OPERATIONAL MANUAL FOR THE FIELD IMPLEMENTATION OF THE

FIRST PHASE OF THE
CITIZENS’ CHARTER NATIONAL PRIORITY PROGRAM (CCNPP)
AND THE CITIZENS’ CHARTER AFGHANISTAN PROJECT (CCAP)

FOR RURAL COMMUNITIES BY THE MINISTRY OF RURAL REHABILITATION AND
DEVELOPMENT (MRRD) AND FOR URBAN COMMUNITIES BY THE INDEPENDENT
DIRECTORATE OF LOCAL GOVERNANCE (IDLG)

DECEMBER 2016
TABLE OF CONTENTS

Chapter I: Introduction
1. What is the Citizens’ Charter?
2. The CCNPP and the CCAP for Afghanistan
3. Minimum Services/Service Standards Assured
4. Citizens’ Obligations in the Charter
5. Components of the CCAP
6. Phasing of the CCNPP
7. Principles Guiding the CCNPP

Chapter II: Roles and Responsibilities of Key Stakeholders
1. Communities
2. CDCs
3. CDC subcommittees
4. CCDCs/GAs
5. CCDC subcommittees
6. FPs
7. MRRD/IDLG district/Municipalities provincial offices for the CC
8. MRRD HQ CC General Directorate / IDLG PIU Directorate
9. MoF and DAB
10. Other line ministries
11. Central level committees

Chapter III: CDC Formation
1. Community Mobilization
2. Election Unit demarcation and Population Count
3. CDC and Office Bearer Election and Registration
4. CDC Sub-committees across line ministries
5. Vulnerable Groups

Chapter IV: Capacity Building
1. Types of capacity building
2. Cascade down Training Approach
3. Standard Training Package
4. Cross visits and peer learning

Chapter V: Community Development Planning
1. Participatory Community Empowerment
2. Community Development Planning

Chapter VI: Cluster CDCs and Gozar Assemblies (GAs)
1. Demarcation of communities for clustering
2. CCDC /GAs Elections
3. Cluster/GAs Development Planning

Chapter VII: Service Standard Grants
1. Citizens’ Charter Funds for Communities
2. Rural Areas Service Standard (RASS) Grants
3. Urban Areas Block (UAB) Grants
4. Subproject Proposal Preparation
5. Proposal approval and Data Entry
6. Fund Disbursement
7. Subproject Implementation and Closure
8. Operation & Maintenance
9. Final Meetings and Social Audits
Chapter VIII: Linkages
1. What is Linkages?
2. Timeframe for Meetings and Key Actors
3. Linkage Reporting

Chapter IX: CPM and Score Cards
1. CPM Team Composition and Formation
2. CPM Cycle
3. CCAP MSS Score Cards

Chapter X: Grievance handling
1. Introduction
2. Composition, Documentation and Reporting
3. Process

Chapter XI: M&E and Results Framework
1. Results Framework
2. Monitoring
3. MIS
4. Evaluations/ Studies

Chapter XII: Sustainability
1. Institutional Maturity Index (IMI)
2. FP Exit Strategy, CLDD/ DMM takeover

Chapter XIII: Public Communications
1. Objective
2. Community and Cluster/ Guzar Levels
3. District and Provincial Levels
4. National Level
5. Across All Levels

Chapter XIV: Environmental and Social Safeguards
1. ESS Approval
2. ESMP
3. Safeguards Review
4. Social Safeguards
## ANNEXES

### Annex A: Financial Management Annex
### Annex B: Procurement and Contract Management Annex

**Annex 1:** Glossary/ Definitions of key program phases used  
**Annex 2:** Table outlining visits of FP social organizers for the first six months of facilitation

**Annex 3:** CCAP Forms as listed in the table below

<table>
<thead>
<tr>
<th>#</th>
<th>Form #</th>
<th>Form Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CCAP 1a</td>
<td>Community Profile for Rural Communities</td>
</tr>
<tr>
<td>2</td>
<td>CCAP 1b</td>
<td>Community Profile for Urban Communities</td>
</tr>
<tr>
<td>3</td>
<td>CCAP 2</td>
<td>CDC Election &amp; Registration</td>
</tr>
<tr>
<td>4</td>
<td>CCAP 3a</td>
<td>CDC Bank Account Form</td>
</tr>
<tr>
<td>5</td>
<td>CCAP 3b</td>
<td>CDC Bank Cash Withdrawal Form</td>
</tr>
<tr>
<td>6</td>
<td>CCAP 4</td>
<td>CDC Training Report Form</td>
</tr>
<tr>
<td>7</td>
<td>CCAP 5</td>
<td>CDC/ CCDC/ GA Development Plan</td>
</tr>
<tr>
<td>8</td>
<td>CCAP 6</td>
<td>CCDC/ GA Election &amp; Registration</td>
</tr>
<tr>
<td>9</td>
<td>CCAP 7</td>
<td>Tripartite Agreement</td>
</tr>
<tr>
<td>10</td>
<td>CCAP 8</td>
<td>Sub-Project Proposal Form</td>
</tr>
<tr>
<td>11</td>
<td>CCAP 9</td>
<td>Disbursement Request</td>
</tr>
<tr>
<td>12</td>
<td>CCAP 10</td>
<td>Expenditure Report</td>
</tr>
<tr>
<td>13</td>
<td>CCAP 11</td>
<td>Sub-Project Final Status Report</td>
</tr>
<tr>
<td>14</td>
<td>CCAP 12</td>
<td>Community Financial History Form</td>
</tr>
<tr>
<td>15</td>
<td>CCAP 13</td>
<td>Linkages Report Form</td>
</tr>
<tr>
<td>16</td>
<td>CCAP 14</td>
<td>CPM Reporting Form</td>
</tr>
<tr>
<td>17</td>
<td>CCAP 15a</td>
<td>CCAP MSS Score Card for Rural Communities</td>
</tr>
<tr>
<td>18</td>
<td>CCAP 15b</td>
<td>CCAP MSS Score Card for Urban Communities</td>
</tr>
<tr>
<td>19</td>
<td>CCAP 16</td>
<td>Grievance Handling Report</td>
</tr>
<tr>
<td>20</td>
<td>CCAP 17</td>
<td>CDC Institutional Maturity Index</td>
</tr>
</tbody>
</table>
### LIST OF ACRONYMS/ABBREVIATIONS USED

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDMA</td>
<td>Afghanistan National Disaster Management Authority</td>
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<td>ARTF</td>
<td>Afghanistan Reconstruction Trust Fund</td>
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<td>CC</td>
<td>Citizens’ Charter</td>
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<td>CCAP</td>
<td>Citizens’ Charter Afghanistan Project</td>
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<td>CCNPP</td>
<td>Citizens’ Charter National Priority Program</td>
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<tr>
<td>CCDC(s)</td>
<td>Cluster Community Development Council(s)</td>
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<td>CDC(s)</td>
<td>Community Development Council(s)</td>
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<td>CDD</td>
<td>CCAP’s Capacity Development Department</td>
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<td>CDP(s)</td>
<td>Community Development Plan(s)</td>
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<td>CGC</td>
<td>Community Grievance Committee for CCAP</td>
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<td>CGGC</td>
<td>Cluster/Guzar Grievance Committee for CCAP</td>
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<tr>
<td>CGGC</td>
<td>Central Government Grievance Committee for CCAP</td>
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<tr>
<td>CFHF</td>
<td>Community Financial History Form</td>
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<td>CLDD</td>
<td>MRRD Community Led Development Department</td>
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<tr>
<td>CPM</td>
<td>Community Participatory Monitoring</td>
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<td>CPR</td>
<td>Common Property Resource</td>
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<td>CRPA</td>
<td>Community Resources and Poverty Analysis</td>
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<td>DAB</td>
<td>Da Afghanistan Bank (Central Bank of Afghanistan)</td>
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<td>DCC(s)</td>
<td>Afghanistan’s District Coordination Councils</td>
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<td>DGGC</td>
<td>District Government Grievance Committee for CCAP</td>
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<td>DDA(s)</td>
<td>Afghanistan’s District Development Assemblies</td>
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<td>DO(s)</td>
<td>District Office</td>
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<td>DP</td>
<td>Disaster Preparedness</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>DRM</td>
<td>Disaster Risk Management</td>
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<td>ESMF</td>
<td>Environmental and Social Safeguards Monitoring Framework</td>
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</tr>
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<td>CCAP’s Facilitating Partner(s)</td>
</tr>
<tr>
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</tr>
<tr>
<td>FY</td>
<td>Afghan Government’s Fiscal Year</td>
</tr>
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<td>GA</td>
<td>Gozar Assembly</td>
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<td>GD</td>
<td>MRRD’s General Directorate for the CC</td>
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<td>GHM</td>
<td>Grievance Handling Mechanisms</td>
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<td>HQ</td>
<td>Headquarters</td>
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<td>IDA</td>
<td>International Development Association of the World Bank Group</td>
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<td>IDLG</td>
<td>Afghanistan’s Independent Directorate of Local Governance</td>
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<td>IDF(s)</td>
<td>Internally Displaced Person(s)</td>
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<td>IM</td>
<td>Implementation Monitoring</td>
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<td>IMI</td>
<td>CDC Institutional Maturity Index</td>
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<td>MAIL</td>
<td>Afghanistan’s Ministry of Agriculture, Irrigation and Livestock</td>
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<td>MCCMC</td>
<td>Municipal Citizens’ Charter Management Committee</td>
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<td>M&amp;ED</td>
<td>CCAP’s Monitoring and Evaluation Department</td>
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<td>CCAP’s Management Information Systems Department</td>
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<td>Afghanistan’s Ministry of Education</td>
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<td>MoEW</td>
<td>Ministry of Water and Energy</td>
</tr>
<tr>
<td>MRRD</td>
<td>Afghanistan’s Ministry of Rural Rehabilitation and Development</td>
</tr>
<tr>
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<td>CCNPP’s/CCAP’s Minimum Service Standards for Phase One</td>
</tr>
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<td>Non-Governmental Organization(s)</td>
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<td>OM</td>
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<td>PCCMC</td>
<td>Provincial Citizens’ Charter Management Committee</td>
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<td>PCE</td>
<td>Participatory Community Empowerment</td>
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PD       CCAP’s Procurement Department
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
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
PREFACE

The Citizens’ Charter National Priority Program (CCNPP) is the flagship Program of the National Unity Government (NUG) of Afghanistan proposed for a period of 10 years, starting in October 2016. The CCNPP builds upon the 14 years of experience from the National Solidarity Program (NSP) and other community development projects in the country. This Operations Manual (OM) is to lay down operational policies, procedures, guidelines and forms for the first phase of the CCNPP. Its primary audience will include the communities, Community Development Councils (CDCs), Cluster CDCs (CCDCs), Gozar Assemblies (GAs) and Facilitating Partners (FPs) and Provincial Management Unit (PMU) field staff of both MRRD and IDLG. Its secondary audience will include donor and funding agencies, other ministries and agencies of the Government at central and sub-national levels, external evaluators and auditors of the Program. The Citizens’ Charter Afghanistan Project (CCAP) is that portion of the CCNPP that is being financed by the World Bank/ International Development Association (WB/IDA) and the Afghanistan Reconstruction Trust Fund (ARTF) for the first phase.

This Manual will be effective from 25th January 2017, the effective date of the CCAP. It will be valid for a minimum period of 4 years or until written notice of a future revised version, whichever comes first. The OM is expected to be revised periodically as the Program learns what works in the field, implementation challenges, gaps/ ambiguity/ lack of clarity in policy or procedures stated that then need to be modified, best practices etc. MRRD and IDLG will review the OM each year to see if changes need to be made and will introduce subsequent versions accordingly.

The OM version in place at any given time of the CCNPP will form an essential part of the FPs’ and field offices’ Terms of Reference (ToRs). The current version is referred to as the CCAP Operational Manual Version One (“OM-I”).

This Manual will also be made available in both Dari and Pashto versions. In case of any discrepancies between the English version and the national language translated version(s), the English version will prevail.

The following Annexes are considered integral parts of the Operations Manual and are considered binding. Together, the Operations Manual with these Annexes are part of the financing/grant agreements of the CCAP:

(a) Financial Management Annex
(b) Procurement and Contract Management Annex

This Operations Manual will be supplemented by the following Manuals that are considered training and supporting documents to this Manual but are not considered part of the Manual or binding:

(c) Social Training Manual
(d) Engineering/ Technical Manual

In the event that there is any discrepancy between the contents of these other Manuals and the OM, the OM will prevail. It should be noted that the Social Training Manual further details and/or elaborates on a number of the policies/ procedures outlined in the OM. It is especially important for social organizers and field staff dealing directly with the communities to closely follow the Social Training Manual in their work.

This OM is an elaboration of parts of the ARTF and IDA Financing/ Grant Agreements and the Project Appraisal Document (PAD) for the CCAP. In the event that there are discrepancies between this OM and those documents, the latter will prevail.
CHAPTER ONE: INTRODUCTION

I.1. What is a ‘Citizens’ Charter’?

A ‘Citizens’ Charter’ is a document setting out the service entitlements of citizens. It is usually a government document that lists out a set of public services and/or the standards with which they will be delivered, guaranteed to the citizens by the government, often with the right of redress on occasions where a public service is not provided or fails to meet the agreed standards. Citizens’ Charter is a document which represents a systematic effort to focus on the commitment of the government towards its citizens in respects of standard of services, information, choice and consultation, non-discrimination and accessibility, grievance redress, and efficiency. Some versions of Citizens’ Charters also include a section on the obligations of the citizens to the state in relation to the services/ standards in question.

