sub-project required land in their first visit, and the land acquired for the sub-project implementation were 84% donated, 14% governmental land, and 2% were compensated. Consequently, in the second round of monitoring 89% of the sub-project required land, and the land acquired for the sub-project implementation were 72% donated and 28% governmental land.

Sub-projects land requirement:

	First Round			Second Round		
	Yes			Yes		
Does the sub-project require land?	81%			89%		
How the land was acquired?	Donation (%)	Government Land (%)	Compensation (%)	Donation (%)	Government Land (%)	Compensation (%)
	84	14	2	72	28	0

Grievances Handling: Generally, the grievance box was available in 71% of sampled monitored communities; while, it is accessible to all the community members specially women in 86% of the communities, where grievance box, was available. Overall, 22 grievances were collected, out of which, 21 grievances were resolved.

It seems that, close attention was not paid in this section (grievances collection), therefore it is required to develop and improve this section, so the community member's voice is heard and their grievances are referred to the related departments.

The table below summarizes the availability of grievance box, it is accessibility to all community members, and number of grievances received and resolved.

During monitoring visits, it has been observed that the grievance box was not available in almost all sampled monitored communities in Baghlan, Bamyan, Helmand, Kandahar, Nimroz, Uruzgan and Zabul provinces. While, the grievances box was not accessible to all community members specially women in the greatest number of sampled monitored communities in Badakhshan, Badghis, Farah, Faryab, Ghor, Herat, Jawzjan, Kabul, Kapisa, Khost, Kunarha, Kunduz, Logar, Paktika, Paktya, Panjshir, Parwan, Samangan, Sari Pul, Takhar and Wardak.

Overall 22 grievances were received in the sampled communities and all were resolved: , Balkh (2), Kabul (6), Kunarha (7), Paktika (6), and Panjshir (1).

Greivances related monitoring findings results:

Grievances	Do the grievances Box exist at the community?				Is it accessible to all the community members specially women?				Number of grievances collected so far	Number of grievances resolved
	Yes	No	Yes	No	Yes	No	Yes	No		
Average	463	186	71%	29%	400	63	86%	14%	22	22

CPM formation and functionality: The table below illustrates the proportion of CPM committee establishment and functionality. In female wings of the CDCs, the CPM committee were established in least numbers of sampled monitored communities compared to the total number of sampled communities in Farah 1 out of 18, Helamand 3 out of 18, and Paktya 13 out of 20. On the other hand, in female wings of the CDCs the CPM committees were established in Logar 6 out of 10, Paktya 13 out of 20, and Kabul13 out 17, which is the least figure among other provinces.

The male FP SO provide the CPM training in less number of sampled monitored communities in Baghlan 2 out of 5, Khost 7 out of 17, Laghman 9 out of 18, Logar 4 out of 10, Nangarhar 1 out of 22, Sari Pul 5 out of 23, Takhar 6 out of 16, and Zabul 4 out of 18 in comparison with Badakhshan, Badghis, Balkh, Bamyan, Faryab, Ghazni, Ghor, Herat, Jawzjan, Kapisa, Nimroz, Paktika, Panjshir, Parwan, Uruzgan, and Wardak provinces.

While , the CPM training was not conducted in any of the sampled monitored communities in Kabul and Kandahar provinces. On the flip side, in female wings of the CDCs Baghlan, Kabul, Kandahar, Khost, Laghman, Nangarhar, and Sari pul are among these provinces that the CPM training was conducted in least number of CPM committees; whereas, the CPM training was not conducted in any of the sampled monitored communities in Logar and Paktya provinces.

CPM estabslishement and Functionality
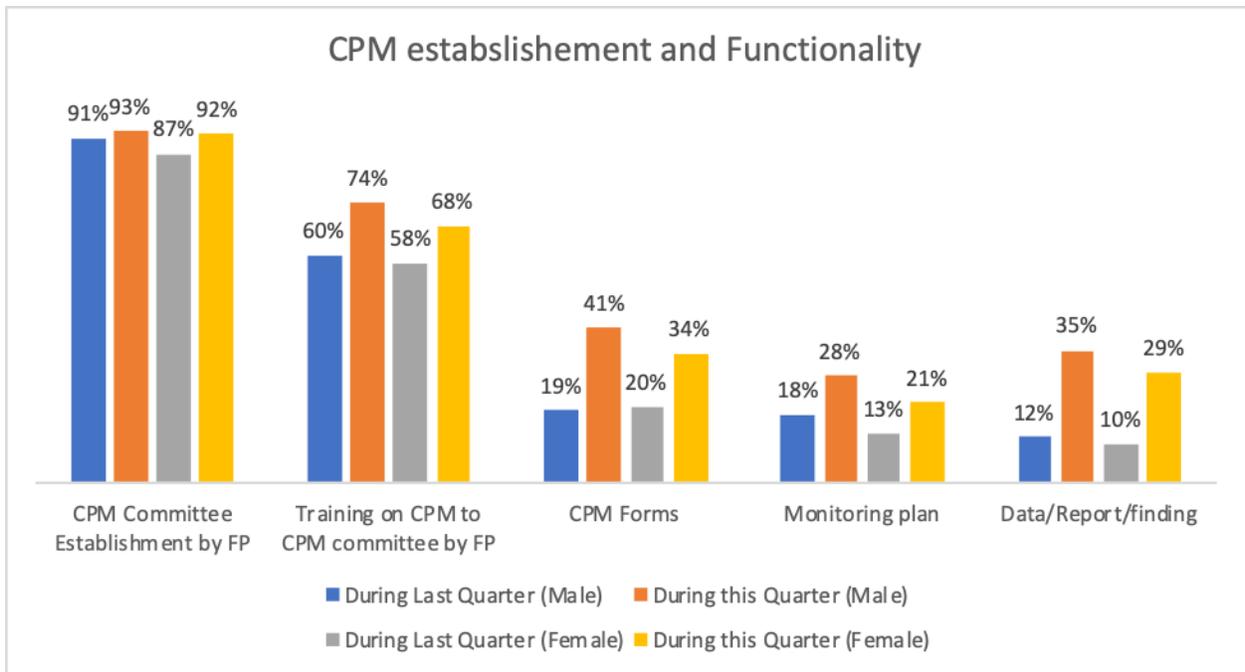
Looking at the trends in the above chart, on average there is 14% improvement in male and 11% in female CPM sub-committees' establishment and performances while the trainings, reporting forms availability with CPM members, monitoring plan are still need to be paid attention.

Recommendations

- Although, the overall quality of the social mobilization has been getting improved, the social organizers need to spend sufficient time as allocated in the training manual to deliver quality work in the communities.
- Women Participation still remains a challenge in some provinces; awareness raising and refresher training need to be provided to women CDC members through female FP SOs and encourage women to participate in CDCs meetings, take part in CDC and subcommittee initiatives.
- Gender Division needs to implement its gender strategy and utilize several traditional and untraditional approaches in order to improve women's participation in the program
- Sub-committees' functionality and initiative are not at its best level; as per the process monitoring report, the greatest number of the subcommittee members do not know their roles and responsibilities. Therefore, proper training is required to be provided thorough FP SOs for subcommittee members. In order to, turn them into functional bodies.
- The grievance boxes need to be installed in the areas where accessible to everyone (Men+Women) and the CPM/Grievances Handling sub-committees need to be trained properly
- The awareness raising and mobilization is needed in the communities so that the voice of people is heard and they can report on their grievancesthrough a proper channel and proper and on time actions to be taken in terms of solutions.

- The CPM/grievances handling sub-committees still need to be turned into functional bodies through improving their awareness and capabilities as their role has been very important in many areas including the regular monitoring from the implementation of the program at the community level, helping in the grievances channeling and reporting, coordinating and arranging the social audit meetings, etc.
- The minutes of meeting still are not available in most numbers of CDCs, so, it is required to encourage and train the CDC office bearers to properly record their meeting minutes
- The subproject proposal unavailability is observed in several CDCs, and it remains a challenge. This issue should be taken into account with full consideration and attention.
- The subproject sign boards are not installed in most of the subprojects; the subproject sign boards need to be installed before the completion of the subproject, and it needs to be regarded respectively.
- CDC subproject financial and procurement documents need to be prepared with CDC members so that they learn about their development work and accounting and need to be kept properly.
- However, there is a good progress on the availability of the Operation and Maintenance plan (74%) for the subprojects, the engineer should help the remaining communities develop these plans.
- It has been observed that, required attention was not paid in operation and maintenance of the subprojects and in most numbers of monitored communities, no member of the community was trained to operate and maintain the subprojects, therefore it is required to train some members of the community to properly operate and maintain the subprojects.

Rectification Priority	Open	Pending	Rectified	Uncertifiable	Grand Total
Major	124	6	52	11	193
Minor	149	1	65	6	221
Grand Total	**273**	**7**	**117**	**17**	**414**

Urban

At the start of year 2019, it is considered by General Director that this year will be entitled "Quality Year" so far, enough attention has been paid by project management to ensure the quality of the program. During this quarter, several missions have been conducted by management and technical staff to review the program progress, ensure quality of work as well as complete the CDC financial documentation. As part of the monitoring, a total of 180 field visits which were conducted by Provincial M&E Officers using Monitoring Form 2 during August 2018 to July 2019, has been analyzed and its report was produced and shared with the CCAP management, FPs, PMUs and World Bank. The findings of analysis are as follow:

In 147 CDCs the meeting minutes or observation books were available which indicates 82% of the total. An average of 10 male and 6 female CDCs members have participated in the meetings. Besides, the report shows that those who are absent in CDC meetings contains 35% of vice-chairperson and 29% CDC

secretaries and it is because mostly these positions are held by women in CDCs. 52.7% of sub-committees are functioning regularly and 47.3% others requires the attention of PMU and FPs to give enough support to be functional. About 80% of sub-committees have received training. 46.2% of sub-committees have their plans while 53.8% others do not. 39.5% of committees have their regular meetings while 60.5% others haven't met regularly. 83.9% of project management committees are established in the four cities while 16.1% others are yet to be established. 68.9% of the project management committees have received training on project management by FPs. Almost 62% of the project management committees did not have their plans for project implementation. Around 63% of the project management committees have met regularly. 82.8% of the subprojects are implemented according to the design specified in proposals. 100% of environmental committees have been established in the CDCs of four cities. 85.6% of the environmental committees have received environmental and social safeguard training as well. 45% of the environmental committees have their monitoring plans while 53.9% others do not. 76.1% of subprojects have ESMP and 85% of the subprojects have considered ESMP during the subproject implementation.

As of these 180 monitoring visits, 96.7% operation and maintenance committees were established and 70.6% of the maintenance committees have received the required training as well. 46.1% of the communities have maintenance plans for their subprojects while 53.9% others do not. Among those 180 visits, CDCs in Mazar-e-Sharif, Herat, and Jalalabad were not efficient in cash collection and labor work while in CDCs in Kandahar were considered more efficient in both cash collection as well as in labor work. In the segment of material collection, the communities in four cities did not provide material for operations and maintenance of subprojects. 56.7% of communities' people are trained to operate and maintain the subprojects among them, 476 are male and 139 are female. 23.3% of the sub-communities achieved collaborative activities between better off/ middle and poor/ very poor. 21.1% of the community's committees did not or cannot support (shelter, advice, labor, market information) for income-generating activities for the poor. 21.1% of other communities put together collaborative activities amongst poor men and between communities. Only 11.7% of Poor men engaged in collective construction, transport, solid waste management. In terms of waste collection, 277 people are engaged in 24524sq. meter land and 62.5 cubic meter waste collection. 10.6% Poor men engaged in collective savings to ease seasonal hunger grain banks, savings, etc. 37.8% Poor men engaged in off-farm income-generating activities.

From 180 monitoring visits, 100% of communities prepared the proposals for their selected subprojects. furthermore, 98.9% of the communities are satisfied with subproject selection. 95% of CPM committees are established so far. 54.4% of CPM monitored community activities. In four major cities, 71.7% of the communities received training on CPM. As per the monitoring visits, only 28.9% of social audits conducted during the last three months. A total of 43.3% of M&E officers are satisfied with CMP and social audit activities. 88.9% of the communities are satisfied with overall subproject selection, implementation, and progress.

Baseline IMI Analysis

During the third quarter the baseline IMI has been analyzed, the data for IMI has been extracted from MIS, the report covers the analysis of IMI forms which have filled as baseline in the CDCs during last one

year. Actually, more than 704 CDCs have filled the Baseline IMI as July 2019, while the MIS has recorded as following:

- IMI filled by CDC Office Bearers and other members = 540
- IMI filled by CDC Health subcommittee members = 527
- IMI filled by CDC Education subcommittee members = 572
- IMI filled by CDC Youth subcommittee members = 569
- IMI filled by CDC ESS subcommittee members = 572
- IMI filled by CDC VGD subcommittee members = 190

It has been found that 5 (0.9%) of CDCs are with high maturity of their performance, 83 (15.4%) CDCs are with medium maturity, 393 (72.8%) of CDCs are with low maturity and 59 (10.4%) of CDCs are unsatisfactory.

IMI are filled up by communities for self-evaluation of CDCs and their sub-committees. The progress made so for outlines that, 2,978 IMI forms have been completed in 4 cities, around 22 Forms complete with high maturity, total # of 775 forms completed with medium maturity, total # of 1506 forms completed with low maturity 675 forms shown unsatisfactory.

Instituational Maturity Index Basline results:

#	City	CDCs & Sub-Committees	Contracted CDC	Total # of CDCs and Sub-Committees Filled Baseline IMI	# of CDC Unsatisfactory 0% to 40%	# of CDC with low maturity 41% to 60%	# of CDC with medium maturity 61% to 80%	# of CDC with high maturity 81% to 100%
IMI Baseline Report								
1	Mazar e Sharif	CDC	150	44	18	25	1	0
2		Education		21	1	20	0	0
3		ESS		72	47	25	0	0
4		Health		63	38	25	0	0
5		VGD		65	65	0	0	0
6		Youth		75	75	0	0	0
Sub-Total				**340**	**244**	**95**	**1**	**0**
7	Herat	CDC	200	180	39	122	18	1
8		Education		180	91	83	5	1
9		ESS		177	96	75	6	0
10		Health		180	97	78	5	0
11		VGD		1	1	0	0	0

12		Youth		178	95	77	6	0
Sub-Total				**896**	**419**	**435**	**40**	**2**
13		CDC	300	197	2	162	33	0
14		Education		204	1	168	35	0
15		ESS		204	2	156	45	1
16		Health		204	3	171	29	1
17	Kandahar	VGD		3	3	0	0	0
18		Youth		205	1	166	38	0
Sub-Total				**1017**	**12**	**823**	**180**	**2**
19		CDC	200	119	0	84	31	4
20		Education		122	0	13	106	3
21		ESS		119	0	13	102	4
22		Health		122	0	11	108	3
23	Jalal Abad	VGD		121	0	18	103	0
24		Youth		122	0	14	104	4
Sub-Total				**725**	**0**	**153**	**554**	**18**
Grand Total				**2978**	**675**	**1506**	**775**	**22**

As a result of IMI over all report, which was entered in MIS database, the bellow points are available:

- There is a huge difference between number of IMI forms which were completed for CDC and its committees in Mazar-e Sharif. In spite of the fact 44 CDCs were completed IMI forms, while only 21 IMI form has been completed in Education Sub-Committees, 72 IMI forms were completed in Environmental Sanitation safeguard Sub-Committee, 63 IMI forms accomplished in Health Sub-Committees, 65 IMI forms filled-out by Vulnerable Groups Development Sub-Committee, and finally 75 IMI form had completed in Youth committees which is totally different from each other and is shows fraud. Education committee filled-up IMI form.

- In Herat City, 180 IMI forms were completed for CDC, while 177 IMI forms completed in ESS Sub-Committee and 178 forms completed for Youth Sub-Committee, so it is not the same.

- Despite of 197 IMI forms completed for CDC in Kandahar province, 2014 IMI forms accomplished in Education, ESS and Health Sub-Committees, 205 IMI forms in Youth Sub-Committee and 3 IMI forms completed in VGD Sub-Committee which different.

- In Mazar-e- Sharif and Jalal Abad IMI forms were completed in VGD Sub-Committee, while at IDLG/ CCNPP, this committee is not functional and IDLG doesn't have any committee by this name.

- With the reference to (Topic # 2 and sub-topic 2, question # 2, pro-poor activities.) Regarding of VGD-sub-committee IMI form, to what extent has the VGD sub-committee-initiated activities that contribute towards reduce seasonal hunger (food drives to stock the food bank, reached out to external actors to provide food/goods, etc.? In response to this question, 65 IMI forms were completed with VGD sub-Committee in Mazar-e-Sharif and 121 IMI forms were completed with VGD sub-committee in Jalalabad, while IDLG doesn't have Food bank in its CDCs. And if it doesn't have Food Banks, so where the CDCs compile the items and by which mechanism, they contributed the collected items for IDLG doesn't have any guideline for Food Banks. And the same issue is available in these 2 cities with other questions in mentioned Sub-Committee.

Community Participatory Monitoring (CPM)

Community Participatory Monitoring is a self-monitoring exercise, which is carried out by community non-CDC members to monitor the performance of CDC members and subproject implementation. CPM is exercised by CPM community each six months, the MIS shows 687 CDCs have exercised first round of CPM, 244 CDCs second round and 18 CDCs third round of CPM. Actually, in the field it is more than what the MIS shows, the difference is because the number of MIS staff which is exist in PMU offices are not enough for data entry, so it is taking much time to enter all the forms in the MIS.

Summary of CPMs Conducted:

S/N	City Name	# OF Target CDCs	# of CDCs Established	CPM 1	CPM 2	CPM 3
1	Mazar-e Sharif	150	150	110	9	0
2	Herat	200	200	179	28	0
3	Kandahar	300	300	254	137	18
4	Jalal Abad	200	191	144	70	0
5	Total	850	841	687	244	18

Findings of the CPMs Conducted:

Variation between Completed form in the field and data entry							
Total # of Cities	# OF Contracted CDCs	# of CDCs Established	Form #	Total # of Forms Completed in the field	Total # Forms Entered in MIS	Percentage of Entered Forms in the MIS	Variations
4	850	841	1	778	726	93%	52
			2	599	360	60%	239
			3	152	70	46%	82

Total	850	841	3	1529	1156	76%	373

Key Challenges (CPM):

- High illiteracy rate among CPM members: As in CPM, each member may be given some responsibilities in the area of their operation to handle and accomplish in affective manner. To do so, the CPM members need to have minimum required Illiteracy and skills. If they do not have minimum required Illiteracy and skills, they can't handle responsibilities which will lead to waste of time and resources.

- Weak technical knowledge of CPM members about programs: A program's successful implementation needs strong technical knowledge and skills from those who are directly involved in implementation process by any mean. The role of a CPM member with no required or technical knowledge would not be helpful.

- Weak membership of women in CPM due to several obstacles such as cultural, traditional, patriarchal practices that preventing women from participation in public and decision making processes. Weak participation of female CPM members in the whole process. May be because they are less educated to handle tasks. Cultural barriers in front of female CPM members

Joint Missions

During the quarter, M&E unit conducted 4 joint missions to 4 cities. Based on instruction the Operation Director; the M&E, FPMU, Finance, and Engineering units conducted joint mission to Kandahar, Jalalabad, Mazar-e Sharif and Herat cities. The main purpose of the mission was to ensure the quality of physical aspects of the completed projects based on the approved projects proposals, checking the materials cost estimated in the projects proposal; in order to compare it with local market price, verification of Community contribution in accordance with the approved project proposals, check whether the water for curing (watering of concrete) is provided by the community for free as contribution or charged in the proposals from CC grants, check PMUs vehicles Model: whether it is as per the contract or not and checking PMUs Operational Expenditure: How it is used and how it is reported.

FPs Evaluation

During the quarter FPMU jointly with, Technical Unit, M&E/Grievance Unit & Training Unit conducted 4 FPs evaluations in four cities. Evaluation of the FPs performance is a part of agreement between IDLG and FPs. The team responsibility was to ensure that the facilitating partner meeting stated requirements, outputs and outcomes against the contractual obligation, to ensure and measure achieved result with contractual obligation and Operational Manual.

In general, evaluation tool is divided into two parts qualitative and quantitative; overall qualitative indicators are 85, which are sub-divided into six domains administrative, gender, performance, governance, technical and social. The second part is quantitative which consist of 47 indicators, and covered all ten milestones.

Joint Mission Positive Findings:

- No major finding to threat the program

- CDCs' Chair-person and Treasurer mostly taking the CDC and subprojects responsibilities

- CDC's members bear the cost of transportation and communication from their own pocket (activities related to program)

- Citizens' found establishment of CDCs as an institute where they can collectively decide (before there was no such institute)

- CDC's members are highly satisfied with their selected subprojects

- Training made capable the CDC members to work on health, education, environment, youth and women. Ex. CDCs conducted anti-narcotics campaign, visited provincial education/health directorate for expansion or increase capacity of school/clinics, take care of environment, etc. (a separate report will be produced on subcommittees initiative and will be reflected in fourth quarterly report)

Joint Mission Key Findings and Recommendations (Urban)

S. No.	Findings	Recommendations
	The community subproject progress has remained slow due to slow payment of community contribution, the treasurer stated that the resident of this community is poor and are not able to pay their contribution at once.	HQ, Finance Unit shall accelerate sub-project disbursement to tempt community residence for taking active portion in contribution process.
	The awareness of some of the visited CDCs' and GAs' members related to their responsibilities and program objective are less than it is expected.	FP should conduct refresher training in weak CDCs and GAs (on members' roles and responsibilities).
	Some of subcommittees are less functional	Mentor weak CDCs for performing their responsibilities in the CDC/GA
	The CPM committees functioned in disorganized way, Ex. they had only monitored subprojects but not the performance of CDC	The CPM committees should be monitored from all aspects, also, activities which shall be

	and GA,	conducted by CDCs/GA based on OM;
	Some subcommittee's internal meetings and decisions taken; are not recorded or incorrectly recorded.	CDC secretary is required / indispensable to keep the meeting minutes in CDC meeting minute file;
	The participation of women in CDC and GA meetings still remains a challenge, as they only conduct meetings when the space is separate from men members. (mainly in Kandahar and Jalalabad)	Female Social Organizers of FP and PMU should increase their visits with women members of CDC/GA.
	The scorecard which is needed to be also exercised by women members of the CDC is unsatisfactory, due to cultural constrains the women can't visit clinics and schools.	FP social organizers should visit each CDC/GA subcommittees at least once per month and ensure that the subcommittees perform their task as it is described in CC operational manual.
	Some CDCs/GAs has good documentation but some need tremendous attention of both FP and PMU.	The FP and PMU should improve the CDC/GA documentation specially replace the steal stamp which is used by CDC/GA members with finger print or use both at the same time.
	Some communities' contribution was not properly recorded, there was missing documents.	The CDCs are required to record community contribution otherwise, fraud door will be open for involved Organization (CDCs/GA/FP/PMU);
	There are some problems noticed in the construction of subprojects like: Some of the roads do not have proper water run-off system to ditches. In some subprojects the joints are not built correctly or placed at wrong location. In some subprojects segregations are found in concrete (no proper mixing).	FP and PMU engineers should increase their visits to CDCs and implement the sub-project according to engineering standard norms and proposal.

Next Quarter Plans:

- Produce analytical report of third round of scorecard

- Recruitment of 4 M&E staffs. 1 Sr. M&E officer in Herat city, 1 Sr. M&E officer in Kandahar city, 1 Sr. M&E officer and 1 Sr. Reporting officer in Kabul for EZ-Kar.

- Develop M&E Plan (Framework)

- Conduct 126 monitoring visits (120 by field, 6 by HQ staff)

- Develop monitoring tools for EZ-KAR

- Produce 1 quarterly and 3 monthly progress reports.

- Prepare 1 quarterly monitoring analytical report

- Work with MIS Unit to improve the reporting section of IMI, CPM and Scorecard

- Work with MIS to make functional the follow-up module

Procurement

Completed Procurements		end of previous period		current reporting period		Cumulative	
		# of contracts	Value US$ millions	# of contracts	Value US$ millions	# of contracts	Value US$ millions
Goods, works, non-consulting services	MRRD	59	0.91	19	0.24	78	1.15
	IDLG	3	0.26	7	0.31	10	0.57
Consulting services	MRRD						
	IDLG	11	11.672	0	0	11	121.672
Total		73	12.84	26	0.55	99	13.39

Completed (IDLG):

- Procurement of Internet services for PIU and PMUs

- Procurement of PVC for PIU

- Procurement of Radio and Video Spots for Advertising of the Citizen Charter National Priority Program (CCNPP)

- Procurement of Fuel

- Purchase of Security Tools for Kabul and Jalalabad offices

- Purchase and installation of PVC for Kabul Main Office

Under process (IDLG):

- IT Equipment for PIU and PMUs (IDLG)

- Engineering Equipment for PIU and PMUs (IDLG)[3]

- Stationery for PIU and PMUs (IDLG)

- Procurement of Gas for heater and Cylinders for PIU and PMUs (IDLG)

Staffing

Rural: Of the total 2,850 staff approved in the staffing plan, 2443 are contracted, the recruitment for 120 is underway, and 287 will be recruited later in the CC implementation.

Note; 71 positions are allocated to IOC from the total number.

Table below shows breakdown of contracted staff:

RURAL	Gender-disaggregated			Unit disaggregated			
NTA Levels	Male	Female	Total	HQ	Province	District	Total
Management (A & B)	17	0	17	17	0	0	17
Professional (C, D & E)	1100	76	1176	141	348	687	1176
Support (F, G and H)	800	104	904	83	224	597	904
Total #	1917	180	2097	241	572	1284	2097
Total %	91%	9%	100%	11%	29%	60%	100

Urban:

IDLG: Of the total 235 staff approved in the staffing plan, 213 were contracted, the recruitment for 8 new staff is under process, and 11 more staff will be recruited later in the CC implementation. 20% of the recruited staff are female.

Table below shows breakdown of contracted staff:

URBAN	Gender-disaggregated			Unit disaggregated		
NTA Levels	M	F	Total	HQ	Municipality	Total
Management (A & B)	29	2	31	27	4	31
Professional (C, D & E)	100	35	135	59	76	135
Support (F, G and H)	42	5	47	29	18	47
Total #	171	42	213	115	98	213

Total %	80%	20%	100%	53%	47%	100%

Public Communications

Rural

Media Engagement and Monitoring:

Public Communication Division (PCD) continued engaging media to prepare reports, interview the management and disseminate information around the activities at the local and national levels. PCD is also sharing timely information with media through, phone calls, press releases, daily CCNPP news bulletins, footages and films including clips and spots that has contributed in extended media mentions and appearance.

During the quarter, we continued to broadcast our spots through contracted media outlets (specification in below table) on some key program achievements. This quarter also witnessed a positive image of the program in the media and public have an optimistic perception on the program.

PCD could capture 2,750 times reflection of CCNPP in the media over the 3rd quarter of 2019 (1st June to 23rdSep). A summary of the media monitoring table and chart are attached below that shows media reflections during the quarter. PCD is conducting media monitoring on a daily, weekly and monthly basis and provide with a report respectively.

Media outlets were facilitated to cover 30 KCDC Elections in Chaman village, Bagrami District, Kabul on 17 July, 2019

Website and Social Media

The website is now more often updated. The MIS team has worked on the proposed design changes by the communication working group (MRRD, MoF, IDLG and WB) so that CCNPP achievements could be highlighted on more frequently basis and it is yet to be finalized. 2 – 3 posts on daily basis, and short video spots on the outcome of the projects and how people react towards our projects are regularly posted on social media pages with some promotions in order to reach more audiences. All Facebook, Twitter and YouTube pages are being updated regularly, CCNPP Facebook page is now followed by 50,000 users. The website and social media platforms are updated regularly on the main page and sub-sections

Events:

PCD played an important role with the whole CCNPP team in conducting the three days National CDCs' Consultative Conference at the Loya Jirga Auditorium and presidential palace. The event was well managed specially in terms of covering it by medias. Media invitations, press release in three languages were developed and shared with media. The event was covered by more than 20 media outlets. TOLOnews as the leading national media outlet in the country aired live broadcasting of some important parts such as the speech by the MRRD Minster. As part of the conference, a press conference was also organized where the MRRD Minister and Deputy Minister, Deputy Minister of ILDG and representatives from all the stakeholders attended and media could get answers to their questions. Around 1,400 participants got informational package of the CCNPP including a DVD with the videos about CCNPP. A documentary film was developed on the progress and achievements of CCNPP and was displayed at the event that attracted the attention of all the participants.

PCD also prepared a donor-oriented documentary on whole CCNPP subprograms that was played for the donors at the ISM sessions and disseminated to them on CDs that was appreciated by all.

Participants standing in respect for National Anthem, National CDC Conference, Loya Jirga Auditorium

At the margin of the CDC Conference, CCNPP Leadership responded to Media queries in a press conference

Publications & Print Materials:

Besides, its normal activities, PCD designed and produced a number of branded informational kits such as, file folder, bags, banners, pictures, etc. for the National CDC conference to promote the program through hundreds of messages relate to different goals and objectives, sub-programs, activities and principles under CCNPP such as the EQRA, MCCG, the Grain Banks, Kuchies Development Program, Complaint Redressal, Women Participation, and other CCNPP activities by printing more than 300 meters of banners and stand banners. They helped the participants to be more aware of what CCNPP is about.

Initiatives and other activities:

As far as the CDCs Consultative Conference was a huge event for CCNPP and the public we are working with, a number of awareness efforts were undertaken to raise awareness regarding the conference in the rural areas. For example, banners about the conference were designed with the informational text about the CDC conference and were hang outside most of the district offices so the local residents get to know about the conference. Further, one pager information about the conference were disseminated through mosques and other public places in the rural areas so the villagers know about the conference. The main goal was to raise awareness of all the CDC members and villagers regarding the conference and that their representative will participate. Further, one of the weekly newsletters was exclusively designed for the conference and shared with all the MRRD and CCNPP staff so everyone knows about the goal, objective and immediate result of the conference.

Meanwhile, an awareness campaign regarding the CDC conference was launched on Facebook to promote awareness regarding this important event.

PCD staff also conducted field mission in almost all provinces and provided, reports, films, conducted mobile cinemas, collected footages, met with the media outlets and took them to the field to report about the projects and activities, informational kits were distributing to media, academe, universities, the civil society organizational and activists. Project photos and photos demonstrating women participation at CCNPP were printed in big sizes and gifted to Afghanistan First Lady in a recent meeting to be used on her office wall.

Challenges:
- Insecurity
- Cultural barriers in terms of women participation and appearing in the media
- Media focuses on political and security Issues
- Media and journalists are economically dependent
- Slow and costly interest access in Afghanistan

Key Plans for next quarter:
- Finalize revision of the Communication Strategy
- Finalize the coding and technical work of the new design of the website and launch it

- Launch awareness campaigns on the EQRA project completions
- Take national media reporters to the field on some EQRA and Projects

Spotson CCAP sub-projects weredeveloped and broadcasted 22 times with below details.