I.2. What is the CCNPP and CCAP for Afghanistan?

The Citizens’ Charter National Priority Program (CCNPP) is an initiative of the Government of Afghanistan. The Project Development Objective (PDO) for the CCNPP is to improve the delivery of core infrastructure and social services to participating communities through strengthened Community Development Councils (CDCs). Most of these services have clear minimum services standards that the Government is committed to delivering to the citizens of Afghanistan. As such, the Citizens’ Charter is a promise of partnership between the state and communities. It is a foundation stone for realizing the Government’s development vision. The program is a whole-of-government effort to end fragmentation, bring people together to collectively address their development needs and contribute towards unity. The Charter is a commitment to provide every village and urban communities in Afghanistan with basic services, based on community prioritization. A key aspect of the Charter is the use of unified village and urban community-level budgeting and financial reporting so that communities can oversee their own development goals, the quality of service delivery, and report grievances. The Charter will promote inclusive development and accountability at all levels. It will give a voice to vulnerable groups such as women, returnees, and the poor.

The CCNPP is expected to cover a 10-year period starting in late 2016, divided into 3 phases. The first phase will be for four years from late 2016 to late 2020. The second and third phases will be for three years each. The CCNPP will cover some of the most basic services (with defined standards) for the Ministries of Agriculture, Irrigation and Livestock (MAIL), Education (MoE), Public Health (MoPH), Rural Rehabilitation and Development (MRRD), and the Independent Directorate of Local Governance (IDLG).

The CCNPP will primarily be delivered through urban and rural locally-elected institutions, the Community Development Councils (CDCs), Cluster CDCs and Gozars. The CCNPP Phase 1 will be implemented primarily via the MRRD, the MoE, the MoPH, the MAIL and the IDLG. It will include Citizen Charter Service Standard Grants to around 12,000 rural communities in around one-thirds of districts in the country, and to around 600 CDCs and 120 gozars in urban areas in 4 major cities.

The Citizens’ Charter Afghanistan Project (CCAP) is essentially that part of the CCNPP funded by the ARTF and the IDA for the first phase. It currently amounts to grants of US$ 500 million for the MRRD and the IDLG to implement part of their portions of the CCNPP.

CDCs and their sub-committees are central to the management, fair allocation, and use of external funds, but they also have the responsibility to find ways to apply internal resources for development. They should create the environment where people who live in a village/urban communities work together and consider what resources, skills, talents they have and how they can better use these so that poor families can earn more income. CDCs Community Development Plans and the needs and priorities that communities identify will feed back into national plans and budget allocation.
The Citizens’ Charter aims to build united villages, urban communities, cities, improve the relationship between the Government and its people and reduce poverty by providing basic services. By channeling resources and support, the Government will ensure the means to develop villages and urban communities and the CDCs will lead the development process and make sure that all men, women, and children are included in development initiatives and activities. Rural and urban communities will participate in planning building / rehabilitating the projects, monitoring progress and the Government’s provision of the minimum services. At the same time, CDCs and their sub-committees will work with various groups (including poor families) to learn together and identify critical issues that prevent development or the uplift of certain groups of people and collectively find ways to address these obstacles.

I.3 The Minimum Services/ Service Standards Assured

The following are the minimum services and their standards as assured for every citizen in the target area of the CCAP:

In Rural Areas: Approximately 12,000 rural communities across 34 provinces will receive the following services over the course of four years:

(a) **Universal access to clean drinking water**: one water point per 25 households, providing 25 liters of water per person per day;
(b) **Rural infrastructure**: communities will have at least one of the following services (depending on gap analysis, community prioritization and accessibility):
   - **Basic electricity**: 100W per household through solar, micro hydro, biogas or wind (only in areas that cannot be reached by the grid);
   - **Basic road access**: within two kilometers walking distance from nearest accessible rural road (accessible areas only); and
   - **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;
(c) **Quality education in government schools** as part of MoE’s existing education standards. Citizens will monitor that:
   - Teachers have at least grade 12 education; and
   - Students have 24 hours per week of education in grade 1-3, 30 hours of education in grade 4-6 and 36 hours of education in grade 7-12; and
(d) **Delivery of basic package of health services**, as part of the MoPH’s existing health package. Citizens will monitor the following services:
   - Health facilities will comply with required opening hours (8am to 4pm), required staffing requirements, and provide mandated services;
   - **Health post**: awareness on malaria, diarrhea, and acute respiratory infections, and referral to health facilities and health education;
   - **Health sub-center**: treatment of pneumonia, diarrhea, and malaria, antenatal care, family planning, tuberculosis case detection and referral, and immunization services;
   - **Basic health center**: outpatient care, immunizations and maternal and newborn care, and nutrition interventions; and
   - **Comprehensive health center**: antenatal, delivery, postpartum and newborn care, routine immunization, nutrition interventions.

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1It is recognized that not all communities have schools, given fiscal and security constraints. Citizens’ Charter monitoring of service standards will take place only where these exist.
2It is recognized that not all communities have health-care facilities, given fiscal and security constraints. Citizens’ Charter monitoring of service standards will take place only where these exist.

CCNPP/ CCAP Operations Manual Page 9
In Urban Areas: CCAP will cover 600 CDCs and 120 Gozars in the four major provincial capitals.

An urban CDC will cover between 200 and 250 households. The 600 urban CDCs that will be covered under the CCAP will receive grants averaging around $70,000 (or AFA 4,690,000) per community. Its actual determination will be based on the actual needs of that community against the stated permissible menu mentioned below. Based upon the needs and priorities of the community and the Community Development Plan, the community can choose one or more services from the list below:

(a) Street upgrading and drainage: includes concreting streets, sidewalks, drainage and tree planting along streets;
(b) Provision of potable water: can include extension of existing municipal water network, small water supply scheme or hand pump installation;
(c) Solid waste management: solid waste management from the household level, which includes awareness raising, linked to existing municipal waste collection mechanisms;
(d) Household numbering;
(e) Lighting/electricity: can include extension of electrical grid, including installation of electrical transformers. Additionally households will be encouraged to install lights outside their homes.

Each of the 120 Gozars (each composed of four to five CDCs or between 800 to 1,250 households) will receive grants averaging around $200,000 (or AFA 13.4 million) per GA. Its actual determination will be based on the actual needs of that community against the stated permissible menu mentioned below. Based on the needs and priorities of the GA Development Plans, the gozar can choose one or more services from the menu below:

(a) Secondary road upgrading and readjustment: includes concreting streets, sidewalks, drainage, and tree planting along streets;
(b) Provision of potable water: extension of existing municipal water network;
(c) Park/recreation area/playground for children and women;
(d) Solid waste management: linkage for transfer of waste from designated waste site to dump site, facilitated by municipality;
(e) Lighting/electricity: can include extension of electrical grid, including installation of electrical transformers. Additionally lights will be installed on secondary streets; and
(f) Livelihood projects for women: ten percent of the Gozar grant will be designated for women’s projects, particularly women’s economic activities with linkages to relevant urban market demands in the area. The Citizens’ Charter will coordinate these livelihood activities closely with the upcoming Government’s National Priority Program for Women’s Economic Empowerment, to support women-only business skills training centers, partner with existing, community-based women’s lending and business groups to provide business and financial skills training, and access credit.

Exceptional Coverage of IDP/ Returnee Populations Within Municipal Boundaries:
Exceptionally in urban communities and gozars, IDP and nomadic populations and other vulnerable groups living inside the municipal coverage areas will also have to be covered under the CCAP. In such cases:

- Where such IDP/returnee populations are are living on land that is neither private nor contested, they will be entitled to the UAB grants for subprojects stated in the urban areas’ MSS above.
- Where such IDP/returnee populations without clear land tenure rights or possibly contested land, under the CCAP coverage, they would be entitled to UAB grants for non-permanent
infrastructure and basic services such as
  o Drinking water
  o Livelihood project for women
  o Hygiene and sanitation service such as Latrine.. etc
  o Temporary education for their children to be provided by MOE
  o Temporary health facilities to be provided by MOPH

I.4. Citizens’ Obligations in the Charter

As part of his/her inclusion in the Citizens’ Charter, each citizen that benefits under the CCNPP individually and/or collectively, is required to:

- Participate actively in the CDC/CCDC/Gozar elections and CDP/ CCDP/ GDP preparations.
- Serve as unpaid members of the CDC, CCDC or GAs if elected and willing to accept the responsibility
- Serve as members of CDC/CCDC/Gozar subcommittees if selected by the community/ CDC
- Handle civic service functions voluntarily and/or as may be required of the wider community by the CDC as part of the self-help initiatives
- Support the CDC to ensure that the CCNPP is inclusive, participatory, and pro-poor, especially in the inclusion of women, youth, in-migrants and displaced populations, population at risk to (extensive and intensive) natural disasters and the more marginalized groups within the community
- Assure the protection and safety of FP and Government personnel related to the CCNPP within and in the neighborhood of their communities when they visit for work purposes
- Monitor the CDCs’/ CCDCs’/ Gozars’ activities especially in relation to use of the grants and completion of the subprojects prioritized
- Participate in Citizens’ Charter development activities by providing voluntary labor, materials, or cash to contribute towards the community meeting its mandated minimum contribution
- Consider the environmental and social implications of the planned project activities and follow the guidelines and rules set out by the World Bank’s ESMP and EMPs Work collectively with people from within their communities and others on development initiatives that are externally funded or internally organized
- Contribute towards efficiency and effectiveness in all use of CCNPP funding and ensure that Government and donor funds are used exclusively for their stated purposes
- Consider and advocate for the protection of national monuments, natural resources, heritage sites, cultural and religious historical sites in project or sub-project planning and implementation and support the Government to protect the nation’s heritage.
- Ensure operation and Maintenance of established facilities.
- Support CDCs for resolving conflicts related to the projects

I.5. Components of the CCAP

The CCNPP’s Phase I will have the following components:

**Component 1: Service Standard Grants:** These will include Rural Area Service Standard (RASS) Grants and Urban Areas Block (UAB) Grants. These grants, further elaborated below, will be provided to CDCs for community-prioritized, resilient, public infrastructure subprojects that fall under the CCNPP MSS. Approximately 12,000 rural communities will benefit from the RASS Grants with the grant ceiling per community being determined by the type of subproject selected from within the permissible menu of the CCAP’s minimum service standards for rural communities. It is estimated that, on average, a community will receive US$ 28,000 as the RASS grant. Around 600 urban CDCs and 120 urban Gozars will receive grants of an average of US$ 70,000 and an average of US$ 180,000 each respectively, again for CCNPP MSS permissible subprojects in urban area based on community identified need and priorities in the community development plan.
Component 2: Institution Building: This component will support capacity building and facilitation of CDCs/Cluster CDCs and their sub-committees and, in urban areas, CDCs/ Gozar Assemblies and their respective sub-committees, Facilitating Partners and oversight consultants; and capacity building support to the local government structure in rural and urban areas to respond to community demand, monitor and support CDCs.

Component 3: Monitoring and Knowledge Learning: This component includes learning activities from village to national levels, exchange visits across communities, and support for thematic studies and evaluations. It will include citizens’ scorecards to be completed by CDC/CCDCs and social monitors to report upon the minimum service standards. The participation of women, the poor and vulnerable groups such as returnees/IDPs throughout the project cycle will be especially monitored. Lastly, this component will support ways to strengthen a coordinated approach across line ministries’ monitoring and evaluation mechanisms including at the community, district and provincial levels within government and with third party monitors.

Component 4: Project Implementation and Management: This component will support the management and oversight of CCAP at the national, provincial and district levels in rural areas and, in the urban areas, the municipal management units in the four regional hub cities. The management teams will carry out the following functions: policy and operational planning; operations manual development; capacity building; management information and reporting systems; grievance redress mechanisms; human resource management; communications; donor and field coordination, quality assurance on financial management; procurement and safeguards.

I.6. Phasing of the CCNPP
The CCNPP is to have a total of 3 phases. Each phase is expected to cover around 12,000 rural communities, 600 urban communities and 120 urban gozars. Conditional on funding availability, one-third of urban communities in Kabul city and one-third of urban communities in 30 provincial capital cities may be added under the coverage of CCNPP in 2018, thus bringing the total number of urban CDCs to be covered to 1,208 CDCs and 253 GAs. Again, conditional on funding availability, the CCNPP may also expand to part or all of the remaining 24,000 rural communities not currently foreseen to be covered under the CCAP, with small recurrent fiscal grants. The first phase will be for four years from October 2016 to September 2020.

The second and third phases will be for three-year periods and is foreseen to be from October 2020 to September 2023, and from October 2023 to September 2026 respectively. It is foreseen that the second and third phases will cover another 12,000 rural communities each under the RASS grants. For urban communities, full coverage of Kabul city and all 34 capital cities is planned for a total of 1,810 CDCs and 462 GAs. The third phase is expected to cover another 1,500 urban CDCs and 300 GAs.

I.7. Principles Guiding the CCNPP Implementation:

The CCNPP implementation, especially but not exclusively in the context of the roles of the CDCs, CCDCs, GAs, FPs, DOs and PMUs, will be guided by the principles, values and best practices of good governance. These include:

Accountability: The obligation of individuals, institutions, organization, government actors etc to account for their activities, accept responsibility for them, and to disclose the results in a transparent manner. It also includes the responsibility for money or other entrusted property or resources.

Transparency: Openness and visibility in all work, including and especially in financial and procurement management, grant utilization, subproject implementation, selection of beneficiaries, etc. This goes hand in hand with accountability.
**Responsiveness:** The elected institutions, here CDCs, CCDCs and GAs, need to be responsible and responsive to their constituent communities and to serve them within a reasonable timeframe for all mandated responsibilities.