TV Outlet	Program	CCNPP Spot	Length	Broadcasting time
Tolo Tv	Chuqor	CCNPP Spot	120 Seconds	9:00-10:00
	Daya Sya		120 Seconds	8:00-9:00
Tolonews	6 pm News	CCNPP Spot	120 Seconds	6:00 -6:30
	6 pm News		120 Seconds	6:00 -6:30
	10 pm news	CCNPP Spot	120 Seconds	10:00 - 10:30
	10 pm news		120 Seconds	10:00 - 10:31
Shamshad	Nomand	CCNPP Spot	120 Seconds	08:00-10:00PM
	Nomand		120 Seconds	8:50-9:00
	BBC News	CCNPP Spot	120 Seconds	6:00-6:30pm
			120 Seconds	
	Pashto News	CCNPP Spot	120 Seconds	7:00 - 7:30
			120 Seconds	
Ariana	Pashto News	CCNPP Spot	120 Seconds	6:00 - 6:30pm
			120 Seconds	
	Bandar with Najiba	CCNPP Spot	120 Seconds	7:00 - 8:00pm
	Bandar with Najiba		120 Seconds	
	Dari News	CCNPP Spot	120 Seconds	8:00-8:30pm
			120 Seconds	
		CCNPP Spot	120 Seconds	
			120 Seconds	
Khurshid	Rage 98	CCNPP Spot	120 Seconds	6:30 - 7:00 pm
			120 Seconds	6:30 - 7:00 pm

Summary of media reflection during 3ⁿᵈ quarter 2019

Media Coverage in Q1,2019				
Media Outlet	**TVs**	**Radios**	**Online**	**Stakeholders**	**Total**
Reflections	844	1033	369	504	2750

Media Coverage in the Quarter 3 2019

Media Coverage in Q1,2019

Category	Reflections
Total	2750
Stakeholders	504
Online	369
Radios	1033
TVs	844
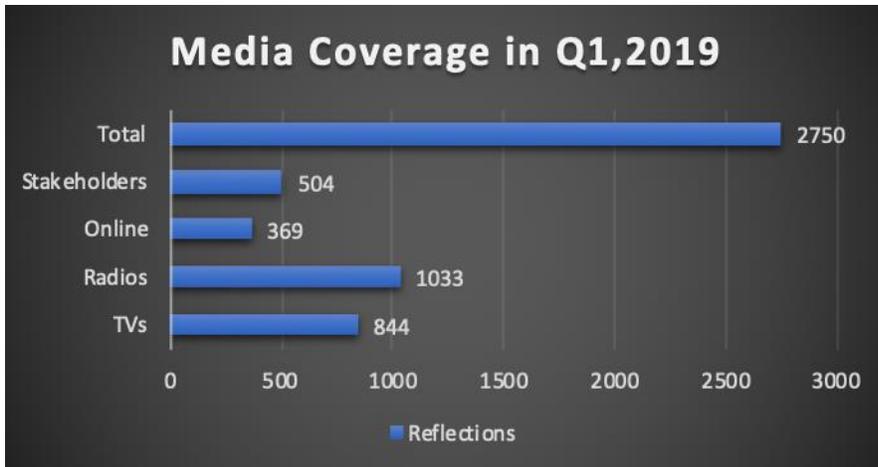
Urban

Public Communications (IDLG)

Media Appearance:

The First CDC National Consultative Conference as a biggest media event, was being covered live by Tolo News and 30 others at news-bulletin base in Kabul. The media outlets for the subject event was well oriented and mostly covered the most positive aspect of the program. At meantime a Press Conference was also facilitated at the side of the conference where the officials provided answers to the questions from media journalists.

Media Heads with Channels
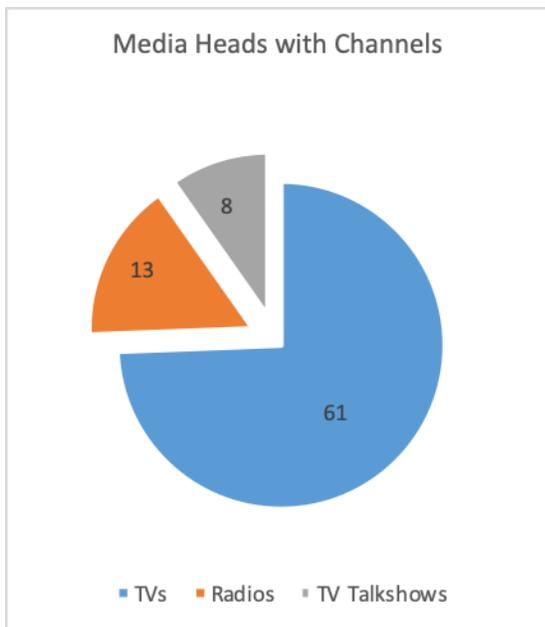
In addition, during the reporting period Public Communication Unit (PCU) at IDLG continued the previous media appearance momentum (Almost One media head per day recorded) through engaging media outlets to field visits, program orientation and journalist trainings. The details of the media heads have been illustrated in Chart below:

As part of engaging media, PCU conducted 3 official media orientation visits to the 3 cities where media outlets at local level has been oriented on program benefits and upcoming plans. In result PCU has regularly shared about 18 news release to 7 media outlets at national level and 24 media outlets in 4 major cities. The Media FAQs has also been developed for program staff to have strategized answers to media questions and also these FAQs used in TV and Radio talk shows in post CC CDC National Consultative Conference.

Media Monitoring:

The PCU in close coordination with PMUs' Communication Staff monitored the media outlets with in house capacity and shares with Senior Management to consider in future policies and decision-making processes.

Media Mentions Report is another key document that develops monthly. It shows the number of media outlets mentioned CC in their news bulletins with links. This report is in local languages and is shared on monthly basis with President Media Office and Senior Management.

Website:

The Website is the prime source of information to the external audience of Citizens' Charter. It has been decided to change the current design of the CC Website. The new design template is shared with management and MIS/MRRD to develop the dummy website. All missing parts from communication perspective has been taken into account in the new website design template.

Besides requesting change, the following parts is being updated regularly on current version and the status is stated numerically below:

- 5 Press Release on Various Program Process
- 3 Success Stories on program engagement & impact
- Procurement Announcements, it increases Page Visits
- Vacancy Announcement from Ez-Kar, CIP and Citizens' Charter
- 14 Video Spots

Social Media Pages:

As per Citizens' Charter Facebook Page Insights Analytical Study in early Sept 2019, most of the followers and funs are from the 4 major cities including Khost City. It has been found that CC page is being reached by 28,810 Followers per day. Beside updating 136 posts, the PCU runs 4 ongoing series by weekly basis. They are 1). Before – After Picture Series of the projects, 2). Photo of the Week (Good Picture from one CC finished Projects), 3). Monday Success Story profiles best CDC, and the 4). Update 24 Hours Story at Facebook timeline where large number of people besides interacting, shares and comments.

At the same time people get interest in watching videos therefore PCU produced uploaded 14 Video Spots and Media Reports in program support with the length 30 to 40 Seconds with in-house capacity

CC Facebook Posts

Press Release: 48, Job Announcements: 19, Before and After Pic: 9, Photo of the Week: 11, CDC Profile: 7, 24 Hours Story: 28, Videos: 14
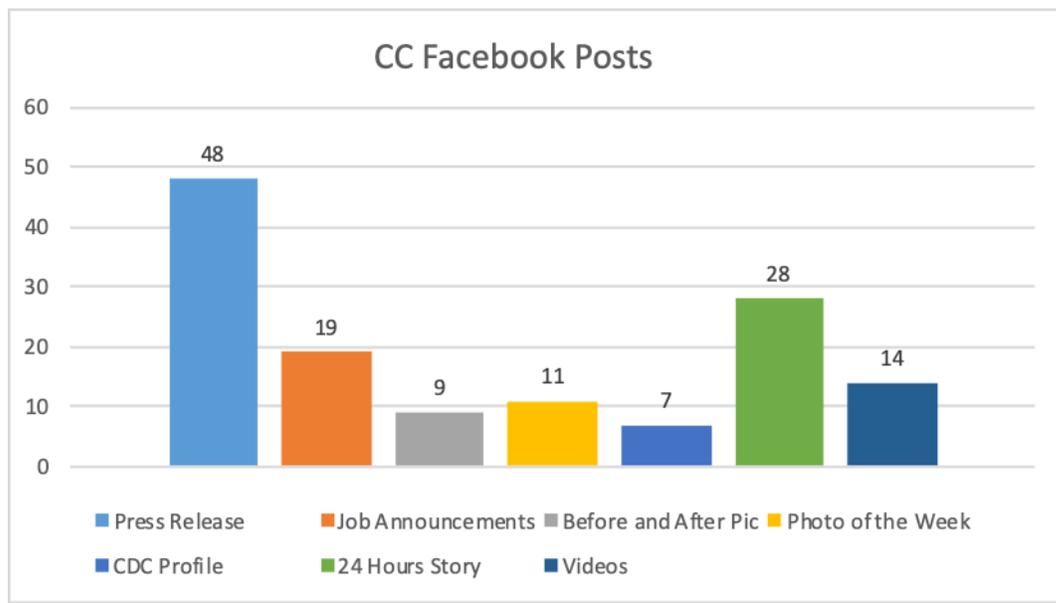
and share through CC Facebook page.

In 4 Cities, Facebook is one the top medium of Communication among People therefore there are some other Popular Pages as Governors House, Municipalities, Local Media Outlets, Civil Societies Pages/Websites. The PCU has also targeted them as tool of CC Communication so Websites & number of Facebook Pages had more than 91 post during last quarter *Figure #1*. IDLG at national level with 121K followers regular updates CC achievements.

Twitter became another effective communication channel now a days in Afghanistan, as for CC it is used to target Donor Community therefore within 91 days about 54.3K impressions has been given to 46 tweets. At the same time with content support of MRRD and MoF, PCU designed 3 email newsletter which is shared to 2000 Subscribers on monthly basis to ARTF Donors, World Bank task teams, DMs, Ministers and Embassies.

Production and Creativity:

As part of Creativity PCU produced 2 informative motion – graphic Videos (30 Seconds length each) for GRM and Score Card with in house capacity that will be used in coming media campaigns. PCU produced 2 documentary videos and 9 success story and spot videos from different projects of Citizens' Charter in 4 Cities.

Events:

In reporting period, Citizens' Charter as an active Urban Stakeholder oriented to max of 3200 participants through booth/stall in 3 days Darulaman Administrative Complex Exhibition in Kabul and also participated in Grand Village Bazar festival launched by MRRD for 3 days, to other 2800 participants.

Publications & Print Materials:

As part of strengthening traditional communications at Community level, PCU designed, printed and distributed CC promotional materials as Wall Clocks, Note books, Desk and Wall Calendars, Pens, CC Flags Poles, Banners and so on to CDCs and Gozar Assemblies in 4 Cities. Beside brochures and leaflets on MSS and GRM has been also distributed to target groups in CC Covered areas.

Internal Communications:

Beside focusing on reaching to external audience/participant groups, PCU has activated some channels to communicate the program progress to CC staff members as Email Newsletters, WhatsApp and Viber Groups, Presentations, Wall Messaging and developed in person briefing package to new recruited staff members.

Units:

Last ISM Action Points Brief Status:

As a part of quarter plan, below PCU presents the status of the proposed action points by ISM/March2019 where all Communication Team as World Bank, MoF and MRRD worked jointly:

- Revised Communication Strategy:
  - Situation Analysis
  - Objectives
  - Messages focused on Traditional
- Communication Annual Plan 2019 developed as part of CC Annual Plan & is being Implemented Accordingly
- M&E Indicators for Communication drafted & will be included to Result Framework
- Provide regular support to GRM, CDD, M&E & all other CC Units, Sub Programs & Provincial Offices
- Built and maintained regular relation with H.E President Media Team

Important Lessons Learnt:

- There should be regular program orientations session to local media outlets & Journalists
- There should be regular work done on Transparency & Accountability through Communications

Key Challenges and Recommendations:

S. No	Challenges	Recommendations
1	The Citizens' Charter overall is entering into new phase where appropriate training on risk associated to communications and aligning Communication to Development agenda is needed	Outdoor trainings and exposure visits are required
2	Lack of training to Communication Staff on Adobe Collection New Features as new version is now being used in the market, it increases quality of work.	Proposed trainings at local level on Adobe Family Communication Staff Members
3	Cultural Barriers in terms of Women Participation in making videos and other publication material for the program (in which program?)	More women training and mobilization is requested to be conducted by the Gender Unit

Plans for next quarter:

- Finalizing the Communications Strategy
- Sign MoU with Ministry of Hajj to improve traditional messaging
- Launch media campaigns on EQRA, Score Cards, GRM, Gender, Transparency and CC projects
- Launch Journalism Orientation and Engagement Sessions
- Include Communications Indicators in MIS and Logical Framework
- Finalize and launch the website new design
- Score Card Report card launch through Press Conference
- Capacity Building/Trainings for Technical Staff

- Develop branding policy
- Enhance relations with GMIC and Line Ministries Comms Teams
- Facilitate project inauguration trips for Senior management and media

Media Outlets	Website/Page	Program	Coverage	Saratan	Asad	Sunmbula	Remarks
	Jalalabad City						
	Sharq TV FB/Website	News	Eastern Afghanistan	1	0	0	
	Enikass Radio/TV FB Page	News	Afghanistan + Abroad	1	0	0	
	Yaran FB/Website	News	Afghanistan + Abroad	0	0	0	
	Deqat FB/Website	News	Afghanistan	0	0	0	
	Yaran Sport FB/Website	News	Afghanistan	0	0	0	
	Nangarhar Province Media Office	FB Posts	Afghanistan	5	2	2	
	Jalalabad Municipality FB Page	FB Posts	Nangarhar Eastern Afg	5	3	7	
	Total Website Heads			12	5	9	
	Herat City						
	IDLG Website & Page	Press Release	Nation Wide	16	8	0	
	Herat Municipality Website/Page	Press Release	Herat City	4	2	5	
	Radio Meraj page	Press Release	Herat City	1	2	1	
	Etifaq Islam News Paper	Press Release	Herat City	0	1	0	
	Chakad TV	Press Release	Herat City	0	0	1	
	Eslaah TV Page	Press Release	Herat City	2	1	2	
	Ariana Herat News Page	Press Release	Herat City	0	0	0	
	Total Website Heads			23	14	9	
	Mazar-e-Sharif						
Websites & Social Media (Popular at National & Local Level)	Municipal Magazine	News report	Mazar Sharif	0	0	0	
	Mazar-e-Sharif National RTV FB Page	news report	Mazar Sharif	0	0	0	
	Arezo TV	Debate	Mazar Sharif	0	0	0	
	Sama tv FB Page	news report	Mazar Sharif	0	0	0	
	Municipal facebook page	News report	Mazar Sharif	0	0	0	
	Paykan TV FB Page & Youtube Channel	News report	Mazar Sharif	0	0	0	
	Radio Azad FB Page	News report	Mazar Sharif	0	0	0	
	Qanoon Magazine	News report	Mazar Sharif	0	0	0	
	Total Website Heads			0	0	0	
	Kandahar City						
	Kandahar Governor House FB page	News	Kandahar	0	0	3	
	KMIC facebook page	News	Kandahar	0	0	3	
	Hewad TV facebook page	News	Kandahar	0	0	0	
	Kandahar TV facebook page	News	Kandahar	2	0	0	
	Asar Weekly	News	Kandahar	0	0	0	
	Kandahar muncipality FB page	News	Kandahar	5	0	5	
	Total Website Heads			7	0	11	
	Kabul City						
	Bano tv Website & Facebook page	News	Nation Wide	0	0	0	
	IDLG Facebook Page	Post	Nation Wide	0	0	0	
	Tolo TV youtube Channel	News	Nation Wide	0	0	0	
	1 TV Youtube Channel and FB page	Post	Nation Wide	0	1	0	
	Bayan Radio FB Page & Website	News	Nation Wide	0	0	0	
	Maiwant Tv You tobe Channel	News	Nation Wide	0	0	0	
	Zan Tv Facebook Page	News	Nation Wide	0	0	0	
	Total Website Heads			0	1	0	

Grievance Handling

Rural:

During this reporting period GHD conducted 21 missions to 21 provinces throughout the country visiting 48 communities in order to spot-check the functionality of GRM and provide orientation/training on

GRM for the field staff and also GHD conducted several field missions to solve and investigate the grievances.

Field Missions under Greivances Handling:

Mission conducted under Grievances handling management			
SN	Province	# of Mission	# of communities visited
1	Kabul	3	2
2	Nangarhar	1	1
3	Nimroz	1	14
4	Kunar	2	2
5	Kapisa	1	5
6	Baghlan	1	2
7	Parwan	1	2
8	Logar	2	2
9	Bamyan	2	5
10	Daikundi	1	4
11	Panjshir	2	3
12	Badakhshan	1	3
13	Paktya	1	1
14	Wardak	2	2
Total		**21**	**48**

Awareness:

GRM awareness film prepared with the help of PCD which includes a short introduction of CCAP GRM, its core principle and how people can submit their grievances at different level through various uptake channel.

Field Visit

21 filed Visits conducted in different provinces for grievances resolutions

Training:

- 168 CCAP staff including Provincial Managers, District Managers, CCAP Trainers, Social Organizers, Database officers & FP trainers received GRM Orientation & Training in 3 Regions (Herat, Kunduz and Nanagrhar).
- GRM Training provided in different events to:

- 14 staff of MRRD Complaint Handling Committee which recently established
- 17 staff of Community Led Development Directorate (CLDD) of MRRD
- 34 Trainers of MoPH
- 80 Trainers and representatives of MoPH, FPs, IDLG & MoF

Spot Check:

Grievance Handling Division (GHD) prepared a questionnaire/checklist consisting of a series of questions/information for the purpose of gathering accurate information from respondent (Male & Female) regarding the functionally of GRM at the community level. Therefore, several field missions conducted to observe the communities, hold meeting with CPM/GRC, CDC members, villagers and sub-committee's members to fill out the checklist/questionnaire and additionally make them aware of the CCAP's GRM.

As result, Spot Check conducted in 399 Community and the questionnaire/checklist filled by 399 people including CDC members, CPM/GRC members, sub-committee members and villagers from which 97 of them were female and 301 of them were male.

No	Province	GRM/GHC Established?		GRM/GHC members received the training?		Grievances registration book available?		Complaint box available?		Complaint box accessibility?		Awareness posters availability		Community awareness	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Badakhshan	15	8	11	4	12	11	9	14	9	0	11	12	13	10
2	Bamyan	42	4	31	11	30	16	0	46	0	0	25	21	35	11
3	Daikundi	19	2	6	13	7	14	0	21	0	0	0	21	8	13
4	Kabul	48	6	42	6	35	19	39	15	34	5	32	22	39	15
5	Kunar	49	0	45	4	49	0	48	1	45	3	45	4	47	2
6	Kunduz	20	0	8	12	4	16	17	3	14	3	7	13	16	4
7	Laghman	18	0	15	3	10	8	17	1	15	2	9	9	13	5
8	Logar	29	0	24	5	2	27	27	2	26	1	25	4	27	2
9	Nangarhar	21	1	18	3	6	16	21	1	17	4	22	0	20	2
10	Nuristan	11	0	8	3	4	7	11	0	10	1	10	1	8	3
11	Paktika	19	0	18	1	19	0	19	0	0	19	18	1	19	0
12	Paktya	21	2	6	15	15	8	21	2	18	3	15	8	21	2
13	Panjshir	14	2	12	2	11	5	16	0	16	0	11	5	10	6
14	Takhar	48	0	18	30	34	14	48	0	48	0	48	0	48	0

Total		374	25	262	112	238=60%	161=40%	293=73%	106=27%	252	41	278	121	324	75

Key Challenges:

- GRC/CPM members and Community people have limited awareness of GRM (identified through spot check).

- Having no Grievance Handling staff at the field level. (PMUs & DMUs receive and solve the grievance daily but don't register them to the GRM system)

Recommendation:

- GHD will include Social organizers in the next GRM Trainings (it has been piloted in some region and had good result)

- It is recommended to hire at least 7 senior grievance handling officers for 7 regions

- Conduct exposure visit for CPM/GHC rural to CPM/GRC at urban in four regions.

- The WB grievance reporting indicators are different from the CCNPP's GRM reporting indicators. Therefore, it is highly recommended to modify the indicators as CCNPP's GRM indicators:

Corruption charges against CDCs (individual members or joint)
Weak performance allegations of CDC
Infraction of CC OM procedures
Social safeguards related
Environmental safeguards related
Subproject implementation/ quality related
Beneficiary targeting and subproject selection
Project Management related grievances (HR, Financial & Procurement)
Not applicable to CC

WB Indicators

Recommended indicator based on CCNPP's GRM

Corruption: include misuse of funds, theft, improper process of procurement and etc.
Lack of Awareness, Participation in Exercises and Planning: Grievances might include community mobilization up to CDP and the various development activities, including the 'Reduce Seasonal Hunger Campaign' any collective action, the Community Profile and the Gap Analysis, no social map, no resource map, no wellbeing analysis, no women mobility, insufficient participation of women

priorities for development.
Election at Community Level with improper process: Includes the CDC / CCDC/GA Elections, the workings of the CDC, Cluster CDC, GA and Sub-Committees
Central Government Commitment: This section refers to the Minimum Services Standards (MSS) that the Government of Islamic Republic of Afghanistan has committed to provide to its citizens through the Citizens' Charter National Priority Program.
Environmental Safeguards: Grievances include Improper Site Selection, Mitigation Measures problematic, cutting trees/degradation of pasture problematic, air/water/noise pollution.
Social Safeguards: Grievances include Land (Donation/Purchase by Community/Public) Problematic and Compensation issue.
Infrastructure Construction or Rehabilitation: Includes wages paid, selection of laborers and project construction quality and cost
Financial and Procurement: Includes non-transparency of accounts / records, Untimely disbursement of funds , Poor Quality of Material, No competitive bidding, Problematic Contractor Selection Process and etc.
Development Actors at the Community: Developing actors in the community are women and men who facilitate the development process (Social Organizers) or the experts who help with the design and construction of sub-projects (Engineers). SOs and Engineers must be respectful, polite, and plan their activities at times that are convenient to the community members. Further, they must follow a clear visit schedule. Citizens may complain about behavior and attitude, number of visits and other similar cases.
Monitoring: The CPM/GR Committees are responsible to monitor the performance of CDCs, sub committees, infrastructures, laborers selection, payment based on number of working days. If the CPM/GR Committee does not exist, or does not do its work, such as call for social audits, monitor the development process and the sub-project work and finances
Project Management-related Grievances: include, but are not limited to, issues relating to recruitment, procurement, financial management or harassment, at district, provincial or HQ levels.
Others (Not Applicable)

Good Practices/Lessons learnt

Example:

A villager from Mangal Yan village of Bagrami district of Kabul province complained that the CPM/GHC members are not aware of their responsibility, that is why the key of complaint box is kept with CDC treasurer and he thrown away the complaint which was inside the box.

The grievance registered in CCAP GRM system and shared with Kabul PMU to take necessary action.

The Kabul PMU assigned a joint team to investigate and solve the issue. The assigned team visited the site and conducted meeting with villagers, CDC and CPM/GRC members. It was found that the key was with one of the CPM/GHC members by the name of Janan.

All villagers stated that Janan is an honest person and since the complaint box installed in the village the key has been with him.

Meanwhile all the participants of the meeting signed an agreement, which shows the satisfaction of the villagers.
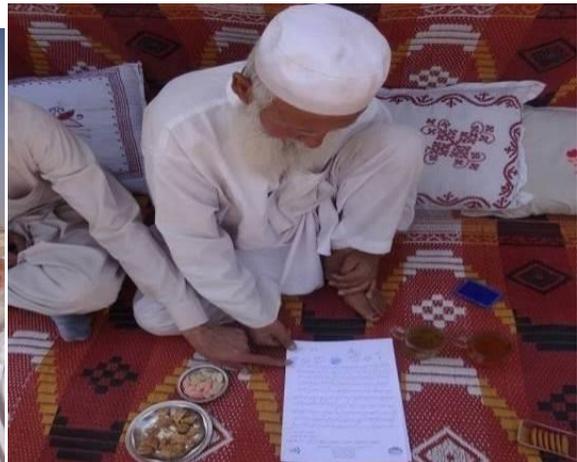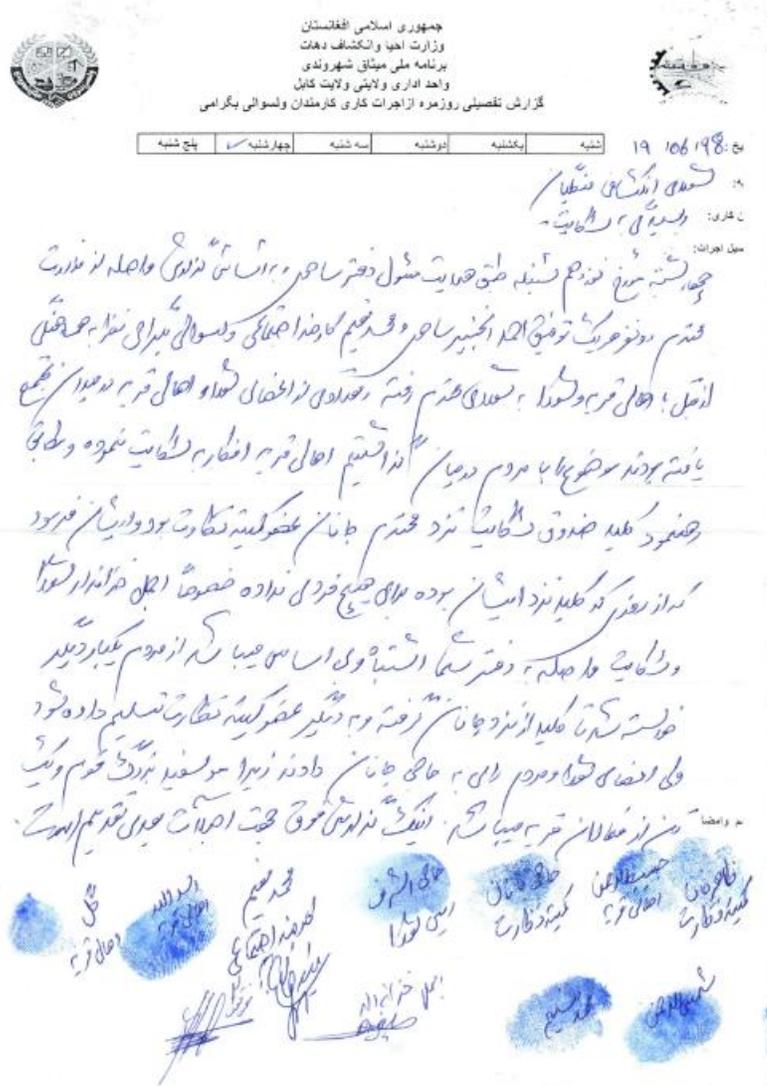
Future Plan:

Planned Activities	October	November	December
Receive/Solve grievance and feedback to the complainant on regular basis			
Spot check in 200 Communities in 2 regions to find out the functionality of GHC/CPMs			
Conducting Orientation/Training Sessions on GRM for the field staff of the regions (Kandahar, Kabul and Balkh).			
Conducting Refresher Training Sessions on GRM for the field staff at the 6 regions			
Conduct exposure visit for CPM/GHC rural to CPM/GHC at urban in four regions			

Grievances breakdown and status:

Indicator	Cumulative up to end of previous reporting period				Progress during reporting period				Cumulative up to end of this reporting period			
	MRRD		IDLG		MRRD		IDLG		MRRD		IDLG	
	M	F	M	F	M	F	M	F	M	F	M	F
# of grievances received	616	16			336	12			952	28		
# of grievances investigated and solved/closed	544	15			313	13			857	28		
# of grievances under investigation	72	1			95	0			95	0		
Corruption charges against CDCs (individual members/joint)	11	0			12	0			23	0		
Weak performance allegations of CDC	75	1			27	7			102	8		
Infraction of CC Om procedures	155	7			104	2			259	9		
Social safeguards related	6	0			2	0			8	0		
Environmental safeguards	5	0			0	0			5	0		
Subproject implement / quality related	107	3			88	0			195	3		
Beneficiary targeting and	154	3			46	0			200	3		

subproject selection											
Project Management related grievances (HR, Financial & Procurement)	0	0			47	3			47	3	
N/A to CC	103	2			10	0			113	2	
Sector-wise breakdown											
MRRD Transport			0	0			0	0			0	0
MRRD Water			0	0			0	0			0	0
MRRD Energy			0	0			0	0			0	0
MRRD Irrigation			0	0			0	0			10	0
IDLG Transport			0	0			0	0			0	0
IDLG Water			0	0			0	0			0	0
IDLG Energy			0	0			0	0			0	0
Health			0	0			0	0			0	0
Education			0	0			**0**	**0**			**0**	**0**

Grievances Handling

Urban:

A total of 207 complaints recorded by grievance handling team, 198 grievance have been resolved and nine grievances are under investigation which will be addressed soon. During this quarter 58 grievances have been registered by the grievance team, comparative to the past quarter in this quarter the GH Team received more grievances. This increment is because of the grievance hotline number posters posted on public places and through social media distributed.

Grievances breakdown and status:

Indicator	Cumulative up to end of previous reporting period				Progress during reporting period				Cumulative up to end of this reporting period			
	MRRD		IDLG		MRRD		IDLG		MRRD		IDLG	
			M	F			M	F			M	F
# of grievances received			148	1			58	0			206	1
# of grievances investigated and solved/closed			148	0			50	0			198	0
# of grievances under investigation			1	0			8	0			9	0
Corruption charges against CDCs (individual members/joint)			0	0			0	0			0	0
Weak performance allegations of CDC			37	1			12	0			50	0

Indicator											
Infraction of CC Om procedures			46	0			17	0			63	0
Social safeguards related			0	0			0	0			0	0
Environmental safeguards			4	0			0	0			4	0
Subproject implement / quality related			59	0			29	0			88	0
Beneficiary targeting and subproject selection			2	0			0	0			2	0
N/A to CC			0	0			0	0			0	0
Sector-wise breakdown												
MRRD Transport			0	0			0	0			0	0
MRRD Water			0	0			0	0			0	0
MRRD Energy			0	0			0	0			0	0
MRRD Irrigation			0	0			1	0			1	0
IDLG Transport			0	0			1	0			1	0
IDLG Water			0	0			0	0			0	0
IDLG Energy			0	0			0	0			0	0
Health			0	0			0	0			0	0
Education			0	0			0	0			0	0

Environmental and Social Safeguards Update

Concerning to the subprojects safeguards issues please refer to the following table:

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		962		107		1,069
# of ESMPs prepared		893		80		973
# of voluntary land donations		11		2		13
# of purchased land		2		0		2
# of Public land (community/gov)		3		0		3
# of ESS sub-committees established[13]		764		145		909

13 ESS Sub-committees are not formed in rural areas. CDC members and interested committee members are trained

# of Communities trained on ESS		679		97		764
# of ESS related grievances recorded		19		0		19
# of Monitored ESS issues in SP		383		153		536

7.   INTER-MINISTERIAL COORDINATION

In this quarter, the MoF teamworked closely with line ministries towards implementing the new CC Governance, Coordination and Reporting Mechanism at place. Various director level, coordination meetings at line ministries level and technical committees' meetings were held. The last PCCMC was also established in Nangarhar province. And most importantly, the National CDC Conference was successfully conducted.

PCCMC:

The Provincial Citizens' Charter Management Committees (PCCMC), Districts Citizens' Charter Management Committees (DCCMC) and Municipality Citizens' Charter Management Committees (MCCMC) were established in Nangarhar province on 8th July, 2019, aiming to improve coordination and collaboration between the Community Development Councils (CDCs), stakeholders and partners at the district and provincial levels. Around 200 people including D.M for Policy at the Ministry of Finance, Governor, Mayor and representatives from MoF, MRRD, IDLG and MAIL participated in the conference.

Nangarhar Governor, Mr. Shah Mahood Miakhel and the Deputy Minister, Ms. Naheed Sarabi speaking at the ceremony, emphasized on the Citizens' Charter role in poverty reduction, employment creation and bridging the people with the state.