**Participation:** The entire concept of the Citizens’ Charter is founded on maximizing participation of all community members, including and especially the usually marginalized groups (women, youth, etc) in all aspects of the program.

**Inclusion:** While the CCAP benefits the whole community through the election of CDCs/CCDCs/GAs and participatory development planning, it is especially committed to including all sections of the community, especially women, poorest and female headed households, IDPs, returnees, nomadic populations, physically disadvantaged persons, etc. No community members will be excluded regardless of ethnicity, disability, age, gender, economic status, religious and political convictions, etc.

**Simplicity:** This ensures greater transparency and local ownership of the Program. The Program design, rules and regulations are designed to be simple and easy to understand. Proposals, materials and methods used by the Program are verified with communities to ensure that they are properly understood and appropriate.

**Sustainability:** This will include sustainability of the institutions (CDCs/CCDCs/GAs) created; the sustainability of the investments made through the RASS and UAB grants for infrastructure and other development projects through proper ownership and sustained operations and maintenance; and strengthening of Government civil service and other staff capacity in project implementation, CDD initiatives etc.

**Integrity:** The quality of being honest and having strong moral principles including fairness, incorruptibility, and adherence to these principles while making decisions and taking actions. The community needs to look for this quality in electing its CDC/CCDC/GA and their sub-committee members. These committee members need to display this quality in handling their mandated roles and responsibilities.

**Other Principles:**

- Afghanistan’s people are the nation’s greatest asset and the Government’s partner in development
- The program will seek to engage community members engaged in violence and/or insurgency and involve them in the participatory community empowerment.
CHAPTER TWO: ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS

The following summarizes the key roles and responsibilities of the key stakeholders of the CCNPP. Further details are available in more detailed training manuals.

II.1. Communities:

- Support the CC FP and PMU staff by providing a safe environment within and between communities, and, where feasible, between communities and the district centers, and municipal centers.
- Vote in CDC elections and serve as election committee members if selected.
- Actively participate in the election of the Community Participatory Monitoring (CPM teams).
- Attend and participate in community wide meetings called for by the CDC/ FP/ PMU.
- Participate in the community participatory analysis and development and action planning exercises.
- Support the CDC in the identification of the most vulnerable households and groups within the community and ensure their inclusion in the CDP process and subproject benefit distribution.
- Participate as members of the CDC sub-committees when requested.
- Ensure protection, functionality and O&M of public infrastructure funded under the CC.
- Support the CDC and its sub-committees in adhering to CC policies and procedures.
- Support the CDC in completing bi-annual (i.e. once every semester or 6 months) score cards on the CC MSS.
- Voluntarily contribute (in the form of cash, kind and/or labor) a minimum of 10% of the total costs of subprojects funded by the RASS Grants in rural communities or rural clusters; or a minimum of 25% of the total costs of subprojects funded by the UAB Grants in regular urban communities. The minimum community contribution for GAs and urban communities with large numbers and/or significant percentages of IDPs/ recent returnees/ nomadic communities etc has been waived.
- Ensure that the children attend school, all family members avail themselves of basic health services (e.g. vaccinations)
- Volunteer and contribute by using existing skills, talents, knowledge to contribute to externally funded activities and to design and implement development initiatives without external resources
- Monitor CDCs (financially and resources allocation)
- Support those that are disabled, weak, or marginalized to achieve a better quality of life
- Ensure inclusive development and advocate for the needs of all groups in the community.

Note for CC in Cities: Pro-poor collective action may be easier in rural communities and perhaps in some peri-urban communities. The CC in Cities will, in the first year, learn and consider the different operational environment (where people may have less time, where population densities are considerably higher, and society is more complex and heterogeneous, and where the social connectivity (trust, frequency of interaction, etc.) is different from rural communities. This understanding of the four cities in four regions of Afghanistan will inform future phases.

II.2. Community Development Councils (CDCs):

- Through participatory approaches, access and analyze the socio-economic condition of the community, and contribute to the creation of a community profile.
- Reach out to all members of the community including the poorest, women, disabled, and most vulnerable to ensure that they are consulted and encourage them to participate in meetings and development activities
- Socialize the CC to members of the community
- Ensure that the most vulnerable and poor in the community are identified (e.g. poor women and men, disabled, internally displaced persons or returnee refugees) and included in the planning and decision-making process. Ensure they are listed in the Community Development Plan. Ensure
that IDPs living on the contested land or communities in unsuitable locations are included in the livelihood activities and non-permanent social services such as water, sanitation, education and health.

- Raise awareness about and demand for public services (e.g. education, health); respond to community feedback.
- Support the FP in the formation of sub-district clusters (in rural areas) or gozars (in urban areas) and in the election of CCDCs (in rural areas) or GAs (in urban areas) and participation in these bodies as required.
- Oversee, manage, and take responsibility for equitable, inclusive, and participatory allocation and use of external development resources especially and including the CC Service Grants.
- Adhere to CC Operational Manual and other policy and procedural guidelines in the implementation of CC related grants and/or subprojects.
- Ensure accountability and transparency in the use of CC grants, including in updated recording, submission and reporting on the same, both to the communities and to the line ministries and other donors who provide the funding.
- Monitor and report upon the minimum service standards.
- Manage public village land and protect public resources (natural and infrastructure).
- Oversee, participate and support CDC sub-committees.
- Support pro-poor development initiatives without external funds through the mobilization of local experts and motivated persons and groups.
- Channel grievances and services delivery gaps to the relevant government agencies.
- Support the Government’s Community Led Total Sanitation campaign and support the sanitation sub-committee and ordinary people to achieve open-defecation free communities where excreta is safely confined and hygienic practices are adopted.
- Facilitate Government and NGO personnel’s movement and safety within their communities.

II.3. CDC subcommittees

The sub-committees include a broad range of actors from the community, including non-CDC members: CDC members, experts (teachers, lead farmers, etc.), and people representing key interest / self-help groups (illiterate parents, land-poor and landless men and women, disabled persons, etc.).

- Help create awareness strategies (for their particular area of work).
- Generate demand for services (for their particular area of work).
- Monitor use of key services by neighborhood and share with CDC.
- Mobilize people to contribute to development initiatives without external resources.
- Support interest / self-help groups in the community (for their particular area of work) linking them to experts, lobbying for resources and supporting advocacy.

II.4. Cluster Community Development Councils (CCDCs)/ Gozar Assemblies (GA)

- Oversee, manage, and take responsibility for equitable, inclusive and participatory allocation and use of external development resources across a cluster of villages/ urban communities. This includes grants for the rehabilitation or construction of public infrastructure.
- Support sub-committees to manage public lands and resources and to protect public resources (natural and infrastructure).
- Monitor facility-based and other services delivery at the cluster/CDC level.
- Oversee and support sub-committees.
- Build solidarity and cooperation between the communities in the cluster with a special focus on including the poorest, excluded and marginalized, or remote communities in the cluster.
- Support and encourage the mobilization of all the communities in the cluster to engage in collective action to address key development issues with and without external resources.
- Build functional linkages with public services providers at the district/municipality level to demand services, provide feedback and raise grievances.
- Utilization of natural resources and public property for public wellbeing.
• Reach out to all members of the community including the poorest, women, disabled, and most vulnerable to ensure that they are consulted and encourage them to participate in meetings and development activities.

II.5. CCDC/ GA subcommittees

The sub-committees include a broad range of actors from the community, including non-CCDC/GA members: CDC members, experts (teachers, lead farmers, Mirabs etc.), and people representing key interest / self-help groups (farmers, water users, illiterate parents, land-poor and landless men and women, disabled persons, etc.). At a minimum, there needs to be sub-committees at this level for education, public health, and agriculture/ irrigation.

• Create awareness strategies (for their particular area of work) – coordinate with respective CDC sub-committee.
• Generate demand for services (for their particular area of work) – coordinate with respective CDC sub-committee.
• Monitor facility based services.
• manage natural resources and advocate for and monitor equitable allocation of these resources (water, pasture, forests).
• Support interest / self-help groups in the community (for their particular area of work) linking them to experts, lobbying for resources, advocate for them to the Cluster CDC.

II.6. Facilitating Partners (FPs)

• Raise awareness within communities about the Citizens’ Charter.
• Facilitate elections to establish newly elected CDCs and the formation of sub-committees as per the CDC and CCDC/GA ToRs.
• Facilitate clustering the newly elected CDCs into Cluster CDCs/GAs under the oversight of the District Governors/ Municipal Mayors and Nahia Managers and in consultation with all Citizens’ Charter Line Ministries and IDLG.
• Work with communities to create basic community profiles that establish number of families; location, type and number of public resources; basic multi-hazard risk assessment3; socio-economic groupings. These will be based on participatory methods in rural communities, and updating/improving existing and available information in urban communities.
• Establish and train Participatory Community Monitoring Teams.
• Facilitate key participatory methodologies and ensure the application of the findings in planning to address key issues.
• Actively work towards youth involvement, participation and inclusion in data collection, analysis, action planning and monitoring of community activities.
• Actively work towards women’s empowerment, participation and inclusion. This will include facilitating specific exercises with women from different socio-economic backgrounds to help women to collectively identify their needs and strategize how to increase their involvement in CDCs and CCDCs and their sub-committees.
• Support women’s committees, if they are separate from men’s, to prioritize their needs and assist them in representing their interests to the CDC so that they are considered in the decisions that are made.
• Facilitate development of Community/Cluster and GA Development Plans through community resources and poverty analysis.
• Ensure labeling, safe storage, and periodic updating of planning outputs (maps, calendars, matrices, as well as the CDPs).

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3 Basic multi-hazard risk assessment includes identification of main hazard risks of any particular area and a multi-hazard vulnerability/exposure map. Please refer to the Social Training Manual for more detail on existing risk assessment maps and a step-by-step basic guide to incorporate vulnerability assessment into project planning and design.
• Capacity building of CDCs and Cluster CDCs/GAs and their thematic male and female (or gender-combined) sub-committees to work as whole-of-government platforms. Key training topics will include their Roles and Responsibilities, Linkages with key Development Actors (Government, Private Sector, and NGOs), Disaster Risk Reduction and Management, Grievances, Score Cards, as well as capacity building of the CPM Committee (social audits, monitoring).

• Support CDCs/ Cluster CDCs/GAs to establish bank accounts when required.

• Support CDCs and sub-committees (initially with relatively intense engagement that reduces over time) to run these local bodies and establish key practices (periodic meetings, rotating chairmanship, public awareness campaigns, mobilization of human, physical and financial resources, etc.) to institutionalize participation, inclusion, and collective action and to monitor services (e.g. the establishment of water points). Work with the local bodies involves the facilitation of self-evaluations.

• Support the CDCs and their sub-committees to work inclusively and reach marginalized groups especially those in the contested and unsuitable land and poor and women headed families. This work will include the facilitation of interest-groups (women who head their families, landless families, IDPs, etc.) based on the socio-economic analysis that work to mitigate key issues, such as lean season food shortages, livelihood and non-permanent social services for IDPs in the contested and unsuitable land locations.

• Support Cluster CDC/GA and sub-committee (initially with relatively intense engagement that reduces over time) to run these local bodies, establish key practices, and monitor government services delivery (e.g. teacher attendance and health clinic hours).

• Facilitate Community-led Total Sanitation.

• Identify Champion CDCs in each district/urban areas and work with MRRD/IDLG to coordinate learning and sharing visits.

• Monitor CDC, Cluster CDC and sub-committee maturity.

• Build Capacity of a cadre of future SOs from among emerging leaders in the communities and Tashkeel staff

• Sharing the lesson learnt of the implementation for taking corrective measures for improvement of program implementation

• Ensure all original CDCs, CCDC and GAs document (hard and soft) to be stored and maintained with CDC and copy to the Provincial office of RRD and municipal offices.

For urban area in addition to the above responsibilities FPs are obliged to do the following tasks as well:

• Support the CDCs in subproject proposal preparations and submission to PMU. Provide technical assistance in preparation of SOW, BOQ, designs etc. in line with the CC Engineering/ Technical Manuals.

• Train the CDCs in community procurement and basic accounting as outlined in the Annex to this Manual.

• Support CDCs in cash withdrawals from their bank accounts and management of their grants for the CC in the implementation of the approved subprojects.