MCCMC:

The Municipality Citizens' Charter Management Committees (MCCMC) led by mayors conducted in Kandahar city on 14 July 2019 with 40 participants, in Herat city on 7 August 2019 with 35 participants, in Mazar-e-Sharif city on 17 September 2019 with 62 participants and in Jalalabad city on 18 September 2019 with 80 participants, aiming to improve coordination and collaboration among Municipalities PMUs, Community Development Councils (CDCs), Gozar Assembles (GAs), Line Ministries Office (MoF, MRRD, IDLG, MoE and MoPH) and other stakeholders and partners at the city level. In these meeting discussions took placeon CCNPP and MCCMC, goals and objectives of the CCNPP and MCCMC, the program progress and achievements, problems/challenges, importance of communication and coordination between the CDCs and relevant sectorial agencies, Grievance Handling Mechanism, Linkages and its importance, job and responsibilities of sectorial departments and scorecards.

Health:

MoPH conducted a two-days CCNPP Orientation Workshop for Provincial Primary Health Care (PHC) and Community Based Health Care (CBHC) officers. Around 91 PHC and CBHC officers from 34 provinces, representatives from MRRD, IDLG and MoF participated in the workshop. During the two days, provincial PHC and CBHC officers were trained on the CCNNP, its implementation and coordination at

the sub-national level. Ministry of Public Health (MOPH) instructed the provincial and district officers to coordinate the health-related matters with CCNPP line ministries.

Inter-ministerial coordination meetings:

Meeting	Date	Participating Entities
CC Finance Task Force Meeting with Treasury Payments Director	July 04, 2019	MoF, IDLG, MRRD
Jalalabad PCCMC, DCCMC and MCCMC establishment	July 08, 2019	MoF, IDLG, MMRD, MAIL
CC Directors' Meeting with CC FPs	July 10, 2019	MoF, IDLG, MRRD
CC Directors' meeting on CC expansion	July 14, 2019	MoF, IDLG, MRRD
CC Directors' Meeting NSIA	July 16, 2019	MoF CC, IDLG, MRRD, NSIA
CC Directors Level Meeting	Aug 04, 2019	MoF, MRRD, IDLG
MoPH CC Orientation Workshop for PHC and CBHC Officers	Aug 04-05, 2019	MoPH, MoF, IDLG, MRRD
CC FM meeting with both IAs	Aug 20-21, 2019	MoF, IDLG, MRRD
Coordination meeting among CC line ministries for CDC Conference	Aug 27, 2019	MoF, IDLG, MRRD, MoPH, MAIL, MoE
CDC Conference	Aug 31 to Sep 02, 2019	MoF, IDLG, MRRD, MoE, MoPH, MAIL

Success story

Village Located in a Hilly Terrain Area Access Drinking Water Now

Ghoran village is located among a series of high mountains in Shwak district, some 40 KM to the southeast of the center of Paktia province, Gardiz. Nearly, 1,000 families live in this stone locked village. Considering the climate and landscape of the area, the villagers do not rely much on the agricultural lands that produces insufficient crops and cannot satisfy the needs of a landlord.

Irrigation canals, a health clinic and a school building in the community are the urgent and basic needs of the community, however, shortage of water, and lack of safe drinking water have been the major challenges here, as we talked to them. Children and women used to fetch water from a lake located 3 KM away on their heads, back and the lucky ones, on donkeys! Human and animals were drinking the same water.

Revealed Sarajudin, a villager: "Since the water was contaminated, it would usually cause numerous diseases such as diarrhea, kidney stone, goiter (enlargement of thyroid gland or a swelling in the neck) and perhaps many more!"

Taking the importance of their needs into consideration, the Community Development Council (CDC) in

consultation with the villagers decided to give top priority for provision of safe drinking water, once the

Citizens' Charter National Priority Program of the Ministry of Rural Rehabilitation and Development (MRRD/CCNPP) extended its operations in this village.

The water supply network financed by the Citizens' Charter in the community has declined the number of disease cases dramatically, says Serajudin. "There is currently a tap in front of each house and we access enough water day and night without any difficulty. The water supply project also helped us to have enough water even for laundering and bathing purposes", added Sarajudin.

The water supply network in this village is extended from a spring located 6 KM away across high mountains and directly benefits 3,000 people in this 1,000 square meters village. The total project cost is AFN 2,419,545 disbursed by the MRRD/CCNPP including 10% community contribution.

It is also to mention that, unemployment is another problem in Ghoran village. This has resulted that the youths have to travel for work to neighboring districts, provinces and even out of the country. Therefore, they are mostly away from home for weeks, months and years in order to support their families.

Success Story

Balkh Province, Mazar-e-Sharif City, Nahia 7, Qaleen Bafaan CDC (1601-I0020)

Electricity can change people's lives, not only economically but also socially

The Qaleen Bafaan Development Council is the only town for immigrants and returnees in Mazar-e-Sharif. The residents of the CDC which reaches more than 170 households lived on a flat and barren plain dessert and were facing many problems such as lack of electricity, salty water, dry land and etc. The vast majority of these people are poor, labors, backers, oven (furnace) makers, shopkeepers, carpet weavers, tailors and wool weaver. In terms of economy, only 7.7% residents of the CDC fall under middle class.

Before CCNPP covers the town (CDC), one of the major problems of the residents as mentioned earlier, was the lack of electricity, which had caused a big challenge for the residents. As carpet weaving is one of the hardest technical jobs, lack of electricity for it in a city with the highest temperature above 45 degrees in summer is a tough task to do. However, with the start of CCAP, the problem of electricity was resolved and the project of the electricity expansion's network that was originally proposed by the residents was implemented.

Residents of the area are now happily welcoming the extension of the electricity grid. They appreciated the cooperation of CCAP and promised not to spare any help to the program in the future. One of the female members of the CDC who has graduated from grade 12 and has been a member of the CDC for 4 years says: "We are thankful for the CCAP; my father is a local police, we are not in a good stand in terms of economy, when I graduated from class 12, I was very keen to pursue my higher education, but due not being able to afford the education expenses, I could not continue it. In the early days, men were not very interested in women's literacy but when CCAP came and provided training on gender and capacity building to residents, the men then got interested in girl's and women's education. Besides my job as a tailor, I have been a volunteer teacher at Fayzabad Elementary School for three years, but so far I have not been able to work officially; for the time being, with the support of CCAP, I am ready to open a course in my own home to teach girls and kids to learn what I've learned. "In addition to being a teacher, she is also a good teacher of carpet weaving. She is very happy for the electricity in their area and says: "Electricity is a great blessing, in this hot air of Mazar-e-Sharif, it is too difficult to stay alive without electricity. When there is electricity, people will get used to technology and someday there will be computer training courses in the town as well. "

Contact Information:

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Further information on the Citizens' Charter is available on www.ccnpp.org.

8. ANNEX A: DETAILED OUTPUT DATA

Subproject by Sector

Renewable Energy

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Renewable Energy - Micro-Hydro Power Plants (<100KW) Construction	Kilowatt	1,821	
Rural	Renewable Energy - Micro-Hydro Power Plants (<100KW) Rehabilitation	Kilowatt	26	
Rural	Renewable Energy - Solar Mini Grid System Installation	Kilowatt	10,789	35

Grid Extension

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Grid Extension - Power line Extension	Length of 20KV	604	2
Rural	Grid Extension - Transformer Installation	Number	30	

Irrigation

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Irrigation - Canal Construction	Jereeb	11,040	
Rural	Irrigation - Canal Rehabilitation	Jerib	1,722,648	120,182
Rural	Irrigation - Gabion Wall Construction	Length Meter	5,720	184
Rural	Irrigation - Intake Construction	Number	2	
Rural	Irrigation - Pipe Scheme Construction	Jerib	18,316	841

Urban/Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Irrigation - Protection Wall Construction	Length Meter	98,433	14,381
Rural	Irrigation - Water Reservoir Construction	M3	289	

Transport

Urban/Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Transport(Road & Bridge) - Box Culvert Construction	Number	155	
Rural	Transport(Road & Bridge) - Causeway Construction	Length Meter	17	
Rural	Transport(Road & Bridge) - Pedestrian RCC Bridge Construction	Length Meter	128	
Rural	Transport(Road & Bridge) - Pedestrian Steel Bridge Construction	Length Meter	13	
Rural	Transport(Road & Bridge) - Pedestrian Suspension Bridge Construction	Length Meter	115	
Rural	Transport(Road & Bridge) - Pipe Culvert Construction	Number	27	
Rural	Transport(Road & Bridge) - RCC Bridge Construction	Length Meter	399	
Rural	Transport(Road & Bridge) - RCC Bridge Rehabilitation	Length Meter	13	
Rural	Transport(Road & Bridge) - Slab Culvert Construction	Number	7	
Rural	Transport(Road & Bridge) - Steel Bridge Construction	Length Meter	13	
Rural	Transport(Road & Bridge) - Stone Masonry Retaining Wall Construction	Length Meter	6,091	177
Rural	Transport(Road & Bridge) - Stone Masonry Side Ditch Construction	Length Meter	1,617	
Rural	Transport(Road & Bridge) - Suspension Bridge Construction	Length Meter	40	
Rural	Transport(Road & Bridge) - Tertiary Road Basic Access	Kilometer	766	62
Rural	Transport(Road & Bridge) - Tertiary Road	Kilometer		

	Gravelling		251	18
Rural	Transport(Road & Bridge) - Tertiary Road Rigid Pavement	Kilometer	22	

Water supply

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved subproject proposals	# of actual units in completed subprojects
Rural	Water Supply, Sanitation and Hygiene Education - (Kanada) water reservoir Construction	M3	21,257	13,297
Rural	Water Supply, Sanitation and Hygiene Education - (Kanada) water reservoir Rehabilitation	M3	175	
Rural	Water Supply, Sanitation and Hygiene Education - (Pool) water reservoir Construction	M3	39,420	4,560
Rural	Water Supply, Sanitation and Hygiene Education - By gravity water supply network Construction	Num (of public stand tap)	6,168	764
Rural	Water Supply, Sanitation and Hygiene Education - By gravity water supply network Extension	Num (of public stand tap)	579	52
Rural	Water Supply, Sanitation and Hygiene Education - By gravity water supply network Rehabilitation	Num (of public stand tap)	82	15
Rural	Water Supply, Sanitation and Hygiene Education - Digger shallow well Digging	Number	1,485	122
Rural	Water Supply, Sanitation and Hygiene Education - Elevated water reservoir Construction	Num (of public stand tap)	92	4
Rural	Water Supply, Sanitation and Hygiene Education - Filtration chamber Construction	M3	80	
Rural	Water Supply, Sanitation and Hygiene Education - Hand Pump Installation	Number	18	
Rural	Water Supply, Sanitation and Hygiene Education - Percussion Deep well Boring	Number	13	
Rural	Water Supply, Sanitation and Hygiene Education - Percussion Deep well Deeping	Number	2	

Rural	Water Supply, Sanitation and Hygiene Education - Percussion Tube Shallow Well Boring	Number	10,438	1,369
Rural	Water Supply, Sanitation and Hygiene Education - Percussion Tube Shallow Well Deeping	Number	515	152
Rural	Water Supply, Sanitation and Hygiene Education - Power pumping water supply network Construction	Num (of public stand tap)	1,596	124
Rural	Water Supply, Sanitation and Hygiene Education - Power pumping water supply network Extension	Num (of public stand tap)	39	
Rural	Water Supply, Sanitation and Hygiene Education - Power pumping water supply network Rehabilitation	Num (of public stand tap)	14	
Rural	Water Supply, Sanitation and Hygiene Education - Reverse Osmosis water Filtration Construction	water filter - liter / hour	65,000	
Rural	Water Supply, Sanitation and Hygiene Education - Rotary Tube shallow well Boring	Number	1,888	610
Rural	Water Supply, Sanitation and Hygiene Education - Rotary Tube shallow well Deeping	Number	2	2
Rural	Water Supply, Sanitation and Hygiene Education - Solar pumping water supply network Construction	Num (of public stand tap)	6,530	138
Rural	Water Supply, Sanitation and Hygiene Education - Solar pumping water supply network Extension	Num (of public stand tap)	273	20
Rural	Water Supply, Sanitation and Hygiene Education - Solar pumping water supply network Rehabilitation	Num (of public stand tap)	59	
Rural	Water Supply, Sanitation and Hygiene Education - Surface Water reservoir Construction	Num (of public stand tap)	315	12
Rural	Water Supply, Sanitation and Hygiene Education - Surface Water reservoir Extension	Num (of public stand tap)	7	
Rural	Water Supply, Sanitation and Hygiene Education - Underground water reservoir Construction	Num (of public stand tap)	305	18

Rural	Water Supply, Sanitation and Hygiene Education - Underground water reservoir Extension	Num (of public stand tap)	4	

Urban Subprojects

Urban/ Rural	Sector/ SP type	Output unit	# of estimated units in approved SP proposals	# of actual units in completed SP
Urban	Park & Recreation Area - Boundary wall Park	Length Meter	3542.5	
Urban	Park & Recreation Area - Tree and flower planting	Number	400	
Urban	Park & Recreation Area - Water Reservoir	Number	2	
Urban	Park & Recreation Area - Park and Green Area	Square Meter	4166	
Urban	Park & Recreation Area - Sanitary Toilets	Unit	10	
Urban	Park & Recreation Area - Green area	Number	3	
Urban	Park & Recreation Area - Boundary wall Park	Number	2	
Urban	Park & Recreation Area - Water well (shallow, deep)	Number	3	
Urban	Park & Recreation Area - Electricity and Lighting	Number	10	
Urban	Power Supply - Transmission/Distribution line	Length Meter	45552	12967
Urban	Power Supply - Transmission/Distribution line	Kilometre	17.234	1050
Urban	Power Supply - Provision of Solar Power	Number	137	
Urban	Power Supply - Grid Extension	Length Meter	4935	
Urban	Power Supply - Installation of transformer	Number	24	5
Urban	Power Supply - Grid Extension	kilometer	8.05	
Urban	Road/Street Upgrading and Drainage - Pathway-1	Length Meter	65568	5301
Urban	Road/Street Upgrading and Drainage - Street Pavement (Asphalt)	Length Meter	1842	1155
Urban	Road/Street Upgrading and Drainage - Pathway (PCC)	Total Length Meter	12394	
Urban	Road/Street Upgrading and Drainage - Slab Culvert	Total Length Meter	8.6	
Urban	Road/Street Upgrading and Drainage - Stone Masonry drainage	Length Meter	240	

Urban	Road/Street Upgrading and Drainage - Street Pavement (Other)	Length Meter	1305	
Urban	Road/Street Upgrading and Drainage - Secondary Road	Width meter	7	
Urban	Road/Street Upgrading and Drainage - Secondary Road	Kilometer	202.379	34587.331
Urban	Road/Street Upgrading and Drainage - Concrete Side Ditch	Length Meter	1060450.1	151246.4
Urban	Road/Street Upgrading and Drainage - Sidewalk	Length Meter	13313	
Urban	Road/Street Upgrading and Drainage - Street Pavement (PCC)	Length Meter	160	
Urban	Road/Street Upgrading and Drainage - Box Culvert	Number	877	15
Urban	Road/Street Upgrading and Drainage - Pipe Culvert	Number	9	
Urban	Road/Street Upgrading and Drainage - Slab Culvert	Number	40	
Urban	Road/Street Upgrading and Drainage - Houses concrete Street	Width meter	15	
Urban	Road/Street Upgrading and Drainage - Tertiary Road	Width meter	133.65	12
Urban	Road/Street Upgrading and Drainage - Tertiary Road	kilometer	30.484	0
Urban	Road/Street Upgrading and Drainage - Houses concrete Street	Length Meter	398063.1	19943
Urban	Road/Street Upgrading and Drainage - Iron grill	Length Meter	19378.6	
Urban	Road/Street Upgrading and Drainage - Stone Masonry Retaining Wall	Length Meter	13232.5	104
Urban	Road/Street Upgrading and Drainage - Stone Masonry Side Ditch	Length Meter	1504	
Urban	Road/Street Upgrading and Drainage - RCC Slab	Number	337956	18094
Urban	Water Supply and Sanitation - Water Supply Network	kilometer	22.57	
Urban	Water Supply and Sanitation - Water Supply Scheme	Kilometer	7.337	
Urban	Water Supply and Sanitation - Water Supply Network	m/Km	69922	15476
Urban	Water Supply and Sanitation - Water Supply Scheme	m/Km	17377	
Urban	Water Supply and Sanitation - Water Reservoir (Tower)	Cubic Meter	60	
Urban	Water Supply and Sanitation - Well (Shallow, Deep)	Number	4	
Urban	Water Supply and Sanitation - Pump house	Number	2	

A. Province-Wise Implementation Progress in Outputs

Rural

Rural/ Urban	Province	# of districts/ cities	# of communities contracted	# of CDCs elections/ established	# of CDPs completed	# of SPs financed	# of SPs completed	Grants disbursed $	Grants utilized $
Rural	BADAKHSHAN	8	648	587	586	166	1	2,878,878	6341.1581
Rural	BADGHIS	2	257	248	248	260	23	5,347,336	778810.69
Rural	BAGHLAN	5	455	429	429	300	26	4,977,497	509391.74
Rural	BALKH	4	306	289	288	376	118	5,722,412	1619953.6
Rural	BAMYAN	2	289	280	280	433	31	6,845,289	446640.82
Rural	DAYKUNDI	3	311	299	299	397	39	6,513,440	740235.69
Rural	FARAH	2	327	314	313	252	75	5,696,118	1593122.9
Rural	FARYAB	5	321	279	279	258	35	3,937,831	549101.17
Rural	GHAZNI	5	1,025	863	859	358	2	4,804,561	25182.361
Rural	GHOR	3	508	497	497	229	30	3,840,534	468082.36
Rural	HELMAND	4	687	483	470	232		3,160,414	
Rural	HERAT	6	668	621	621	417	13	7,719,656	272100.36
Rural	JAWZJAN	2	208	200	200	226	6	3,129,229	124003.8
Rural	KABUL	5	298	278	277	307	51	3,962,221	458870.54
Rural	KANDAHAR	3	646	468	421	387	17	5,811,472	335317.06
Rural	KAPISA	1	255	251	251	270	38	4,041,128	763265.58
Rural	KHOST	4	217	376	352	182	30	3,028,439	754488.54
Rural	KUNARHA	4	297	200	193	155	32	3,709,375	668954.61
Rural	KUNDUZ	2	299	292	292	179	17	2,362,196	204672.09
Rural	LAGHMAN	2	374	345	340	223	50	2,747,268	265477.25
Rural	LOGAR	2	312	304	303	254	39	3,213,206	725894.58
Rural	NANGARHAR	8	775	684	671	330	58	4,981,663	651648.29

Rural	NIMROZ	3	207	178	178	214	30	4,279,597	576095.03
Rural	NURISTAN	3	179	138	134	103		1,570,776	
Rural	PAKTIKA	4	253	174	166	254	55	4,220,719	640989.16
Rural	PAKTYA	6	380	269	245	245	35	3,094,946	380986.51
Rural	PANJSHER	3	77	65	65	74	12	1,236,187	222626.73
Rural	PARWAN	2	242	236	235	343	37	5,736,749	622733.72
Rural	SAMANGAN	3	189	173	172	259	51	5,227,458	1025244.4
Rural	SARI PUL	2	264	251	249	123	19	2,301,858	394031.42
Rural	TAKHAR	8	875	770	749	151		3,497,881	
Rural	URUZGAN	2	421	62	55	48	18	848,651	368680.15
Rural	WARDAK	3	342	315	314	453	40	4,692,035	306652.93
Rural	ZABUL	2	325	297	260	135	2	1,733,281	43781.292
Total		123	13,237	11,276	10,698	8,476	-	141,649,840	-

Urban

ty	›	of City	Contracted Communities	CDC ections	CDPs	SP nanced	SPs ompleted	rants isbursed ($)	Grants Utilized (Afg)
Mazar	CARE & PIN	1	150	150	150	155	21	7,162,628	224,978,919
Herat	Oxfam & AA	1	200	198	198	241	18	10,596,413	368,014,590
Kandahar	HRDA	1	300	300	300	288	37	15,011,654	559,239,250
Jalalabad	FGA	1	200	188	167	135	9	6,585,579	191,117,500
TOTAL		4	850	836	815	819	85	39,356,274	1,343,350,259

B. FP-Wise Implementation Progress in Outputs

Rural:

FP	# of districts/ cities	# of communities contracted	# of CDCs elections/ established	# of CDPs completed	# of CCDCs/GAs formed	# of communities with score cards completed	# of communities with linkages requirements completed	# of communities with sub-committees trained	# of communities undertaking development activities outside of the CC
BRAC	18	1,372	1,329	1,268	144	520		945	294
DACAAR	9	850	683	667	126	405		638	364
CHA	6	574	552	551	117	399		367	301
CHA	7	1,333	951	891	2	616		723	483
ACTED+CHA+MOVE	7	578	527	527	110	432		519	480
NPORRAA+ACTED+SCA	8	778	740	737	141	582		569	517
Afghan Aid+CHA+OXFAM	9	1,176	1,118	1,118	207	718		936	623
AHDS+SDO	4	746	359	315	32	323		197	81
AKDN+SCA	10	943	894	893	194	780		603	553
CARE+RI+ORCD	9	1,278	1,037	1,025	116	528		648	358
CHA+Move	5	534	492	491	96	487		488	287
OXFAM+AKDN	5	600	579	579	138	575		573	521
SCA+Afghan Aid+Action Aid	10	952	897	894	125	697		658	554
AKDN+CONCERN	16	1,523	1,357	1,335	8	49		668	317
	123	**13,237**	**11,515**	**11,291**	**1,556**	**7,111**	**-**	**8,532**	**5,733**

Urban:

Urban/Rural	FP	# of District	# Contracted Communities	# CDC elections	# CDPs Completed	#CCDCs/GAs formed	#communities with scorecards completed	#communities with linkage requirements completed14	#communities with subcommittees trained	#communities with self-initiated activity15
Urban	CARE & PIN (Mazar)	1	150	150	150	30	150	329	-	-
Urban	Oxfam & AA (Herat)	1	200	198	198	38	197	192	-	-
Urban	HRDA (Kandahar)	1	300	300	300	62	259	177	-	-
Urban	FGA (Jalalabad)	1	200	188	167	33	159	120	-	-
Urban	**Total**	**4**	**850**	**836**	**815**	**163**	**765**	**818**	-	-

MRRD Procurement Progress tables

S/n	STEP ID	Goods/Non- Consulting Services	Amount in AFN
Part of Procurement Plan Activities			
1		Media Equipment for CCAP	1,285,872.00
2		Internet Services Through Fiber Optic	2,160,000.00
Part of the IOC Activities			
1	Printing Product for CCAP/GHU		158,700.00
2	Stationery for CDC Jirga 1398		315,100.00
3	Stage Decoration for CDC Jerga1398		150,000.00
4	Documentary Film on CCAP Activities		168,420.00
5	Branded Muffler for CDC Jirga		340,000.00
6	Simultaneous Translation for CDC Jirga		186,000.00
7	Diesel and Petrol Fuel for CCAP/HQ		3,878,400.00
8	Dinner, Breakfast and Accommodation Services for CDC Jirga		1,829,520.00
9	Dinner, Breakfast and Accommodation Services for CDC Jirga		461,250.00
10	Dinner, Breakfast and Accommodation Services for CDC Jirga		732,600.00
11	Dinner, Breakfast and Accommodation Services for CDC Jirga		483,120.00
12	Dinner, Breakfast and Accommodation Services for CDC Jirga		180,000.00
13	Dinner, Breakfast and Accommodation Services for CDC Jirga		4,200,000.00
14	Rental Vehicle for CDC Jirga		581,400.00
15	Lunch and Refreshments for CDC Jirga		2,180,640.00

Total in AFN		19,291,022.00	

Underway (Rural) MRRD:

S/n	STEP ID	Goods/Works/Non-Consultancy Services	Estimated Cost in USD
1	MRRD/CCAP/WR/167	Joint Project Herat	590,000.00
2	MRRD/CCAP/WR/194	One Floor 3D Panel Building	70,000.00
3	MRRD/CCAP/WR/185	Missing components of Laghman, and Kunar Provinces of the Administrative Buildings	44,000.00
4	MRRD/CCAP/WR/186	Missing components of Panjshir Province of the Administrative Building	8,000.00
5	MRRD/CCAP/WR/188	Missing components of Bamyan, and Ghazni Provinces of the Administrative Buildings	16,000.00
6	MRRD/CCAP/WR/189	Missing components of Jawzjan, Balkh, and Samangan Provinces of the Administrative Buildings	26,000.00
7	MRRD/CCAP/WR/183	Missing components of Takhar, Badakhshan, Kunduz, and Baghlan of the Administrative Buildings	21,900.00
8	MRRD/CCAP/WR/184	Missing components of Nuristan Province of the Administrative Building	51,500.00
9	MRRD/CCAP/WR/187	Missing components of Logar, Paktya, Khost, and Paktika Provinces of the Administrative Buildings	36,000.00
10	MRRD/CCAP/WR/190	Missing components of Uruzgan, Helmand, Kandahar, Nimroz, and Zabul Provinces of the Administrative Buildings	30,000.00

11	CCAP-I/MRRD/GDS -150	Laptop Computers	405,000.00
12	CCAP-I/MRRD/GDS - 151	Generators	425,000.00
13	MRRD/CCAP/GD/135	Heaters for HQ and Provinces	5,000.00
14	MRRD/CCAP/GD/193	Call Center for Complain Handling from AWCC	9,000.00
15	MRRD/CCAP/GD/174	Electrical Equipment for HQ and Provincial Offices	41,800.00
16	MRRD/CCAP/GD/175	Security System and Cameras for HQ and Provincial Offices	49,000.00
17	MRRD/CCAP/GD/161	IT Equipment	317,010.00
18	MRRD/CCAP/GD/168	Engineering Equipment	192,875.00
19	MRRD/CCAP/GD/182	Office Furniture Package	332,070.00
20	MRRD/EQRA/GD/05	IT Equipment for EQRA	277,600.00
21	MRRD/EQRA/GD/09	Generators for EQRA	105,000.00
22	MRRD/EQRA/GD/06	Engineering Equipment for EQRA	82,552.00
23	MRRD/EQRA/GD/07	Office Furniture for EQRA	24,000.00
24	MRRD/CASA-CSP/CS/COMM-3	TV & Radio Spots and advertisements for CASA	100,000.00
25	MRRD/CASA-CSP/SR/07	Internet services for district offices for CASA	75,600.00
26	MRRD/CCAP/SR/192	Internet Services for Provincial and District offices CCAP	421,920.00
27	MRRD/EQRA/GD/08	Internet for EQRA	270,000.00

Consultancy Services (Rural)

1. Contract amendments of 22 FPs packages

S/N	Contract reference	Provinces
1	CCAP-I/MRRD/CS/FP-1	Submitted to NPA
2	CCAP-I/MRRD/CS/FP-2	Submitted to NPA
3	CCAP-I/MRRD/CS/FP-3	Submitted to NPA
4	CCAP-I/MRRD/CS/FP-4	Submitted to NPA
5	CCAP-I/MRRD/CS/FP-5	Submitted to NPA
6	CCAP-I/MRRD/CS/FP-6	Submitted to NPA
7	CCAP-I/MRRD/CS/FP-7	Submitted to NPA
8	CCAP-I/MRRD/CS/FP-8	Submitted to NPA
9	CCAP-I/MRRD/CS/FP-9	Submitted to NPA
10	CCAP-I/MRRD/CS/FP-10	Submitted to NPA
11	CCAP-I/MRRD/CS/FP-11	Submitted to NPA
12	CCAP-I/MRRD/CS/FP-12	Submitted to NPA
13	CCAP-I/MRRD/CS/FP-13	Submitted to NPA
14	CCAP-I/MRRD/CS/FP-14	Submitted to NPA
15	CCAP-I/MRRD/CS/FP-1-B	Contract Amendment is Signed
16	CCAP-I/MRRD/CS/FP-2-B	Submitted to NPA
17	CCAP-I/MRRD/CS/FP-3-B	Contract Amendment is Signed

18	CCAP-I/MRRD/CS/FP-8-B	Submitted to NPA
19	CCAP-I/MRRD/CS/FP-9-B	Submitted to NPA
20	CCAP-I/MRRD/CS/FP-11-B	Contract Amendment is Signed
21	CCAP-I/MRRD/CS/FP-13-B	Submitted to NPA
22	CCAP-I/MRRD/CS/FP-14-B	Submitted to NPA

C. Report on Training Sessions Conducted

MRRD Gov. and FP Staff:

Province	Training Date		Training Topic	Number of Participants				Total
				Government		FP		
	Start Date	End Date		Male	Female	Male	Female	
Herat	4-Jul-19	4-Jul-19	ESS orientation workshop	20	0	0	0	20
Herat	24-Jul-19	24-Jul-19	Gender Group Meeting workshop	0	5	0	4	9
Herat	11-Sep-19	12-Sep-19	Land acquisition & resettlement and Rehabilitation - Training	10	1	0	0	10
Herat	18-Sep-19	19-Sep-19	IQRA - Procurement & Finance workshop	25	0	0	0	25
Badghis	25-Jun-19	27-Jun-19	Project Management Training	3	2	8	8	21
Badghis	1-Aug-19	4-Aug-19	DRM Training	2	2	8	8	20
Badghis	5-Aug-19	5-Aug-19	Procurement Orientation	8	0	0	0	8

Badghis	16-Sep-19	17-Sep-19	IQRA - Procurement & Finance workshop	13	0	0	0	13
Ghor	1-May-19	4-May-19	Project Management, Operation & Maintenance, plus refresher on Linkage, cross visit and GRM	5	1	8	4	18
Ghor	14-May-19	16-May-19	Project Management, Operation & Maintenance, plus refresher on Linkage, cross visit and GRM	7	1	15	11	34
Ghor	11-Jul-19	14-Jul-19	Project Management, Operation & Maintenance, plus refresher on Linkage, cross visit and GRM	0	0	6	2	8
Farah	25.06.2019	27.06.2019	project management & maintenance Training	4	1	16	12	33
Farah	28.06.2019	31/6/2019	CPM/GHM Training	4	1	16	12	33
Farah	2-Sep	3-Sep-19	D R M training	4	0	16	11	31
Nangarhar	19-06-2019	20-06-2019	GRM	34	12	0	0	46
Nangarhar	3-Jul-19	20-07-2019	CASA 1000	7	4	0	0	11
Nangarhar	15-09-2019	17-09-2019	Project management	4	0	2	8	14
Nangarhar	18-09-2019	19-09-2019	DRM	4	0	2	8	14
Laghman	17- 06 -2019	4/7/2019	Social mobilization CASA 1000	8	6	0	0	14
Khost	22-Sep	24-Sep	Project management	3	7	6	6	22
Kunar	43591	43622	Project management	7	4	16	12	39
Kunar	19/ 6/2019	20/6/2019	GRM	5	4	0	0	9
Kunar	43624	43654	DRM	2	4	15	11	32
Kunar	43623	43776	General Management	0	0	10	10	20
Logar	23/06/2019	23/06/2019	Refresher training on community Procurement	17	3	0	0	20