• Monitor and review the procurement and accounting documentation at the community level, and submit verified copies to the PMUs …

Note: Social Organizers and Engineers serve as the direct points of contact for the CCAP stakeholders with the communities. While social organizers are primarily embedded within the FP structures, the district-level engineers are embedded within the FP structures for the urban communities, and within the MRRD district offices for the rural communities. Their key roles and responsibilities are outlined below:

a. Roles and Responsibilities of Social Organizers

• Raise awareness of communities regarding Citizens’ Charter

• Facilitate Elections
- Facilitate Clustering/GAs
- Support CDCs/GAs and CCDCs to establish Bank Accounts or sub-accounts
- Support CDCs/GAs and CCDCs in creating community profiles
- Facilitate participatory tools to feed into planning and support CDCs/GAs and CCDCs in Gap analysis for creating participatory and pro-poor and inclusive Community Development Plans
- Support Sub-Committees to perform their roles and responsibilities and assist them in self-evaluations
- Build Capacity of CDCs/ and Cluster CDCs/GAs and all sub-committees to perform their roles and responsibilities
- Facilitate interest and self-help groups in communities, with a focus on poor men and women and marginalized and excluded groups
- Facilitate and support Community-Led Total Sanitation
- Reports to District Manager of FP
- Report misalignments in terms of CC implementation (corruption / collusion / theft / misbehavior and security issues.
- Assess training needs of the CDCs and sub-committees in mid-stream and adjust refresher training
- Assist community in adhering to the ESMF and preparation of EMP as required.

b. Roles and Responsibilities of Engineers

- Assist, support, and provide technical guidance to CDCs and Cluster CDCs/GAs to implement the infrastructure part of the Community Development Plans so that infrastructure projects are of high quality and resilient towards existing and future disaster risk.
- Conduct technical surveys and work on design, costing, project proposal preparation
- Support Communities in Procurement of materials
- Provide technical monitoring inputs during the construction / rehabilitation work of infrastructure
- Assist CDCs to prepare and maintain basic accounting documentation and reports on the projects
- Report sub-project progress to MRRD PMUs and IDLG FPs
- Assist CDCs to create operation and maintenance plans
- Build capacity of local experts (masons, carpenters, electricians etc.) to lead the operation and maintenance of infrastructure
- Assist and support CDCs in following environmental and social safeguards policies during planning and implementation of sub-projects
- Support CDCs and Cluster CDCs in projects that are financed through internal village resources and voluntary labor
- Support FP Social Organizers in mapping, analysis, planning, and other activities
- Assist CDCs, GAs, CCDCs to write completion reports and handover financial materials, etc. final
- Conduct technical training (procurement, accounting, DRR, sanitation, maintenance, project management and ESMF for CDCs, CCDCs and GAs.
- Assist community in adhering to the ESMF and preparation of EMP as required.

II.7. (ia) MRRD provincial management units (PMUs) and IDLG municipal offices for the CC

The MRRD will maintain Provincial Management Units (PMUs) in all 34 provinces for the management of field activities within its mandate under the CCAP. The IDLG will maintain Municipal CC Offices in the 4 cities of the Phase 1 rollout.
• Coordinate provincial level implementation of the Citizens’ Charter
• Guide, supervise, and monitor all technical and social staff
• Supervise data input (community profiles)
• Ensure logistical strategy and support for technical staff
• For urban communities: Coordinate and ensure information sharing and development plan with the Municipality Advisory Board (MAB)
• Review and approve subproject proposals and disbursement requests for the grants. (Note: In urban communities, these will have to be approved by the municipal mayor or PMU manager and in rural communities, by the manager of the MRRD CCAP PMUs).
• Monitor and report to the HQ on the contractual performance of the FPs.
• Provide training and manage the work of the FPs and the MRRD district offices in the province/city.
• Monitor and report to the HQ on the work of CDCs, CCDCs/ GAs and their sub-committees against pre-defined indicators.

At the provincial level, the Provincial Governor will chair the **Provincial Citizens’ Charter Management Committee**, composed of all relevant line ministries of the Citizens’ Charter. The same will apply for the district level. At the municipal levels, mayors will also oversee CC activities within their own municipalities. A Municipal Advisory Board (MAB) will monitor and advise on all activities of the CCAP in urban communities.

**Roles and Responsibilities of Provincial Governors for the CCAP:**

- Monitor achievements of annual targets and report to Ministry of Finance
- Host accountability discussions and receive feedback from communities on the implementation of the Citizens’ Charter
- Support the Citizens’ Charter in their Provinces and if needed help to resolve conflicts
- Provide feedback to line ministries and FP
- Function as the primary spokesperson for the CC in the Provinces
- Monitor CC District Management Committees (frequency and quality)
- overseeing the performance line ministries (allocation of human resources and provision of minimum services

**Roles and Responsibilities of District Governors for the CCAP:**

- Support the Citizens’ Charter Initiative and if needed help to resolve conflicts
- Coordinate the District Citizens’ Charter Management Committee Meetings
- Coordinate Line Ministries at District Level
- Monitor Line Ministry staff at District Level and their periodic interaction with Cluster CDCs
- Oversee Clustering Process in consultation with District Development Assemblies or District Coordination Councils (where they exist), and representatives from line ministries (MAIL, Education, Health, and MRRD)

**II.7. (ib) MRRD district offices and IDLG FP municipal offices**

Under the CCAP, the IDLG FPs’ mandate includes the technical assistance to the communities for the design, planning, implementation and reporting on the subprojects financed by the CCAP grants. For the MRRD, these functions are instead handled by district offices set up directly by the MRRD, and not via its contracted FPs. The MRRD will maintain district offices (DOs) for the one-third of districts prioritized under the RASS Grants and one district office (DO) will be shared between 1 to 3 districts depending on distance, accessibility, security etc. The MRRD DOs and the IDLG FP DOs for CCAP will be staffed
with various staff, primarily social organizers, engineers and monitors. The responsibilities outlined below for the DOs are actually that of the key staff in these offices.

- Support the CDCs in subproject proposal preparations and submission to PMU. Provide technical assistance in preparation of SOW, BOQ, designs etc. in line with the CC Engineering/ Technical Manuals.
- Train the CDCs in community procurement and basic accounting as outlined in the Annex to this Manual.
- Support CDCs in cash withdrawals from their bank accounts and management of their grants for the CC in the implementation of the approved subprojects.
- Monitor and review the procurement and accounting documentation at the community level, and submit verified copies to the PMUs.

II.7. (ii) IDLG CC Oversight Consultants (OC)

- Build the capacity of IDLG staff at national and municipality levels with the aim of transferring skills to those staff over the life of the contract.
- Support the inter-ministerial team responsible for the preparation of the various CCAP manuals in the design phase, and later in its elaboration and modification for urban communities.
- Support the DMM office for discussions on Citizens’ Charter related policies and future directions, and documenting agreed strategies and plans.
- Support the DMM Office for functional procurement and financial system for CCNPP.
- Development of Operation manuals, training manuals (technical and social including ESS, DRM, Gender) for CCNPP and train PIU, PMU, and FPs staff.
- Train the IDLG and FP key staff on the operation and other manuals of the CCAP.
- Support the DMM for establishment of national and provincial offices for the CCAP.
- Support the DMM PIU for CC overall budgets including budget preparation, expenditure and monitoring.
- Support the DMM PIU for maintaining and development of inter-ministerial relationships for the Program, including dialogue on the future of CDCs / Gozar Assembly and local governance institutions and structures in Afghanistan.
- Support the PIU on procurement, approval and processing of contracts for CC FPs through the DMM, MoF and other government departments.
- Support the PIU/ PMU for, Management of CDCs and community grievances.
- Elaborate and update the CC Operational Manual sections for urban communities.
- Support the PIU/ PMU for approving community subproject proposals.
- Support the PIU/ PMU Take-over of mature CDCs from FPs.
- Support the PIU/ PMU for Financial management of CC (including Block Grants to communities and GAs).
- Support the PIU for adapting NSP MIS system for CC and maintaining an MIS to manage program information.
- Train the PIU / PMU and FPs and core staff to handle facilitation and other CCNPP functions.
- Support the PIU for Public communications/ relations for the CCNPP.
- Organize, conduct and/or oversee monitoring and evaluation on various aspects of the program/ operations.
- Document best practices and lessons learned.
- Produce consolidated progress reports and other ad-hoc reports as requested by donors and/or the government.
- Train City leaders on CCNPP and other urban related issues
- Support DMM office for submitting required report to donors and other related government offices
- Oversee the work of the IDLG CCAP FPs in the field
- Periodically compile and record lessons learned from field implementation and include in the design for the next round of implementation.
II.8. MRRD General Directorate for CC and IDLG’s PIU director - CC

The MRRD will have a dedicated General Directorate for the CCNPP. A Director General, reporting directly to the Deputy Minister of Programs, will head the MRRD Citizens’ Charter Directorate. The Directorate will include five Sub-Directorates as follows:

- Sub-Directorate for Small Rural Irrigation and Flood Control;
- Sub-Directorate for Rural Water Supply and Sanitation;
- Sub-Directorate for Rural Access;
- Sub-Directorate for Rural Energy Development; and
- Sub-Directorate for Operations.

The IDLG’s PIU director will report to the Director of the Governance Directorate and will be responsible for the overall oversight and execution of the CCAP in urban communities. Together these two directorates (MRRD/IDLG) will handle the following key roles for their portions of the CCNPP:

- Donor, government, media and key stakeholder liaison for the respective line ministries
- Manage the entire CC portfolio for the respective line ministries
- Procure and manage FPs for the wider CCNPP work for all line ministries for the rural and urban community facilitation respectively
- Coordinate with MoF and DAB on disbursements to and reporting on the CC grants to the CDCs
- Preparation of operational, financial, procurement, ESS etc. policy and procedural requirements and forms.
- Preparation of technical/ engineering manuals against the core sectors and subprojects permissible under the CC grants.
- Preparation of training materials and training of trainers in all required packages for the CC.
- Human resources, administration, logistics and procurement management for the CC.
- Monitoring and reporting on physical and financial progress of the CC implementation.
- Collecting, compiling, analyzing and reporting on the citizens’ scorecards and the actual CC MSS coverage in the target areas.
- Establishing, maintaining and updating a central management information system (MIS) for the CCNPP.

II.9. MoF and DAB

- MoF: Serve as the central coordinating unit for the whole of the CCNPP.
- MoF: Ensure timely and adequate funding availability and liquidity for the line ministries implementing the CCNPP.
- MoF: Coordination with donors and fund raising to address funding gaps and expansion needs of the CCNPP.
- MoF: Compile from implementing line ministries, analyze and report on overall CCNPP progress.
- MoF: Ensure timely disbursements (through instructions to DAB) to CDC and/or CCDC/GAs bank accounts maintained in the provincial Da Afghanistan Bank (DAB) branches as requested by the line ministries.
- DAB: Allow CDCs and CCDCs/GAs to open and maintain CC bank accounts in the provincial DAB branches with sub-accounts for each line ministry providing funding. Make timely disbursements to them as instructed by the MoF. Allow reversals and other exemptions, as per the Memorandum of Understanding (MoU) that will be signed between MRRD/ILDG, MoF and the DAB.

II.10. Other line ministries
• Prepare and train the CC FPs by sharing their minimum service standard and relevant service information for training the relevant CDC and CCDC/GAs sub-committees related to health, education, agriculture, etc.

• Provide funding and/or other resources as may be available to the CDCs/CCDCs/GAs for achievement of the CC MSS and monitor their use.

• At the national, provincial and municipality levels, join in regular coordination meetings and working groups to respond to minimum service standards needs and address gaps effectively. Respond to citizens’ scorecard results in their respective area.

• Provide funding and/or other resources as may be available to the CDCs/CCDCs/GAs for achievement of the CC MSS.

• Coordination with and supporting the IDLG and MRRD for effective service delivery of MSS

• Provide technical support to CDCs, GAs and CCDCs and to implementing agencies of the CCAP where feasible.

• Provide policy inputs to improve CC program implementation

II.11. Central level committees

• The National Citizens’ Charter/CCAP Working Group consists of Ministers from the concerned ministries/IDLG who are directly concerned with the implementation of the Citizens’ Charter/CCAP: MoF as Chair, MRRD, MoPH, MoE, IDLG and MAIL as members. The Ministry of Urban Development (MUDA), the Ministry of Women Affairs (MoWA) and the ARAZI (the Government agency for land rights) will not be regular members but will be invited to select sessions as may be required. The purposes of this ministerial working group are to guide overall strategic and policy directions, and oversee the progress of the Citizens’ Charter. This group is supported by a secretariat based out of the MoF’s Policy Department to coordinate activities and ensure smooth implementation. MoF will have the overall oversight and reporting responsibility given that actual implementation under the CCAP will involve multiple agencies and the CCNP is tied to the Government’s efforts to strengthen performance-based budgeting. MoF will report to both the donor community and the relevant ministerial committees. Sub-committees under the secretariat include the monitoring and reporting group, communications (both led by MRRD and IDLG), and financial management (led by MoF).

The following chart presents the key stakeholders of the CCAP and their organizational structure for this Program.
Sub committee Youth, environment, agriculture
III.1. Community Mobilization

The FP social organizers have the most important role in all community level facilitation and their work must be strategic to ensure that the community level (CDCs and their sub-committees, and the interest groups) as well as cluster community level platforms (CCDCs and their subcommittees) become spaces in which transparent, accountable, inclusive and pro-poor development processes are practiced and institutionalized.

For urban areas, before community mobilization, the IDLG PMU should select boundaries of CDCs and GAs based on the criteria defined for Nahia selection in consultation with MAB. In rural communities, the communities established by the NSP will be re-examined. Where there is a perceived division of a single community into multiple communities for increased NSP block grants and/or other reasons, the divided sub-communities will be encouraged to regroup into a single community. In all other cases, the NSP community will be defined as the rural community for the CC. In those districts not yet covered by the NSP, the PMU will work with the district government and the FP to outline the community boundaries, but should not exceed the number stated in the FP contracts for that district. The division should also ensure that all communities in the district are covered by the CCAP.

Rural communities that were closed out as problematic under the NSP without full and satisfactory utilization or reversal of the NSP block grant funds will not be eligible to be covered under the CCAP.

The first activity the FP conducts in a community is to mobilize it as a whole. Under the CCAP, the community mobilization will require the following in sequential order:

(a) Introducing the CCAP and highlighting how it is different from the NSP/USP to the community. Briefly introducing the whole project cycle within the CCAP implementation at the community level.
(b) Informing the community of the requirements of the CDC, CCDC/GAs and their subcommittees, their elections and roles.
(c) Conducting household surveys with the support of community volunteers and forming election units as outlined below.
(d) Using the data compiled through the surveys in completing part 1 of the prescribed ‘CCAP Form 1: Community Profile Form’.

Note: The Annex 2 of this Manual outlines the minimum mandatory visits of the FP social organizer to each contracted community for the first six months period, or from the start of mobilization to the first round of social audits and linkage exercises being completed.

In the first visit to the wider community, the pair of social mobilizers introduces CCAP to the community. Where feasible, this can be done in community-wide meetings held at a central location that is also accessible by the women in the community. Where not feasible, two separate meetings need to be held, one for men and another for women community members, by the male and female social organizer respectively. The social organizers will be required to prepare brief minutes of each of these meetings, stating at a minimum, the date, venue, participant numbers segregated by gender, and any queries or concerns raised by the community. These minutes need to be submitted to the PMU along with the Form 1 mentioned later.

At a minimum, the introduction needs to include the following key messages:

- What is the Citizens’ Charter?
- What is the Citizens’ Charter National Priority Program (CCNPP)?
- Why transition from NSP/USP to CC?
- What are the Minimum Service Standards (MSS) under the CCNPP?
- What are CDCs/ CCDCs/GAs, their sub-committees and their key roles and responsibilities?
- What are the pre-requisites for obtaining CCNPP funding?
What are the obligations of the community to the Government under the CC?

A key part of the community mobilization process is also preparing the community profile. The community profile is completed in two phases. The first phase is an essential part of the community mobilization, while the second phase is done as part of the community development planning later. In the second visit, the social organizers work with the community to identify volunteers who will help conduct the household survey. Ideally, there will be one to two volunteers identified for up to 25 households. The SOs train the volunteers on how to conduct the household survey (using the CCAP Form 1a - Community profile - Phase 1 - Household Survey) and equip them with the necessary survey forms. Each volunteer (or pair of volunteers if sufficient number of volunteers are available) will collect data from an average of 25 households. On completion, he/she will work with local teachers and/or other more literate members of the community to aggregate the data for one election unit into CCAP Form 1b - Community profile - Phase 1 - Election Unit data, with the support of the FP social organizers. The data in all the Form 1bs for a given community are then aggregated, by the FP engineers, into the CCAP Form 1c - Community profile - Phase 1 - Community data.

Together with the volunteers and other community members who are willing to participate, the social organizers prepare a basic community map. At a minimum, the map needs to include the following:

- Existing/ traditional rural/ urban community boundaries showing the present community and its borders with immediate neighbors (using up to date high resolution satellite image maps where available in urban communities)
- Existing public infrastructure with their locations as close to reality as possible
- Boundaries for existing mohallahs/ neighborhood units or other sub-divisions of the village with their names if any
- Natural resources (rivers, forests, springs, pastureland, mountains etc.)

The social organizers will then use the data compiled to add possible election units into the community map along with estimated number of households in each. Some considerations for election unit formulation are:

- Each election unit will have a minimum of 25 households in rural communities, and between 15 and 25 households in urban communities.
- Each community will have a maximum of 15 election units. (Ideally each rural election unit will not have more than 50 households but there may be instances when the maximum ceiling of 15 election units per community necessitates this).
- The entire area comprising one election unit needs to be easily accessible to all residents within the unit.
- The unit should have a central point ideal for meetings
- The residents within the unit should be familiar with most, if not all, of the households within the unit

The above criteria and proposed election units are discussed with the volunteers until a preliminary consensus is reached among the group members on the exact number and boundaries of all the election units proposed for a given community.

Once the final list of election units within a community is decided, the social organizers announce to the community the list of proposed units, their names (if any) and/or their location, and estimated number of households in each. A wider community consensus through a show of hands is required for this division to be finalized.

Note: The community profile is prepared through a detailed three-phase process. Only the first phase is completed prior to the CDC elections and thus, only part 1 of the community profile form is completed at this stage. The phases 2 and 3 are outlined in subsequent chapters and the part 2 of the profile form is completed after these phases are completed.
III.2. CDC and Office Bearer Election and Registration

Any community to be covered under the CCAP must conduct a fresh round of CDC elections as a pre-requisite to obtaining CC funding. This is irrespective of when the existing CDC (if any) in the community was last elected. Unlike the NSP, CDC elections in the CCAP will allow only one type of elections permissible nationwide. For ease of reference, the selected election type is referred to as “election unit-type CDC election”, wherein residents of a given election unit stated in the Form 1 will elect 1 male and 1 female CDC representative from within their hamlet to represent that hamlet in the CDC. (Note: Where a given community comprises less than 4 election units, then each such unit will elect more than 2 CDC members, such that the total number of CDC members from that community is a minimum of 10 and a maximum of 16, with each election unit getting the same number of CDC members and each unit getting equal numbers of male and female members).

The pair of FP social organizers will work with the wider community in the selection of a six-member (i.e. three male and three female) election committee from within the community members. To the extent feasible, SOs need to mobilize the community to select the election committee members from all different parts of the community. It must be clearly explained to the community that persons serving in the election committee cannot then be elected as CDC or CDC sub-committee members. The FP trains the election committee members on how to conduct the CDC elections.

Another community-wide meeting is held where the FP advises the community of the election process, the date, time and venue(s) for the actual voting in each election unit, voter eligibility, CDC membership criteria, etc. and reminds them of the requirement of the participation of a minimum of 60% of the eligible voters (including a minimum of 60% of eligible female voters) in the community for the election to be considered valid. It has been noted that often poor participation of women in the community is directly linked to the lack of adequately trained female social organizers and separate venues for women voters, this needs special attention.

A poster is placed in each election unit, in an easily accessible and visible location, for a minimum one-week (and a recommended two-weeks) period prior to the elections, announcing the date, venue(s) and the exact timings for the voting in the given election unit.

The following forms the voter eligibility criteria and any person meeting all the criteria can then vote in the CDC elections:
- Must be a citizen of the Islamic Republic of Afghanistan;
- Must be a minimum of 18 years of age;
- Must have continuous residence in the given community for a minimum of 1 year immediately prior to the time of CDC elections (with the exception of returnees/ IDPs for whom the continuous residence requirement is relaxed to a minimum of 3 months);
- Must have no known records of mental disorders and/or criminal records.
- Must have his/her primary residence in the community. (So for a person who has 2 or more residences in different communities/ cities should then be eligible to vote in only 1 of the communities. This would require him/ her to spend a minimum of 9 months in a given year in one of those residences for it to be considered the primary residence).

The following forms the CDC membership criteria:
- All criteria stated above for voter eligibility;
- Have no record of criminal conduct or human rights violations;
- Have sufficient time and willingness to work voluntarily as a CDC member;
- Must hold no elected office at the provincial council or national assembly;
- Must be recognized within the community as someone who has good judgement and is honest, trustworthy, transparent and accountable in his/ her dealings;
- Must have leadership qualities
- Must be willing to work with any and all community members within the election unit he/she will represent and other CDC members from other units
The FP then informs the PMU and the RRD/Municipality offices of when the CDC elections are to take place in a given community, with a minimum 1 week and maximum 2 week notice prior to the elections. The PMU/RRD/Municipality offices may opt to send staff to monitor a sample of the elections held in each district/city, on a randomly selected basis, without prior notice to the FP.

Note: Where a community comprises less than 125 households, then each of the election units will vote for more than the 2 CDC members/unit, such that there is a minimum of 10 and a maximum of 16 CDC members for the whole community. Care should be taken in such cases that there are still the same numbers of CDC seats for men and women, and that each of the election units in the community gets the same number of CDC representatives.

The elections in all election units in a given community must be conducted on the same day where feasible, and, as such, must be planned carefully by the FP with the election committee. All 6 election committee members and at a minimum a pair of FP social organizers must be present in each election unit for the elections. If elections in all the units within a community are not feasible within the same day, this must be planned and announced with the election notice itself, clearly identifying which election units will conduct the elections on the first day, and which ones on the following/second day.

All eligible voters of a given election unit are provided with 1 ballot papers stamped with the seal bearing the CCAP logo. The ballot box is placed in an easily accessible location preferably in the centre of the election unit. Each eligible voter in a given election unit can then vote for 1 male and 1 female CDC representative from among the residents in the election unit that meet the criteria mentioned above. (Note: Adequate arrangements must be made by the FP social organizers and the election committee of the community to provide voters the privacy to write the names of their preferred candidates into the ballot papers and cast their vote without interference. Where voters are illiterate, they can seek the assistance of the FP social organizers and/or the election committee members and/or other trusted community members to write the names of their preferred candidates into the ballot papers).

If required, separate voting venues must be arranged for the women voters in the community. It should be noted that both male and female voters may vote for both male and female representatives. (Note: In communities where women prefer to vote only for women, and men for men, this is considered permissible, but even here, voters must be provided with two ballot papers and may vote for a man and a woman if they choose to.)

A maximum of 2 hours is provided for the voting in each election unit and the timings for this must be clearly announced from the start. The FP and the election committee take note of the total number of eligible voters in each election unit and the actual number that voted within the given period. The elections in any election unit with less than 60% of eligible voters participating are discounted and a fresh round needs to be conducted.

It should be emphasized that while each voter has 2 ballots, there is no option for a voter to vote for 2 men or 2 women exclusively. Any voter that attempts to vote for 2 male or 2 female candidates will be rejected and asked to re-submit. Voters can opt to vote for only 1 of the 2 positions, but cannot offer both votes to only male or only female candidates.

At the end of the voting period, the election committee and the FP staff jointly count the votes received in each election unit, in a public venue. Voters who opt to observe the process must be allowed to do so. The votes for male candidates and female candidates are separated. The final tally is made and the following are read out by the FP: the male candidates that received votes and the number of votes each, the female candidates that received votes and the number of votes each, and the winning male and female candidates that will now be recognized as the CDC representatives of the given election unit. These results are then also placed in a poster in the given election unit in the same day.

Note:
- Where a candidate, male or female, who has received the maximum number of votes in a given election unit is unwilling to handle the CDC responsibilities and informs the FP and election committee of this, a written signed (or thumb-printed) note will be obtained from him/her stating so, for future record and/or audit. In such cases, the candidate (in the same gender as the
candidate that withdrew) with the second-highest votes received will then be announced as the CDC member for the given election unit.

When the elections in all the election units of a given community are completed, there will be a minimum of 10 and a maximum of 30 CDC members in each CDC. All elected members from each elected unit are brought together in a central location within the community where they then vote from among themselves for the 4 office bearer positions. The FP social organizer reminds the elected members briefly on the key roles and responsibilities of the 4 CDC office bearers and the ideal qualifications for each. Ideally the office bearer elections can also take place on the same, or else the next working day after the CDC elections are completed.

First, each elected CDC member is allowed to briefly introduce himself/herself to all the elected CDC members and social organizers. The CDC office bearer elections are also conducted through secret ballot and in a sequential manner. The elected CDC members first vote for the CDC Chairperson position. The votes are counted and results announced on who received the most votes and hence will be the CDC Chairperson. It should be emphasized that this position can be filled by either male or female candidates depending on who receives the most votes. If the CDC member elected as the CDC Chairperson is male, then the election for the CDC Vice-Chairperson is open only to female CDC members, i.e. all elected CDC members can vote but only for an elected women candidate to fill the position of Vice Chairperson. The votes are tallied and results announced; and the candidate with most votes that will then serve as the CDC Vice Chairperson. Next, all elected members vote from among the elected CDC members (not elected as Chairperson and Vice Chairperson already) for the position of CDC Secretary. The candidate receiving most votes is recognized as the CDC Secretary. If the CDC member appointed as CDC Secretary is also male, then again the position of Treasurer is open only to women CDC members. This sequential voting is also to allow for there to be a minimum of 2 women CDC members also elected as CDC office bearers.

Note: Where both the male and female CDC members elected from within an election unit are from one household, they cannot both be elected as office bearers. As such, if either of them are elected for one of the 4 officer-bearer positions, this then automatically removes the possibility of the other from becoming an office bearer. However, both of them may remain CDC members.

Either the same evening or the next working day after the CDC election and CDC office bearer elections, the FP holds a community wide meeting and announces the results of the elections, reading out the names of the 2 (or exceptionally more as outlined above) representatives per election unit, and the 4 office bearers of the CDC for the community. It then formally completes the ‘CCAP Form 2: CDC Elections and Registration’.

The elected CDC can take one of the following two structures:

(a) Mixed-gender CDC: Here the CDC will comprise equal number of male and female members who will be able and willing to meet together as a CDC; OR
(b) A CDC comprising a male and female subcommittee with equal number of members in each subcommittee, which will then meet separately.

With both the above options, the CDC executive committee will comprise the four CDC office-bearers, namely the (a) the CDC Chairperson, (b) the CDC Vice-Chairperson, (c) the CDC Secretary, and (d) the CDC Treasurer.

Note: If female CDC members are elected right from the first round of CDC elections, then they can be elected to any of the 4 CDC office-bearer positions. If female CDC members are not elected from the first round of CDC elections, the CDC office-bearer positions of Vice Chairperson and Secretary are reserved for the women and left un-filled. Another male CDC member is nominated to temporarily handle the responsibilities of these two positions. In such cases, the FP agrees with the elected CDC members on when another round of CDC elections may be held in the community to fill the vacant female CDC member seats. In such cases, the FP is to agree with the elected male CDC members and inform the PMU on when the subsequent round of CDC-elections to fill the women’s seats will be conducted. (While the voting will remain open to all eligible community members, the second/subsequent rounds of elections in such cases will be only to fill the female CDC member seats.) Such rounds of elections need to be
conducted prior to the receipt and utilization of the first CCAP grant and not later than 2 months from the original CDC formation.

The CDC decides on who among the CDC members will serve as signatories to the community bank account to be opened for the CCAP funds. Three of the four Bank signatories can be either office bearers or non-office bearer CDC members. One bank signatory position is reserved for the CDC Treasurer. A minimum of 1 signatory must be that of a female member. (Note: Actual bank transactions will require the approval of all four signatories but the physical presence at the bank is only required of three of the four signatories for any given transaction.) The FP then assists the CDC, to introduce the selected signatories, in coordination with PMU, to the provincial DAB branch and to open a bank account for the community’s potential CC funds, using the ‘CCAP Form 3a: CDC Bank Account Form.’ (Note: ‘CCAP Form 3b: Withdrawal Authorization Form’ is further described in the sections below). (Note: This bank account will be exclusively for CC transactions and must allow sub-accounts, 1 per CC funding agency).

A CDC is elected for a 3-year term, which starts from the date of registration, i.e. the first working day following the elections. As per the CDC By-Law, the community is expected to conduct a fresh round of CDC elections before the end of the term of the CDC in place. Ideally, the elections should be held around the 30th month in the incumbent CDC's 36-month term. This is required even if the FP is no longer present, and may be facilitated by the MRRD/IDLG.

**Note:** While an eligible individual can serve any number of terms as a CDC member if elected, there is a limit of a maximum of 2 terms (consecutive or otherwise) for which he/she can serve as a CDC office bearer.

In the event that one (or more, up to 50% of the CDC membership) of the elected members of the CDC is no longer available or capable or willing to continue his/her services as a CDC member (for whatever reason, including but not limited to death, moving out of the community, prolonged illness, etc.), the community’s election committee along with the FP will need to conduct a fresh round of elections within the election unit represented by the outgoing member in order to fill the vacancy created. It should be noted that, in the event that the outgoing member is also a CDC office-bearer, the new member elected to replace him/her will not automatically fill the office bearer position. Instead, all CDC members including the newly elected member will then vote among themselves to fill the vacancy of the office bearer position.

One or all CDC members may also be removed from office in the case of corruption, collusion, mishandling of his/her responsibilities, bad conduct etc. This removal is effected by the FP, in consultation with the PMU and RRD, if written complaints are received from the community. If the number of members being removed amounts to less than or up to 50% of the total membership of the CDC, only the vacant positions are filled by election unit type fresh rounds of elections limited to the election unit s represented by the members removed.

If more than 50% of the members of a given CDC are removed or no longer available (for reasons mentioned above), the entire CDC is then considered dismantled and a fresh new election is conducted for the community following the same procedures outlined above.

In all such cases, the Form 2 needs to be revised and resubmitted by the FP to the PMU within 1 week of the new election round.

**III.3. CDC Office Bearer Roles and Responsibilities**

**Chairperson:**
- Calls for CDC and community wide meetings as required, on behalf of the CDC
- Chairs all CDC and community-wide meetings called for by the CDC
- Serves as the final approving authority on behalf of the CDC/ community on all CC related forms, minutes and/or other documentation
• Ensures that the CDC performs its given mandate efficiently and effectively
• Ensures that the CDC adheres to the given policy and procedural guidelines of the CCNPP
• Directly oversees the functioning of the Vice Chairperson and the Treasurer
• Represents the CDC in cluster, district, provincial or national level meetings as may be required
• Oversees the sub-committees and holds them accountable for their work and provides support, lobbies to assist them in raising resources
• Ensure the monthly regular CDC meetings conducted
• Sets an example to the council, sub-committees and the community in terms of commitment to pro-poor development, fair and equitable allocation of resources, and the inclusion of all households
• Accounts to the public and monitoring committees and external monitoring agents for the funds and decisions that the council has taken
• Ensures that laborers for public work schemes and the CC (infrastructure rehabilitation and construction) are from the poorest groupings in the poverty analysis (i.e. those with no land or very small holding and depend on casual day labor as a main income source.
• Ensures that the operations and maintenance sub-committee is in place and follows an agreed upon Operation and Maintenance Plan
• Responsible for the Score Card of village level service providers (e.g. Health Post and Schools)
• Responsible for supporting and overseeing the Conflict Resolution Committee proceedings

Vice Chairperson:
• Supports the Chairperson in his/her given mandate
• Serves as the Acting Chairperson in the absence of the Chairperson
• Directly oversees the functioning of the Secretary
• Serves the interests of women, in general, and particularly the poorest and most vulnerable women
• Advocates for women’s views and interests to be considered in the CDC and oversees the women’s sub-committees.

Secretary:
• (Note: Ideally, the person elected to this position is adequately literate to serve in this role with the help and guidance of the FP. But where otherwise, he/she may also seek the support of an educated and neutral family member or friend in helping him/her prepare the required documentation.)
• Prepares the minutes of all CDC and community meetings called for by the CDC
• Retains the documentation from the various community resources and poverty analysis exercises and works with the CDC and community to update them periodically.
• Supports the FP social organizers in completing all related CCAP forms for the community
• Manages the documentation on all the above and retains the same for possible future audit
• Ensures that the public notice board is properly maintained and that funds received, and rules about fund allocation and the actual fund allocation is publicized.

Treasurer:
• Directly responsible to manage all procurement from CCAP funding, in adherence to the CCAP policy and procedural guidelines for the same
• Serves as one of the four bank signatories of the CDC bank account
• Manages the book-keeping and reporting on all funds received
• Responsible for cash management, based on the policies defined in the Financial Manual
• Documents the community contribution mandatorily required as part of all CCAP projects to ensure that the contributions are provided in an equitable manner and that all households contribute
• Retains and makes available (as required) the community’s procurement and financial documentation with regard to all funds.
• Support external/internal auditors/controllers in the review of the community’s procurement and financial documentation.
- Monitors that laborers for public work schemes and the CC (infrastructure rehabilitation and construction) are from the poorest groupings in the poverty analysis (those with no land or very small holding and depend on casual day labor as a main income source.
- Oversee and guide the project management sub-committees (finance and procurement)

III.4 CDC Sub-committees across Line Ministries

There are two types of CDC sub-committees. The first type are those that are not sector specific or linked to directly or indirectly to the MSS or any particular line ministry. These include the sub-committees for procurement and financial management, Conflict Resolution, project management, and operations and maintenance. (The second type which related directly to select line ministries are outlined later in this manual).

The FP social organizers will work with the CDC and wider community to select 3 sub-committees across line ministries. Each such sub-committee will comprise of a minimum of 3 and a maximum of 10 members. These sub-committees can comprise entirely of CDC members or of both CDC members and non-CDC community members. Where opting to include non-CDC members, the CDC will request for volunteers from among the community members with the required skills and/or experience and with the willingness to be trained and mentored by the FP/ DO social organizers/ engineers to serve in the relevant sub-committees. Immediate family members of the CDCs are not to be selected as members for these sub-committees. The final selection of the members for each of these three sub-committees must be approved by the wider CDC by a simple show of hands vote.

These three sub-committees will then be trained by the FPs in their mandated roles and will be required to serve in the stated capacities for all CCAP partners that provide funding to the given community. (For example: the same project management committee will be responsible for managing the projects funded by MAIL, MRRD, MoE, MoPH etc.).

The sub-committee for procurement and financial management will work primarily with the CDC Secretary and Treasurer to ensure that the policy and procedural guidelines are adhered to in the execution of procurement and book-keeping related to all CCAP funds.

The sub-committee for project management will work primarily with the wider CDC and the CCAP engineers in site selection, ensuring ESMF norms, actual project implementation on the ground, reporting on the progress and completion of the same to the community, the FP and the PMU, etc.

The sub-committee for operations and maintenance will be trained by the CCAP engineers in basic O&M, repairs etc. for the public infrastructure subprojects funded for the community via the CCAP. It will be responsible for collecting user fees where required, or systematically collecting, managing and utilizing small pre-defined amounts for eventual repairs or maintenance of such projects.

Note: The selection, roles and responsibilities etc. of the thematic sub-committees for (such as the school/ education sub-committees, the health sub-committees, the irrigation/ agricultural sub-committees, women’s economic development, youth, etc.) are discussed in a separate chapter following the CDP.

III.V: Vulnerable Groups

The CCAP will put a much greater emphasis upon social inclusion of vulnerable groups including women, refugee returnees, IDPs and others. This will be done through enhanced community mapping and well-being exercises, needs identification and gap analysis, more intensive training of all staff and CDCs, clusters, and Gozar Assemblies, and monitoring and evaluation of poverty targeting and inclusion. The CCAP will also use a more robust monitoring and reporting system to track the actual participation and the inclusion of such groups in all aspects of the program. Score cards will also be a key tool to track their participation/ inclusion throughout the project cycle.

Refugee Returns & IDPs: Given the context of Afghanistan, these two groups form a significant portion of the most vulnerable populations of the country. In an effort to support the mainstreaming of targeted
focus and inclusion of these groups as beneficiaries of all national priority programs, the CCAP will include the following exceptional measures for them:

- Any community with more than 20 households of returnees and IDPs will have a focused election unit primarily for them wherein they may elect 2 (1 male and 1 female) CDC members from among themselves as their representatives in the community’s CDC. This exceptional election unit formation and election is encouraged at any time of the CCAP project cycle as and when these groups arrive in the stated communities. The conditions governing who may be elected as CDC members (such as continuous and permanent residence in the community for a given period of time) is also relaxed for these groups.

- CDCs and sub-committees will support the inclusion and integration of returnees, Internally Displaced Persons (IDPs) and economic migrants that have arrived over the past decade or will arrive during the course of the CCAP implementation at their communities. The support will be three-fold:
  a) data-collection on returnee/IDP populations as may be required by the Government via CCAP channels;
  b) their active inclusion in planning and fund allocation, labor activities, monitoring, etc.
  c) ensuring CDC sub-committees have a proportionate representation of such groups and special attention is paid to their specific needs. They will serve as platforms and spaces for in-migrants to participate.

- CCDCs and GAs will inform the DG offices/ municipalities about in-migrants and the number of households, where they came from, and their living situation (water points, shelter, etc.). The CCDCs/ GAs CDPs will be aggregated, so that district governments/ municipalities can include their needs in their planning and the Provinces will work with the district plans.

- Where these populations arrive in a given community anytime before the end of the third year of the CCAP, the community will be re-assessed on the MSS and if sufficient funding is available, may be given additional CCAP grants to accommodate the needs of these groups against the MSS.
CHAPTER FOUR: CAPACITY BUILDING

The Project Development Objective for the CCAP is to improve the delivery of core infrastructure and social services to participating communities through strengthened Community Development Councils (CDCs). As such, strengthening CDCs is a core part of the CCAP implementation. This strengthening takes various forms, starting with formal trainings and continuing with mentoring and supervision during their actual mandate implementation. This Chapter outlines the capacity building proposed and how it will be implemented.

IV.1. Types of Capacity Building

(a) Formal trainings: A number of trainings have been listed in the table below that will be provided through a cascade training approach. These will include lecture and practice tools and will cover various topics largely targeting only the CDC/CCDC/GA. Knowledge-transfer type of trainings (such as community procurement, financial management, disaster risk mitigation/management etc) will be handled through these formal sessions.

(b) Informal trainings: Trainings such as how the Community Election Committee will function, how to involve community members more actively in community development planning and implementation, social audits, linkage establishment etc. will be done through a hand-holding, mentoring approach throughout the FP’s 3-year facilitation period with the community.

(c) Peer/ Cross Learning: Exchange visits will be organized between CDCs within a district, a smaller number within a province, and a small number across provinces for rural CDCs, and within the city and to 1 of the 3 other cities for urban CDCs. Champion CDCs will be identified in each of these levels that excel in CCAP implementation in various areas including but not limited to self-initiatives, participatory community empowerment tools, active inclusion of the most vulnerable groups, exemplary implementation of CCAP subprojects etc. FPs will be mandated to organize and facilitate these visits and to report on them.

IV.2. Cascade Training Approach

The actual trainings for the CDCs will be largely provided by the IDLG contracted FPs for the 600 urban CDCs, 120 Gas and by MRRD contracted FPs for the 12,000+ rural CDCs. In order to ensure uniformity and standardization in the capacity building efforts, the MRRD’s CC Capacity Building Department (CDD) and the IDLG’s contracted Oversight Consultants (OC) will first prepare training manuals of all the mandated trainings for the CDCs. The trainings will be provided in the form of Training of Trainers (ToTs) to the FP central level chief trainers and provincial level master trainers and a core group of MRRD/ IDLG staff who will also serve as trainers.

The trained FP trainers will be mandated to provide the trainings to the FP social organizers within a mutually agreed period from the completion of their being trained. The social organizers will then be responsible to train the CDC/ CCDCs/ GAs accordingly.

Certain trainings for the rural CDCs will be provided by the MRRD’s provincial or district offices and not the FPs. Again, this will follow the cascade approach outlined above.

Unlike in the NSP where the trainings provided were not documented per CDC or captured systematically in the database, for the CCAP, each training provided will have to be recorded in the central CCAP database against each community. FPs/ MRRD district offices will need to provide quarterly reports to the PMUs in the ‘CCAP Form 4: Quarterly Training Report Form’ which of the mandated trainings have been provided to which CDCs.

The PMUs will need to enter the data into the system within a maximum of one week from date of receipt. The CCAP monitoring team will randomly select communities from among those listed in the
training reports and verify that the trainings have been conducted through community visits and interviews with the CDC member trainees.

IV.3. Standard training package:

The following are considered the mandatory packages under the CDC institution building component. Packages 1 to 8 are process-oriented trainings and will be conducted by doing and practice by implementation itself. Packages 9 to 14 are more knowledge-transfer trainings and will require class-room type training methodology and facilities. For packages 1 to 5 especially, it is recommended that as many of the adult community members as feasible are included and involved, primarily as awareness raising and general orientation, such that they can better hold the CDCs/CCDCs/ GAs accountable as elected representatives and their sub-committees as especially selected for unique roles directly relevant to the CCA.

For those trainings listed below that relate more to specific sub-committees, the entire sub-committee should be trained. The percentages shown for non-CDC community members apply only to the rural areas. Those for urban areas will be defined during the IDLG trainings for their FP master-trainers.

<table>
<thead>
<tr>
<th>#</th>
<th>Training Topic</th>
<th>Trainer</th>
<th>Minimum % of CDC members per CDC to be trained</th>
<th>Minimum % of non-CDC community members per community to be trained</th>
<th>Minimum # of training hours per training (8 hours = 1 day of training)</th>
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<tr>
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<td>Introduction to CCNPP/ CCAP</td>
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<td>75%</td>
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<td>CDC Members/ office bearers roles and responsibilities</td>
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<td>4</td>
<td>CDC/ CCDC thematic sub-committees</td>
<td>FP</td>
<td>100% of subcommittee members</td>
<td>20%</td>
<td>12</td>
</tr>
<tr>
<td>5</td>
<td>Community Development Planning</td>
<td>FP</td>
<td>100%</td>
<td>60%</td>
<td>24</td>
</tr>
<tr>
<td>6</td>
<td>Social Audit Community Participatory Monitoring (CPM)</td>
<td>FP</td>
<td>50%</td>
<td>15%</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>Project Management and Maintenance</td>
<td>FP/PMU District Engineer</td>
<td>Entire sub-committee and 20% of CDC member</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Score Cards on CCAP MSS</td>
<td>FP</td>
<td>100%</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>9</td>
<td>Community Procurement</td>
<td>FP/ District office</td>
<td>Entire sub-committee and 20% of CDC member</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Community Accounting/ FM</td>
<td>FP/ District office</td>
<td>Entire sub-committee and 20% of CDC member</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Environmental &amp; Social Safeguards</td>
<td>FP/ District office</td>
<td>Entire sub-committee and 20% of CDC member</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Grievance Handling and Conflict Resolution</td>
<td>FP</td>
<td>Entire sub-committee and 20% of CDC member</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Disaster/ Risk Mitigation Management</td>
<td>FP</td>
<td>Entire sub-committee and 20% of CDC member</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Gender and Safety Exercise</td>
<td>FP</td>
<td>100% CDC and 30% non-CDC members</td>
<td>8</td>
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### IV.4. Cross visits and peer learning

Cross visits are opportunities for CDC members to learn from each other, share experiences, compare field implementation issues, seek advice from better performing and active champion CDCs, etc. As part of the Government’s efforts to streamline this, the following will now be mandatory under the CCAP and an essential part of the FP ToRs. Fixed costs within defined ceilings will be allowed for such visits per CDC member and per destination by the MRRD and IDLG. Each such visit will need to be included in the quarterly training report and will be reported against Component 3.

It is important to note that the inclusion of women CDC members in these peer learning sessions and cross-visits is included as a specific indicator on women’s inclusion in the CCAP Results Framework, and will need to especially be facilitated by the FPs. Necessary arrangements (as the inclusion of a maharram, separate and safe accommodations if overnight stay in required etc) need to be made to ensure that women are also able to participate in such sessions/ visits.

At a minimum, the following are required within each CCAP Phase per community (i.e. within each 3-year cycle that an FP will be facilitating a CCAP community for):

(a) Urban CDCs: 1 visit to a Champion CDC within the same city.
(b) Urban CDCs: 2 visits to a Champion CDC in another city.
(c) Rural CDCs: 1 visit to a Champion CDC within the same district.
(d) Rural CDCs: 2 visits to a Champion CDC outside the district but within the same province.
(e) Rural CDCs: 1 visit to a Champion CDC outside the province.

A champion CDC is one that has been recognized by the FP concerned and/or by other CCAP stakeholders as having achieved exemplary success in carrying out its given CDC mandate, beyond the satisfactory utilization of the Service Standard Grants for the implementation of approved subprojects. FPs and DO monitors will try to identify which CDCs meet 3 or more of the following criteria and present a list of such Champions once every annum to the PMU:

- Has mobilized the community to undertake and implement development projects without external resources.

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4 The introductory DRM training will be divided into four modules of four hours each, where both pre and post disaster risk reduction and response activities are both introduced and discussed.
Module 1. Disaster risk identification and assessment: This module will focus on how to identify and assess vulnerability to varied disasters based on basic multi-hazard risk assessment map (refer Annex 4) in relation to existing socio-economic condition of any given neighbourhood or village.
Module 2. Disaster risk mitigation and reduction: This module will focus on varied ‘ecologically, economically and socially appropriate’ risk mitigation and reduction methods / best practices, that can be applied at both household and community level, for multiple disaster risks prevalent in identified communities.
Module 3. Emergency response and relief: The focus will be to train engineers and community members on how to respond after a disaster, including but not limited to evacuation, relief, aid and related activities, based on different hypothetical disaster scenarios.
Module 4. Post disaster recovery and reconstruction: Last module will focus on post-disaster reconstruction, including but not limited to local post-disaster needs assessment, resilient recovery framework, best practices (refer the Social Training Manual) and related issues.
• Has mobilized the community to ensure the entire community is kept clean and free of garbage, all school aged children attend school, all child births are conducted with the support of a trained midwife, all children are vaccinated, and all public property are properly maintained,
• Has mobilized the community’s self-help groups and the latter are actively supported and mentored by the CDCs and have their needs properly represented by the CDC to the wider community.
• Has mobilized the community to reduce expenses related to weddings, funerals, religious ceremonies and there is evidence reported by the community on the same.
• Has ensured that the findings from the community resources and poverty analysis are properly considered in all decision making, such that the persons/households identified as the most vulnerable and food insecure are especially targeted for all development and other funding/resources made available within or from external resources to the community.

Cross-visits will be arranged to such pre-identified champion CDCs. They will also be allowed to present their achievements at the district level CCAP management committees. Here, the best CDCs in the district will be identified and will be given the opportunity to participate in provincial level competition for the Champion CDC of the province/city.
CHAPTER FIVE: COMMUNITY DEVELOPMENT PLANNING

V.1. Community Resources and Poverty Analysis

Prior to the actual preparation of the community development plan, the CDC and FP need to work with the wider community on four key participatory assessments that will then feed into the community development planning. Together, these exercises and what they eventually result into are referred to as the Community Resources and Poverty Analysis (CRPA). Given the extra importance given by the CCAP to inclusiveness of socially and economically marginalized groups, the CRPA is considered an essential and mandatory part of the CDP preparation. The following provides only brief introductions to each of the 4 essential components of the CRPA. Further guidelines and details will be provided in the ‘CCAP Social Training Manual’.

Community Mapping: The exercise results in a map that outlines a community’s human, infrastructure, institutional coverage, risk due to varied disasters, and other resources; provides an overview of public resources, the distribution of these resources, and the representative patterns of elected CDC members; and can give initial insight regarding the leadership dynamics within the CDC. The map captures the physical location of resources: schools (public, private, religious), roads, water sources: shallow wells, deep tube wells, karez, irrigation canals, culverts, and so on, as well as elected and the other public authorities. In addition, social safe areas for settlements during the disaster events and open spaces should be identified. The mapping process serves multiple purposes: a) to introduce and explain the study to locally elected representatives, and to seek their assistance, support and interest in the study; b) to efficiently map resources and key actors with those who have a ‘grounded understanding’ of each geographic area within the administrative unit; and c) to observe the interactions between the chairperson and elected members to gain a sense of the dynamics within the council. Most importantly, this map can be used later on to work with local government (CDC, CCDC/GAs, district, Municipality District Office/Nahia) to consider the allocation (and needs) of resources to the poorest and most vulnerable communities. The potential uses of the map include:

- Is an important means to introduce a study or project / program activity;
- Indicates power centers and areas that have or politically / socially marginalized, at risk to varied (extensive and intensive) natural disasters, or are remote (in terms of access to roads) and can be used to strategize which geographic areas community need to be focused on;
- Useful to identify which areas in a locality are likely to attract development organizations and which areas are generally left out;
- Helps to see where development organizations’ activities are located in relation to power centers;
- Is a simple way to create a visual of unequal power relations that can then be explored in more detail through other exercises;
- Can be used to identify the poorest areas (based on lack of resources, powerful persons, remoteness, lack of NGO presence, and so on); and in urban areas dwellings located in unsuitable locations (e.g. hazard prone, steep slopes) or shelter located on contested land (e.g. IDP) and household living in slum condition (e.g. poor quality building, overcrowding, limited access to safe water and sanitation);
- Can be used as an advocacy tool to ‘lobby’ for resources from the local government.

Poverty Analysis: This exercise results in dividing the community’s households into different socio-economic categories, revolving around food security, employment opportunities etc. Poverty analysis is fundamental to understand a community’s level of poverty, and how different people in it experience poverty and marginalization. It is an important participatory method that captures people’s perceptions of poverty and identifies different classes and interest groups with whom problems and desired activities can be explored. The Poverty analysis outlined here is ‘subjective’, with each community defining its own criteria. However, it will allow identifying various ‘impact’ populations: landless, food-deficit farmers, women-headed families, disabled persons, surplus farmers, large livestock herd owners, etc. The purpose

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5 In some communities there may be very wealthy households (e.g. land owners with large land holdings and businesses; whilst in others, the richest families own only a few acres.)
is to understand the economic and social condition of the residents of the community. The potential uses of this analysis include:

- Understand the class composition of the community and the extent of wealth and poverty and marginalization (the number of people in which groups and the number of landless, less than one jerib, etc.
- Identify impact groups;
- Identify interest groups (widows, agricultural day laborers, etc) for community led activities;
- Begin to get an understanding of the economic relations between rich and poor and middle and poor (who works for whom, etc) and find ways to reduce these vertical dependencies;
- Identify the poorest households in need of rations, or eligible for state funded public work schemes;
- Identify people trapped in loans, advanced wages, and or high interest micro-credit and to subsequently develop strategies with these households to get out of such unequal relations.

**Seasonal calendar:** The CDCs and FP social organizers work with the poorer households in a community to prepare a calendar that shows basic food security and employment opportunities each month, highlighting the season with the highest food insecurity and the least employment opportunities. The seasonal calendar is a useful exercise to identify seasonally occurring problems that affect different groups, or the community as a whole. It can also be used to identify when different groups will be less busy and which will be the most suitable time for embarking upon any selected activities. Rainfall patterns, crop cultivation and the related employment patterns, peak seasons for employment opportunities and lean seasons when employment is scarce, and the resulting food security/insecurity is outlined by month. The potential uses of the seasonal calendar include:

- Is an important method to establish lean periods – weeks or months in which people do not have enough food or sufficient money to purchase food, as well as to explore their coping strategies.
- Can also be adapted and used to explore changes in rainfall patterns over time and the resulting changes in cropping practices and how these might be improved to result in optimal yields (CDC Agriculture Sub-Committee – in the future).

**Leaking pot analysis:** Poorer households identified through the Poverty analysis will be supported by the FP to define what their main regular sources of income are and what their main sources of expenditure are. The income is pictured as what goes into a pot while the expenditure is shown as what leaks out of the pot. This depiction is then used to discuss what additional sources of income can be available especially for the poorest households in the community, and what can be done to better manage the resources to avoid wastage, especially on traditional/customary social events that cause huge financial burdens on households. The ‘leaking pot’ is a useful exercise that can help individual families, or groups of families, or an entire community to improve their well-being. It enables people to identify and quantify the main flows of money coming into and out of their households/community. The potential uses of the leaking pot analysis include:

- Is an important method to establish unnecessary expenditures and consider how to increase income or diversify income sources (so as not to depend on just one or two sources)
- Can be used to monitor a reduction in wasteful expenditures and a calculation in a reduction in interest rate outflows
- Can raise a discussion to consider which economic activities should be explored in terms of their potential (for that we can use a value chain analysis tool that can be used by community groups).

All of the above exercises need to be documented first in four large A3 size posters put together, and then converted into electronic form by the FP. The hard copy versions need to be retained at the CDC level while the electronic copy needs to be submitted as Annexes to the CDP, and will be uploaded into the database system, linked to each community code. Standardized designs and icons will be provided by the CCAP MIS team to the FPs for these electronic versions.

**V.2 Community Development Plan (CDP)**
After the community resources and poverty analysis exercises are completed, the findings from each are summarized and shared by the CDC with the wider community in a public meeting. The CDC, with the help of the FP staff, guides the community through a discussion on all the problems identified through these exercises and how they might be addressed through a community development plan. The community develops one vision statement, keeping in mind the presentations of the various analyses that were summarized. The vision should capture a) what kind of village/community they would like to live in; b) what are the most important issues that have to be addressed to get there; and c) how would the conditions for people be different if these issues addressed. The community then breaks down the vision into measurable milestones (including those for women). The vision is broken into key areas that the village will pursue and rank the milestones based on number of people who will benefit, giving priority to neighborhoods/areas of the village that have been left out, and including at least one (if not more) milestones should be women’s choice.

The first part of the CDP lists the key findings from the community resources and poverty analysis.

The second part of the CDP lists between 5 to 10 top development priorities identified by a community wide process. Each household in the community can vote for up to 3 development priorities through a ballot process. Those priorities receiving the most votes are then listed and ranked in the order of votes received, i.e. the priority with most votes is ranked #1, the priority with the second-most votes is ranked #2 etc.

The community then chooses among these top priorities on which ones can be addressed by the community themselves without external resources, which ones can be addressed through the CCAP grants as the relate to the CCAP MSS listed as MRRD’s/ IDLG’s mandate, and which ones need third party funding/resources to be implemented.

The third part of the CDP elaborates on how the priorities selected under the second category actually relates to the CCAP MSS.

The CDP at this stage need to get the wider community’s approval through a community wide meeting. Special care needs to be taken to ensure that priorities proposed by women community and CDC members are also given due weight and included in the plan. Women CDC and community members are separately consulted with on the plan by the FP social organizers and their confirmation on participation and the inclusion of their priorities in the Plan needs to be obtained.

The final CDP is signed by the CDC office bearers on behalf of the community and the FP representatives to indicate that it represents the voices of the wider community and was prepared as per the norms of the OM. (Note: Where there are no female CDC office bearers, the CDP then needs to be signed by 2 female CDC members representing the women population in the community). The CDP is then submitted to the CCAP PMU along with electronic copies of the 4 PCE assessments for that community.

The CCAP PMU needs to review the third part of the CDP in extra detail and ensure that the projects proposed to be handled through CCAP RASS/UAB grants are within the CCAP MSS and can actually be funded. The PMU needs to ensure that the priority selected for the CCAP funding:

- Is consistent with the MSS
- Is technical and financial feasible for that community
- Fits within the overall plans for the district and province for rural and Nahia and city for urban communities.
- Has no other funding assured
- Could have possible economies of scale across communities

The final approval for the same comes from the PMU Manager after which it is uploaded into the system, and forms a pre-requisite for any further work on the CCAP RASS/UAB grants.

V3. CDC Sectoral/ Thematic Sub-Committee Formation
The social organizers meet with the entire CDC and explain the roles and responsibilities of sectoral CDC sub-committees. These include (but not exclusively) CDC sub-committees related to health, education and agriculture.

All thematic sub-committees (education, health and agriculture) at the community level have the following roles and responsibilities: The sub-committees provide the spaces for elected members and selected community people to work together on key areas (education, agriculture, water management, health). The main activities are to:

- engage in situation analysis and provide data to the CDCs, CCDCs/GAs, SOs and Engineers and external development actors
- create awareness strategies
- generate demand for services,
- monitor public services provision and provide feedback to service providers
- mobilize people to contribute to development initiatives without external resources

The sub-committees include a broad range of actors, CDC members, expert members from the community (teachers, lead farmers, etc.), and people representing key interest groups (illiterate parents, land-poor and landless men and women, disabled persons, etc.).

The CDC considers the various sub-committees needed (youth, health, education, agriculture, Women’s Economic Empowerment, environment and conflict resolution) and which one committee they would like to be a member of. One to two CDC members are required as members for each of these sub-committees. In the mapping process, the CDC has already identified the teachers, doctors, nurses, lead farmers etc. The CDC requests these qualified community members to join the relevant sub-committee as members with one or two such experts in each sub-committee. The last category of members is the neighborhood representatives. These representatives need to represent the majority of the population, which means they should be from sectors identified in the Poverty Analysis. Persons from special interest groups (such as a disabled person in the health committee) should also be included.

**Facilitation of and Support to Self-Help/ Interest Groups** (IDPs, WHF, Disabled Persons, CHFs, Economic Migrants, Returnees, Primary School Children, Landless Families, etc.)

Considering the vision and especially the milestones outlined in the CDP, each committee (health, education, agriculture, NRM, Youth, Women’s Economic Empowerment) should consider which beneficiary group of people (primary school age children from poor (illiterate families), or landless families, or women-headed families, Child Headed Family (CHF), will require support to achieve the stated milestone outcome. This way, each committee should create a list of anywhere from 1-3 interest groups.

Once a list has been agreed on, the sub-committee members should create a list of potential families that fall into the beneficiary group and approach them to join a self-help group. Each neighborhood can have a neighborhood chapter of the group that works locally, but the entire group should meet every two weeks. In time, each neighborhood will identify one or several leaders, who will take the lead in mobilizing the group and representing them in key forums (including the sub-committees and the CDC, and Cluster CDCs/GAs), but the selection of local leaders should take place once the work has begun and individuals have illustrated drive, enthusiasm and hard work.
VI.1.a. Demarcation of communities for clustering (Rural communities)

The number of communities in the districts to be covered under the CCAP varies widely from the lowest of 16 communities in a district to the highest of 317 communities in another (according to NSP experience). Certain line ministries require a larger “catchment” area for their service delivery than that of the village/ community level. Also certain services and service standards in the Citizens’ Charter are better achieved or more efficiently achieved at the sub-district level than the village level. The Citizens’ Charter objective, however, includes the strengthening of CDCs. As such, it was agreed that CDCs of neighboring communities would be clustered at sub-district level through the formation of a development coordination institution at sub-district level, called the Cluster Community Development Council (or the CCDC).

Simultaneous to the community mobilization and CDC elections processes on the ground, the FP, PMU and RRD directors, in consultation with district/ provincial representatives of the other line ministries providing services under the CCAP, will tentatively determine the number of feasible sub-district clusters in a given district.

The clustering must adhere to the following criteria:

- All communities in the district must be assigned to any 1 and only 1 cluster
- A cluster can include a minimum of 4 and a maximum of 8 communities
- Spatial dimension (in terms of distances/ closeness, accessibility including women’s mobility and their ability to participate) needs to be the prime criteria considered in cluster formation
- Other criteria can include traditional hauza/ manteqa boundaries, common/shared natural resources, shared public infrastructure and/or services, shared larger market/ bazaar etc.
- Ethnicity, tribe, clan etc. cannot be the basis for clustering or not clustering of neighboring communities.

The team then finalizes the list of sub-district clusters and assigns each a name and a unique ID code, specifies which communities are part of which cluster and informs the FP accordingly. While the FP may consult with the communities on preferences, the final decision on the cluster formation rests with the PMU and RRD.

As the “catchment” areas for service provision varies widely among the different line ministries, it should be noted that a given community may still access certain services of the CCAP from another cluster than the one it has been assigned to. (For example: A community may be included in the cluster A and may receive health-care and irrigation services under A, but may find it easier to access educational facilities located under cluster B, and this is acceptable and to be expected).

VI.1.b. Demarcation of communities for clustering (Urban communities)

Urban areas in provinces are divided into urban communities (between 200 to 250 households), gozars (between 4 to 5 CDCs or between 800 and 1,250 households), nahias (a cluster of gozars) and municipalities (a cluster of nahias). An urban Community Development Council (CDC) represents the community, a gozar assembly represents the gozar, the nahia development shura represents the nahia and the municipal advisory board represents the municipality when it comes to development related issues. Nahias and municipalities have their own administrative structures. The Sub-National Governance Policy covers all of these structures.

The IDLG contracted oversight consultant’s team, together with the given municipal management unit and the contracted FP for a given city first groups a number of households in a given district into election units and communities of between 200 and 250 households. They then cluster adjacent neighboring
communities into a sub-nahia cluster of communities called as a “Gozar” consisting of 4-5 CDC of approximately 800 to 1250 HH s. Each Gozar is assigned a unique name and ID and FP s have to strictly adhere to this list during the actual implementation of the clustering process.

VI.2.a CCDC and GA Formation

All elected Chairpersons and Vice Chairpersons of CDCs form members of the rural CCDCs and urban GAs. Exceptionally, both rural and urban CDCs can chose to have 1 or 2 more members per CDC in the CCDC/GA. If this is being allowed, this will then apply to all the CDCs in a given CCDC/GA.

The social organizers bring all the CCDC/GA members of a given cluster/ gozar to a central location shortly after the registrations of all the CDCs in them. The social organizer introduces the roles and responsibilities of the CCDC/GA focusing especially on how they differ from that of the CDC, and why more consultation across communities is important. All CCDC/GA members are then allowed to introduce themselves to the group for a maximum of 5 minutes each, outlining their strengths and their visions for their own CDCs and the CCDC/GA.

Four ballot papers are distributed by the FP to each of the members and they are asked to vote for any of the CCDC/GA members as its office bearers. The final tally of the votes is done and the candidate with the most votes is elected the CCDC/GA Chairperson. If male, then the female candidate with the most votes is then the CCDC/GA Vice Chairperson, or vice-versa. Similarly, the male and female candidates with second-highest number of votes become the CDC Treasurer and CDC Secretary respectively.

It should be noted that there can only be one CCDC/GA office bearer from one participating community. So if a CCDC/GA member from a particular community is elected as an office bearer (for example as the Chairperson), the second CCDC/GA member from the same community cannot be elected as an office bearer even if he/she secured the second-highest votes. The next highest ranking candidate (of the same gender) will be selected for that position instead.

VI. 3. CCDC/ GA Development Planning

The CCDC/ GA development planning will be conducted only after the completion of the Community Development Plans (CDPs) for the individual communities. The individual community profiles, community/ resource maps, Poverty analysis etc. for the individual communities can be combined to arrive at an initial draft CCDC/ GA profile, resource map, Poverty analysis etc.

The elected CCDC/GA consults with the CDCs of the communities in the cluster on those development priorities that extend beyond their individual communities but affect them, not exclusively but certainly with special focus in those sectors covered under the CCAP minimum service standards.

The CCDC/ GA then prepares the formal CCDC/GA Development Plan using ‘CCAP Form 5: CDC/CCDC/ GA Development Plan’. At a minimum, it will list all the development priorities that are beyond individual communities in the cluster/ Gozar, divided into three broad categories: (a) the priorities that can be handled by voluntary community contributions and/or other internal resources from within the cluster/Gozar; (b) the priorities that may be funded under the CCAP as responding to the MSS; and (c) the priorities that do not fall under (a) or (b) and need third-party and external resources to implement.

The completed Form 6 needs to be signed by all 4 of the CCDC/GA office bearers in agreement to the plan. The FP social organizer, district manager and provincial manager sign off on the form to attest that the plan was prepared in a consultative manner and as per the policies and procedures stated in the OM. The final approval for the same comes from the CCAP PMU Manager. This form needs to be submitted to the PMU within one week of completion of the plan. In addition the involvement of directorates of the line ministries might be considered in the GA level planning.
It should be noted that in urban areas, the IDLG’s CCAP Project Management Unit is established within the provincial municipal office. During the development planning of the urban communities, a nahia representative will be working closely with the CDC and the FP concerned. He/she will ensure that nahia/municipality plans are shared with the CDC/FP and, in turn, the CDP proposed is shared with the nahia and municipal authorities. Care needs to be taken to avoid duplication of investment in the development planning between the CCAP funds and other available development funding that the nahia/municipality is already aware about. The approval of the CDP by the PMU is considered also the approval of the municipality as they will be consulted in the process, prior to approval.
CHAPTER SEVEN: SERVICE STANDARD GRANTS

VII.1. Citizens’ Charter Funds for Communities

The CCAP includes different types of development funding that communities can opt to use at community level or cluster/Gozar level. They include the following:

(a) Rural Area Service Standard Grants
(b) Urban Area Block Grants

References to “CCAP funding” in this Manual refers to (a) and (b) above. Prior to any disbursements being made of the CC funds, the ‘CCAP Form 7: Tripartite Agreement Form’ needs to be finalized. This can only be finalized after the full grant is committed into one or two subproject proposals that together amount to the total grant plus the total community contribution. The Tripartite Agreement is a binding contract between the line ministry serving as the implementing agency (here MRRD and IDLG represented by the PRRD and the Municipality concerned respectively), the CDC/ CCDC/ GA (as the recipient and implementing agency) and the IDLG FP/ MRRD district office (as the facilitating agency) wherein all three parties agree to carry out their agreed roles and responsibilities as outlined in this Manual.

VII.2. Rural Area Service Standard Grants and Permissible Menu

The Rural Area Service Standard (RASS) Grants will be provided to around 12,000 rural communities in 117 select districts in all 34 provinces. The RASS grants will be administered by the MRRD. Unlike in the NSP, these grants are not calculated based on the number of families or households in the community. Also, unlike in the NSP, these grants may not be used for a wide open menu of subprojects. The RASS grant per community use is limited to addressing the lack of any of the CCAP MSS assigned to the MRRD as stated below. The RASS grant per community is determined based on the following:

(i) **Universal access to clean drinking water**: one water point per 25 households, providing 25 liters of water per person per day;

(ii) Communities will have at least one of (depending on community prioritization and accessibility of community) the following three options:
   a. Basic electricity: 100W per household through solar, micro hydro, biogas or wind (only areas that cannot be reached by grid)
   b. Basic road access: within 2km walking distance from nearest accessible rural road (accessible areas only)
   c. Small-scale irrigation infrastructure: includes any of: 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; Super passage.

Based on the CDP / CCDP, the MRRD engineers assigned to the CCAP district offices will prepare estimates required to:
   - fully address (i) above for the whole community; and
   - address one of the three options under (ii) above as selected by the community.

The total costs for the above will be determined. 10% will be deducted as minimum mandatory community contribution from the total costs of the selected subprojects. The remaining 90% of the costs will then be the community’s RASS grants. Communities can opt to utilize their RASS grants at the CCDC level as well.

VII.3. Urban Area Block Grants and Permissible Menu
The Urban Area Block (UAB) Grants will be provided to around 600 urban communities and 120 Gozars. Urban communities will uniformly be between 200 - 250 households each, with an average of 225 households. GAs also has have a range of between 4 to 5 CDCs each, depending on the density of the population within these CDCs. (Note: This is because the demarcation of the boundaries of an urban community needs to