Logar	27/06/2019	28/06/2019	Refresher training on community Procurement	21	3	0	0	24
Logar	31-Jul-19	1-Aug-19	DRM	0	0	21	0	21
Nuristan	7-Jul-19	8-Jul-19	Refresher Training	1	1	5	3	10
Nuristan	24-Jul-19	25-Jul-19	Project Management Training	1	1	5	3	10
Nuristan	30-Jul-19	1-Aug-19	Project Management Training	1	1	5	3	10
Nuristan	6-Aug-19	7-Aug-19	Procurement and finance	4	1	0	0	5
Zabul	23-Jun-19	24-Jun-19	CDCs procurement and finance training for PMU SOs, engineers and accountants	12	0	0	0	12
Zabul	26-Jun-19	27-Jun-19	procurement and grant training for EQRA engineers and SOs with DMs	6	0	0	0	6
Zabul	7-Jul-19	8-Jul-19	forms explanation to Kuchies SOs	3	2	0	0	5
Zabul	24-Jul-19	25-Jul-19	CC introduction to new daily wage engineers and new hired staff	5	0	0	0	5
Zabul	25-Jul-19	26-Jul-19	finance & procurement training for EQRA CDCs members and some of related engineers	25	0	0	0	25
Zabul	10-Mar-19	11-Mar-19	Gender Training	3	0	16	4	23
Zabul	25-Apr-19	25-Apr-19	CCNPP orientation	1	0	14	4	19
Zabul	14-May-19	14-May-19	CCAP Forms Explanation	2	0	14	4	20
Zabul	23-Jun-19	23-Jun-19	Kango Diseases and new plants training		0	10	4	14
Zabul	29-Jun-19	29-Jun-19	Cross visit and linkages training	1	0	11	3	15
Zabul	18-Jul-19	18-Jul-19	procurement /finance training	1	0	11	2	14

Zabul	15-Sep-19	16-Sep-19	Posters explanation to kuchies SOs	5	2	0	0	7
Zabul	17-Sep-19	18-Sep-19	EQRA Sub-Committee training for EQRA SO engineers	4	0	0	0	4
Zabul	19-Sep-19	20-Sep-19	CDPs and Gap forms training for kuchies SOs and Eng.	4	2	0	0	6
Zabul	24-Jun-19	25-Jun-19	IMI, Scorecard training for Tarnak Jaldak SOs	1	0	6	1	8
Uruzgan	31-Aug-19	31-Aug-19	CPM2	0	0	9	0	9
Uruzgan	7-Sep-19	7-Sep-19	Score Card	0	0	7	0	7
Uruzgan	14-Sep-19	14-Sep-19	Score Card	0	0	7	0	7
kandahar	11-Sep	14-Sep	Project Management and Maintenance	2	3	25	13	43
Kandahar	15-Sep	17-Sep	Project Management and Maintenance	5	1	27	8	35
Kandahar	30-Jul	31-Jul	Refresher Training of Kuchies Election	3	3	3	3	6
Kandahar	20-Aug	22-Aug	Training of Kuchies CDC Tools	3	3	3	3	6
Helmand	7/8/2019	7/28/2019	OM Orientation	15	0	0	0	15
Helmand	7/30/2019	7/31/2019	CDC Procurement	11	0	0	0	11
Helmand	9/2/2019	9/4/2019	Project Management	0	0	16	13	29
Helmand	9/5/2019	9/8/2019	Project Management	0	0	16	11	27
Nimroz	6-Jul-19	7-Jul-19	Cross Visit and Linkage , Refresh Procurement and Sub-committees CDCs & CCDCs JD Training	2	1	10	6	19
Nimroz	27-Jul-19	28-Jul-19	Disaster Risk Management Training	0	0	12	6	18
Nimroz	18/09/2019	18/09/2019	Kuchi Orientations	4	4	0	0	4
Balkh	23-Jul-19	28-Jul-19	Project Management, Project Operation &	3	1	20	16	40

			Maintenance, Linkage, Cross visit & DRM					
Jawzjan	14-Jul	18-Jul-19	Project management maintenance and linkage	2	2	10	8	22
Jawzjan	30-Jul	31-Jul-19	Disaster/ Risk Mitigation/ Management	2	2	10	8	22
Samangan	25/8/2019	29/8/2019	Project Management, Project Operation & Maintenance, Cross visit & DRM	10	3	12	6	31
Faryab	16/4/2019	18/4/2019	Project Management, Project Operation & Maintenance, Linkage, Cross visit & DRM	2	1	10	9	22
Faryab	7-Jan	3/7/2019	Project Management, Project Operation & Maintenance, Linkage, Cross visit & DRM	9	2	4	1	16
Sarepul	20/7/2019	22/7/2019	Project Management, Project Operation & Maintenance,	6	5	18	13	42
Sarepul	8-Mar-19	8-Apr-19	DRM	5	1	17	12	35
Total				**381**	**103**	**498**	**294**	**1253**

Rural CDC training:

Training Type	CDC Member Male	CDC Member Female	Community Member Male	Community Member Female	Total
CDC, CCDC members and OBs roles and responsibilities	11,874	11,733	45,206	42,485	111,298
Community Accounting/ Financial Management	19,285	13,687	15,510	11,918	60,400
Disaster/ Risk Mitigation/ Management	650	512	1,072	886	3,120

Environmental & Social Safeguards	14,747	12,832	31,314	30,616	89,509
Established and training CDC/ CCDC thematic sub-committees	75,065	74,426	261,950	245,801	657,242
Gender	18,704	17,118	66,056	65,395	167,273
Grievance Handling	12,419	11,185	37,337	35,044	95,985
Introduction to CCNPP/CCAP	34,361	30,138	584,071	534,397	1,182,967
Project Management and Maintenance	1,515	1,365	4,579	3,720	11,179
Score Cards on CCAP MSS	27,871	26,684	82,570	78,599	215,724
Social Audit and Community Participatory Monitoring (CPM)	21,795	19,873	109,217	102,244	253,129
CDC Community Development Planning	53,953	52,939	541,435	491,757	1,140,084
Community Procurement	19,826	11,967	19,825	14,023	65,641

Urban

Training (Urban):

Training Type	CDC Member Male	CDC Member Female	Community Member Male	Community Member Female	Total
Community Accounting/ Financial Management	152	95	186	143	576
Disaster/ Risk Mitigation/ Management	107	89	207	204	607
Environmental & Social Safeguards	101	83	194	141	519
Established Urban/CDC/CCDC thematic sub-committees	77	59	157	132	425

Grievance Handling	84	70	211	219	584
Introduction to Citizens' Charter/ Citizens' Charter	0	0	0	0	0
Score Card on Citizens' Charter MSS	253	209	759	677	1898
Social Audit and Community Participatory Monitoring (CPM)	165	130	393	297	985
Urban/ CDC Community Development Planning	70	60	223	189	542
Urban/ Community CDC Members and office bearers' roles and responsibilities	83	73	131	110	397
Urban/ Community Procurement	174	113	233	195	715
Total	1266	981	2694	2307	7248

Trainings

Province	Training Date		Training Topic	Number of Participants								Grand Total	Remarks
	Start	End		Govt Staff		FP/PMU		Others		Total			
				M	F	M	F	M	F	M	F		
Kabul	23 June 2019	23 June 2019	Urban-Rural Linkages					2	9			11	Conduct orientation on Urban-Rural Linkages for urban knowledge management committee members
Kabul	28 July 2019	29 July 2019	CCNPP & EZ-Kar Orientation					30	10			40	EZ-Kar Orientation PPTs for Monitoring and ministry of

Province	Start	End	Topic										Note
													economic staff
Kabul	15th Sep 2019	15th Sep 2019	CCNPP & CCAP Sustainability Policy & Procedures & Ways Forward	7	23						7	23	30	For DMM-IDLG urban knowledge management committee
Kabul	17 June-2019	17 June-2019	Orientation Awareness on BGA					3	3	3	3	6	For Training Team
Kabul	30 June-2019	30 June-2019	BGA Basic Concept Note					25	6	25	6	31	For IDLG-DMM PIU Senior. Management
Kabul	31-July-2019	31-July-2019	BGA Basic Concept Note	35								35	For IDLG-DMM Mayors

Field visit

Province	Visit Date		purpose	Kind of mentoring (Mission type)	# CDC visited	# GA visited	Training member
	Start	End					
Mazar	30 July 2019	6 Aug 2019	FP's annual performance evaluation	FP Evaluation team	6	4	Mr.Modabir
Kandahar	24 August 2019	1 Sep 2019	FP's annual performance evaluation	FP Evaluation team	8	2	Mr.Modabir
Herat	4 July	8 July	With WB	Join Mission			Mr.Kamawi
Jalalabad	7 July	8 July 2019	Facilitation and participation in PCCMC	PCCMC			Mr.Kamawi , and Mr.Shamsi

Jalalabad	15 July 2019	23 July 2019	FP's annual performance evaluation	FP Evaluation team	10	2	Mr.Shamsi
Kandahar	24 August 2019	1 Sep 2019	FP's annual performance evaluation	FP Evaluation team	8	2	Mr.Modabir

Key Achievements:

- EZ-Kar BGA Pilot conduction mission arrangement

- Prepared, Facilitated, taken part in CDC Jirga Conference,

- Compiled and arranged all BGA Pilot mission materials for sending to WB for NoL.

- Revision and collection of 4 cities FPs training plans

- Prepared a PPT guide (BGA Concept Note) for EZ-Kar Business Gozar Assemblies…BGA

- Presented a Presentation about Business Gozar Assemblies to PIU Senior Management.

- Prepared BGA piloting plan and task team

- Prepared Budget Estimation for BGA piloting mission.

- Revised BGA Concept Note based on DMM staff provided comments

- Prepared and Developed Four PPTs for EZ-Kar Orientation

- Prepared Demarcation Guide for EZ-Kar

- Prepared and developed BGDP Guide.

- Prepared Social & Resource Maps for EZ-Kar

- Delivered a Presentation on BGA for Mayors

- Compiled and arranged all BGA Pilot mission materials for sending to WB for NoL.

- Revision of (BGA Concept Note, Budget, Mission Plan and Task Team) documents based on WB comments;

- The following PPTs converted from PPT mode to Word version;

  - BGA Concept Note
  - BGA Orientation PPTs
    - Introduction to EZ-Kar
    - Component II-First Part
    - Component II-Second Part
    - Component II-Third Part
  - BGA Demarcation
  - BGA BGDP

Challenges/problems and recommendations:

S. No.	Challenges	Recommendations
1	Mandatory trainings not completed by FPs	The FPs as soon as possible should complete the mandatory trainings so as per Operational and their contractual obligation they have to start the refresher training.
2	FP training information is not yet available in MIS	It is a high priority tasks of the FPs. We recommend FPs to ASAP prepare the support documents of the delivered training to CDCs and GAs and submit them to PMUs for entering into system.
3	FP needs to work on CDC and GA members' knowledge on Citizen's Charter.	It is FP responsibility to raise the CDC,GA and Community members awareness on CCAP.
4	The Linkage hierarchy to be followed and step by step practical implementation	For Linkage more attention is needed from FPs side with cooperation of PMUs and municipalities, The CDCs and GAs

	should be documented. As observed in Some CDCs and GAs the linkage forms not filled properly and even not existed.	should have proper linkage with Government platform as like MCCMC and PCCMC.
5	Subcommittee is not active in some CDCs.	We recommend FPs to take care of Sub-committee and their members to make them more active.

9. ANNEX B: RESULTS FRAMEWORK

For the reporting period June 21st to September 20th 2019 (3rd Quarter)

	Project Development Indicators (PDOs)							
SN	Indicator Name	Unit of Measure	Baseline	Cumulative up to the end of previous quarter	Current (This Quarter)	Cumulative to the end of current quarter	End Target	Remarks
1	Direct project beneficiaries	Number	0	10,653,437	701,696	11, 355,133	10,000, 000	We have defined this as the total population in the communities with CDPs completed under the Citizens' Charter.
1.1	Female beneficiaries	Percentage	0	Rural = 49.17 % Urban = 49.53%	Rural: 49.31% Urban: 49.51%	Rural = 49.18 % Urban= 49.51%	50	Cumulative: 5,584,470 female beneficiaries out of 11,355,133. Current Quarter: 346,037 Female beneficiaries out of 701,696 Urban communities:
2	Number of CDCs in rural and urban areas able to plan and manage their own development projects	Number	0				*11,750*	
2.a	Rural CDCs able to plan and manage their own	Number	0	10,698 CDP Plan with 8,476 SP Financed in	593	11,291 CDP Plan with 8,593 SP	11,000	The figure for this indicator is based on the CDP as when a community develops

#	Indicator	Unit	Baseline				Target	Remarks
	development projects			5,540 CDCs		Financed in 5,607 CDCs		its CDP that means it is able to plan its development project while successful management depends on the successful completion of the projects.
2.b	Urban CDCs able to plan and manage their own development projects	Number	0	801 CDCs developed their CDP, 749 CDCs have at least one approved subproject and 699 CDCs are financed	815 CDCs developed their CDP, 759 CDCs have at least one approved subproject and 745 CDCs are financed	14	750	The figure for this indicator is based on the CDP as when a community develops its CDP that means it is able to plan its development project while successful management depends on the successful completion of the projects.
3	Number of communities meeting all minimum service standards	Number					9,600	
3.a	Rural communities meeting all minimum service standards	Number	0	367	389	756	9,000	
3.b	Urban communities meeting all minimum service standards	Number	0	281 CDC (Health: 520, Education: 348)	281 CDC (Health: 520, Education: 348)	0 CDC (Health: 0, Education: 0)	600	The third-round scorecard implementation has been started and the report will be produced in Dec-2019.
4	Number of targeted high IDP/returnee Rural and Urban communities provided with emergency support	Number	0				2,200	

4.a	Number of rural targeted high IDP/returnee communities provided with emergency support	Number	0	1,074	79	1,153	2,000	
4.b	Number of targeted urban high IDP/returnee communities provided with emergency support	Number	0	597	642	45	200	As urban Citizens' Charter does not have MCCG and SIG, we have interpreted this as the number of communities that have received UAB grants and have over 5% of their total population comprised of IDPs and/or returnees
Intermediate Results								
1	Rural areas - Number/Type of rural subprojects completed (for water points, roads, irrigation, electricity)	Number	0	489	541	1,030	*9,000*	Grid Extension = 1 Irrigation = 372 Renewable Energy = 4 Transport (Road & Bridge) = 20 Water Supply, Sanitation and Hygiene Education = 633
2	Urban areas - Number/type of urban subprojects completed (drainage, streets, street lighting, parks)	Number	0	0	85 (Power Supply=6, Water Supply & Sanitation = 12 and Road/Street = 67)	*85*	*600*	85 subprojects have been completed
3.a	Rural areas - Number of people (male/female)	Number	0			Grid Extension=	TBD	

						761		The data for actual beneficiaries for completed projects has been captured first time in the MIS and it is cumulative figures; therefore, the during the quarter figure is shown zero. In future we will keep reporting for all three columns.
	benefitting from each type of subproject (access to water, roads, irrigation and electricity)					Renewable Energy= 2,221		
						Irrigation= 366,551		
						Transport (Road & Bridge)= 17,969		
						Water Supply, Sanitation and Hygiene Education =609,498		
3.b	Urban areas - Number of urban residents (male/female) benefitting from each type of subproject (drainage, streets, street lighting, parks)	Number		Water Supply and Sanitation = 64,542; Road/Street Upgrading and Drainage = 1,162,175 Power Supply = 47,673; Park & Recreation Area = 8,123	Water Supply and Sanitation = 69,720; Road/Street Upgrading and Drainage = 1,240,822 Power Supply 59,497; Park & Recreation Area = 8,123	Water Supply and Sanitation = 5,178; Road/Street Upgrading and Drainage = 78,647; Power Supply = 11,824; Park & Recreation Area = 0	TBD	This is based on 819 financed subprojects as in quarterly report. Total population of the communities has been considered as beneficiaries.

4	% of sampled community respondents (male/female) satisfied with subproject/grant investments	Percentage	0	0	0	0	60	Information regarding satisfaction of community not yet collected.
5	% of CDCs initiating activities to benefit marginalized and vulnerable groups such as women, IDPs/returnees (in addition to service standards)	Percentage	0	63%	7%	70%	35	8157 Communities established Grain Banks and completed "Stop Seasonal Hunger Campaign" out of 11,561 elected
6	% of sampled community respondents (male/female) satisfied with CDC's performance in their mandated roles	Percentage	0				60	7,068 Communities established Grain Banks and completed "Stop Seasonal Hunger Campaign" out of 11,276 elected. Urban comment: TAF Jul-2018 Survey shows 74%
7.a	% of CDC members in rural areas who are women	Percentage	0	49.28	0	49.35	35	
7.b	% of CDC members in urban areas who are women	Percentage	0	49.94	49.93	49.93	40	Cumulative: 8,971 females of a total of 17,964.
8	% of sampled CDCs/communities whose CDPs include at least one women's priority activity	Percentage	0	Urban: 100 Rural: 90	Urban: 100 Rural: 83	Urban: 100 Rural: 86.5	60	Not yet verified, verification is under process
9	Number of districts/cities where Citizens' Charter coordination meetings are	Number	0				128	When Urban data is in hand, we can update these figures

	held between government authorities and CDC clusters/Gozars[16]						
9.a	Number of rural districts where Citizens' Charter coordination meetings are held between government authorities and CDC clusters/Gozars	Number	0	106	25	131	124	
9.b	Number of cities where Citizens' Charter coordination meetings are held between government authorities and CDC clusters/Gozars	Number	0	4 cities (1 MCCMC where not reported as end of second quarter, after verification with FPs' reports the difference found and included in this report	4 cities (actually 3 MCCMC conducted but in reported cities, Jalalabad = 2 and Mazar = 1)	0	4 cities	A total of 10 MCCMC has been conducted in four cities: - Mazar = 2 - Herat = 2 - Jalalabad = 3 - Kandahar = 3
10	Number of government provincial and municipalities whose abilities are strengthened in engineering, project management, FM & procurement	Number	TBD	34 provinces+ 4 cities	0	34 provinces+ 4 cities	38	

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[16]This includes PCCMCs

10.b	Number of provinces whose abilities are strengthened in engineering, project management, FM and procurement	Number	TBD	34 provinces	0	34 provinces	34	
10.b	Number of municipalities whose abilities are strengthened in engineering, project management, FM and procurement	Number	TBD	4	0	4		
11	Number of evaluations and studies completed	Number	0	2	0	2	6	
12.a	% of rural CDC cross-visits that include women CDC members	Percentage	0				20	
12.b	% of urban CDC cross-visits that include women CDC members	Percentage	Data not available	100% (After verification it found that a total of 208 cross visit has been conducted and, in all women, have participated)	100%	0	50	Recently the module uploaded in the MIS, but the data collected based on field report. Mazar=150 visits Herat = 50 visits Jalalabad=12 visits Kandahar=0 visits
13.a	Rural: % of grievances received which are resolved	Percentage	0	58	95.3	90.3	70	Total 348 grievances received during the quarter while 95 were pending for resolution from the last quarter (348+95=443) which

								becomes total 443 grievances. Out of these grievances, 326 were resolved. Cumulative received grievance up the end of current quarter are 980 out of which 885 have been resolved so far
13.b	Urban: % of grievances received which are resolved	Percentage	0	95.4%	95.65%	95.65%		Total 207 grievances received and 198 of them were solved. (current quarter = received 58, addressed 52)
14	Number of rural and urban CDCs reporting semi-annually on service standard targets	Number	0	Urban: : 765 Rural: 5,131	Urban: third round is under process Rural: 1,997	Urban: Third round is under process Rural: 7,128	9,600 (Urban: 600 and Rural: 9000)	Rural: Total 1,997 communities reported scorecards during the quarter for all three sectors (Health, Education and clean drinking water infrastructure) while there are 2,206 communities that reported only on clean drinking water + infrastructure scorecards.

Of 4,203 rural communities reported on clean drinking water and Infrastructure MSS Scorecard, 1,520 (36%) communities have access to 25 litter of clean drinking water per person in 24 hours. 3,017 (72%) of these communities have access to basic road as per the MSSs, and 1,020 (24%) of these communities have access to basic electricity as per the MSSs. 2,704 (64%) of the communities need for small scale irrigation.

of 1,114 schools reported on education scorecard during the quarter, 743 (67%) meet the Education MSSs and these schools

								provide services to 3,306 communities.
								Of 237 Health facilities reported Health MSSs during the reporting period, 197 (83%) meet all Health MSSs which provides services to 2,510 communities.
								Urban: Between Jan to Jun 2019, 765 communities report and for the period Jul to Dec 2019, it is under process.
15	Number of vulnerable households receiving MCCG support	Number	0	90,761	37,749	128,510	115,000	
16	Number of vulnerable IDP/R HH receiving MCCG support	Number	0	19,447	3,194	22,641	Monitored	
17	Number of communities in rural areas receiving MCCG grants within 6 months after AF effectiveness	Number	0	326[17]	0	326[18]	700	

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[17]When the additional financing was approved it was almost the end of the fiscal year (October, 2017) there was a very limited time for disbursement of the grant. In addition, we all know that the MCCG main objective is creation of temporary job at the lean season. Once the new fiscal year operationalized till end of lean season, we could cover only 326 CDCs.

18	Number of vulnerable HHs benefitting from social inclusion grant	Number	0	14,295	2093	16388	20,000	
19	Number of vulnerable IDP/R HH benefitting from social inclusion grant	Number	0	310	61	371	Monitored	
20	Number of vulnerable disabled HH benefitting from social inclusion grant	Number	0	1,670	1003	2673	Monitored	
21	Number of vulnerable female-headed households benefitting from social inclusion grant	Number	0	4,175	1949	6124	10,000	

10. Annex C: Security Report

The High-Risk Area Implementation Unit (HRAIU) carries out districts ranking every six months to evaluate the security situation across the country. These ratings allow communities, FPs, and MRRD to apply the special requirements underlines under the High-Risk Areas Implementation Strategy.

Currently we are in 5th semester, *below table shows security status of communities in each province.*

No	Province	Districts	Partially Insecure CDCs	Highly Insecure CDCs	Extremely Insecure CDCs
1	BADAKHSHAN	8	44	48	0
2	BADGHIS	2	129	46	1
3	BAGHLAN	5	76	111	0
4	BALKH	4	28	17	0
5	FARAH	4	61	116	43
6	FARYAB	5	33	106	1
7	GHAZNI	5	51	71	18
8	GHOR	3	196	2	0
9	HILMAND	4	70	113	0
10	HERAT	6	71	51	20
11	JAWZJAN	2	57	2	0
12	Kabul	5	56	0	0
13	KANDAHAR	3	11	3	4
14	KAPISA	1	79	22	
15	KHOST	4	27	11	12
16	KUNARHA	4	35	23	89
17	KUNDUZ	2	108	35	0
18	LAGHMAN	2	33	13	2
19	LOGAR	2	304		
20	NANGARHAR	8	199	104	76
21	NIMROZ	3	27	44	0
22	NURISTAN	3	51	10	15
23	PAKTIKA	4	57	23	0
24	PAKTYA	5	63	43	63

25	PARWAN	2	0	113	0
26	SAMANGAN	3	9	23	1
27	SARI PUL	2	5	8	0
28	TAKHAR	8	260	36	2
29	URUZGAN	2	6	4	337
30	WARDAK	3	92	0	0
31	ZABUL	2	124	59	0
Grand Total		**108**	**2362**	**1257**	**684**

Definition of Insecurity and its category based on High Risk Strategy:

Based on following three categories; Partially Insecure, High Insecure and Extremely Insecure. These ratings are determined and updated on a semester basis (once every six months) to assess security status of CDCs and to see work feasibility in an area.

Highly Insecure:

A district which meets at least 4 of the 5 criteria stated below for over 4 months in a given semester will be considered 'highly insecure'.

Criteria:

- Limited government presence at the district level defined as limited government or no visible presence of government on the ground. The Government here includes the district governor, his/her office, ANP, ANA, NDS ALP, state judicial authorities etc. In most cases, weak presence implies that these persons/ institutions may be completely absent or when present, are not easily accessible by the communities in the district.
- Travel with project documents in some or all parts of the district is not possible.
- Occasional AGEs presence on the route from community to district center & vice versa.
- Security incidents and threats from hostile insurgent groups or other types of armed actors to the CDC members, CCAP staff and FP personnel and these should be evidence-based, with FPs reporting each such threat/incident to their management or CDCs to the PMUs during the weekly coordination meetings at the PMU).
- Military operations lasting up to a month within a 6-month period.

Note: If a district meets more than 1 but less than 4 of the criteria in a given semester it will then be classified as "**partially insecure.**

A district which meets at least 4 of the 5 criteria stated below for over 4 months in a given semester will be considered 'extremely insecure'.

Criteria:

- Very limited government presence in the district (including but not limited to Governor, Governor's office, ANA, ANP, NDS, ALP, judicial offices, other line ministries, etc.).
- CDC members can not disclose their identity, except to CCAP/ FPs Staff
- Travel with project documents by FP/ CCAP staff is not possible

- More frequent presence of Armed Opposition Groups (AOGs) on the route from community to district center;
- Military operations more frequently/longer than a month in 4 months

CCAP will proceed in "Extremely Insecure" districts only on an exceptional, approved basis.

Insecurity Ranking Process:

The District Government Social Organizers and Monitors will collect the data to rank the districts and communities then district manager will verify and final approval will be by provincial manager and after that this ranking will be added into database. The District Manager will review and verify the data. The District Database Officer will then enter all the data into the HRAIU database. The insecurity map will be updated on semester basis as well.

Withdrawal of Insecure CDCs and shifted to Kuchie's Program

Below listed of CDCs as stated in previous report are shifted to kuchies along with the number of additional CDCs mentioned in the FPS contract, together the number of problematic CDCs and additional number of CDCs considered in each FP's Contract were 902, these CDCs budget shifted to kuchies program.

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

Cancelation of Activities:

Currently 788 CDCs are suspended in 6 provinces in 13 districts due to several reasons; insecurity, Social problem, women participation and a smaller number of HHs.

Since the start of the program In Uruzgan province the work hasn't been started despite many efforts took place by field colleague even colleague kidnapped and were in custody of AOGs after

which the permission hasn't been sought to continue the program, while In Baghlan province where AOGs captured the district and it is now under the control of Taliban and stopped implementation of the program in that district. The same is the case with Wardak province, there the gunmen known as Alipor insurgent group do not allow the program the efforts which was made by field colleagues resulted in kidnapping of engineers then threaten and beaten by them warned them to not enter the area again, On the other hand, in Ghazni province 90 CDCs merged with other CDCs due to less number of HHs, social issue with 4 CDCs, having less than 25 HHs and these CDCs are not willing to join with other CDCs, lastly in 3 insecure CDCs of this province work is not allow by AOGs. With 39 insecure CDCs of Paktya province women participation is disallowed by AOGs, work can be continuing without women participation. The below table give you more information regarding above problematic and suspended CDC.

List of Suspended CDCs

No	Province	District	Reason of Suspension				Total	Reason of Suspension
			Insecurity	Due to insecurity Women Participation	Merged with other CDCs	Social Issue		
1	**Baghlan**	Guzargahi Nur	30				30	The district captured by Taliban on 14th September 2019 which caused to stop CCAP activities and closed the office. Still haven't get the permission to resume CCAP activities.
2	**GHAZNI**	Bahram Shaheed (Jaghatu)			38		38	CDCs Are Merged with Other CDCs because the number of House Hold were Less than 25 HHs.
		Ghazni Center			28		28	Merged with other CDCs, less HHS.
		Nawur	3		24	4	31	Due to insecurity work with 2 CDCs not started while with one of CDC in CDP phase the work stopped, 24 CDCs are Merged with Other CDCs, 4 CDCs less HHs and not willing to merge with other CDCs work not started yet.
3	**PAKTIKA**	Jani Khel		39			39	Insecurity and women inclusion not possible
		Sar Hawza		29			29	
4	**PAKTYA**	Ahmadabad		7			7	Insecurity and women inclusion not possible
		Chamkanay		11			11	
		Mirzaka		21			21	
5	**URUZGAN**	Chora	198				198	Insecurity, AOGs do not allow the program

		Tirin Kot	130				130	
6	**WARDAK**	Hisa-I- Awali Bihsud	201				201	The alipoor gun men not allowed our staff to the field we have very limited staff in hesai Awal behsod as they are from Hazara trib.
		Jalrez	25				25	Due to the clash between the Ali poor people and AGO we cannot visit the CDCs and their projects.
6		**13**	**587**	**107**	**90**	**4**	**788**	

Program Related Incident Report:

Province	District / City	Source (PM, CDC or FP	Type of Incident			
			Warning	**Injured**	**Killed**	**Kidnapped**
Badghis	Jawand	CDC member				6
Badghis	Jawand	FP				1
Faryab	Maimana	3 FP, 2 PMU and 1RRD				6
Parwan	Ghorband	FP	2			
Ghazni	Center	PMU	2			
Paktika	Sareawza	PMU	5			
Paktika	Sareawza	CDC				13
Paktika	Sareawza and Sharan	FP and PMU				6
Kunduz	Ali abad	FP	4			
Takhar	Dashti Qala	PMU	2			
Parwan	Seya Gerd	FP	4			
Nangarhar	Khogyani	FP			2	
Nangarhar	Khogyani	PMU			1	
Nangarhar	Jalalabad	PMU (Urban)				1
Uruzgan	Trinkot	CDC				1
Uruzgan	Chora	PMU+FP				9
Paktya	Chamkani	CDC	First Kidnapped then killed		1	
Paktya	Ahmad abad	PMU and FP	7			

11. Annex D: Security Report (Urban)

Annex D: Scorecards indicators and implementation process (Rural)

Education MSSs:

1. Are Education MSS clearly posted at the school?
2. Do teachers have at least grade 12 education?
3. Do students have 24 hours per week of education in grade 1-3?
4. Do students have 30 hours of education in grade 4-6?
5. Do students have 36 hours of education in grade 7-12?

Health Sub-center

1. Are Health MSS clearly indicated at the information board at the health sub-center?
2. Is the Health Sub-Center open during the official time?
3. Does the Health Sub-Center have one midwife?
4. Does the Health Sub-Center provide family planning?
5. Does the Health Sub-Center provide services for any of the following conditions?
6. Diarrhea, Malaria, Antenatal Care, Tuberculosis Detection and Referral, and Immunizations

Basic Health Center

1. Are Health MSS clearly indicated at the information board at the basic health center?
2. Is the Basic Health Center open during the official time?
3. Does the Basic Health Center have one midwife, and one nurse?
4. Does the Basic Health Center provide immunizations?
5. Does the Basic Health Center provide family planning services?
6. Does the Basic Health Center provide services for any the following conditions?
7. Diarrhea, Malaria, Antenatal Care, Tuberculosis Detection and Referral?

Comprehensive Health Center

1. Are Health MSS clearly indicated at the information board at the Comprehensive health Center?
2. Is the comprehensive Health Center open during the official time?
3. Does the Comprehensive Health Center have one doctor, one midwife and one nurse?
4. Does the Comprehensive Health Center provide pre, during, and post delivery services for pregnant women?
5. Does the Comprehensive Health Center provide immunizations?
6. Does the Comprehensive Health Center provide services for any of the following conditions?
7. Diarrhea, Malaria, Tuberculosis Detection and Referral?

Drinking Water:

Universal access to clean drinking water:

8. Is there one water point available per 25 households?
9. Is water point providing 25 liters of water per person per day?

Infrastructure MSSs:

- **Electricity**:   Access to100W per household through solar, micro hydro, biogas or wind (only in areas that cannot be reached by the grid)?

- **Roads**:   Road within 2 km walking distance from the nearest accessible rural road? Note: Exceptions are communities that are very remote, where the distance is too large to build a road with CC funds.

- **Irrigation**: Does the community need for small-scale irrigation infrastructure? this includes intakes (for secondary/tertiary canals), water divider, water control gates,

siphon, water reservoir up to 10,000 M3 capacity, rehabilitation or construction of small irrigation canal, protection wall, gabion wall, aqueducts, and super passage;

Scorecard implementation process: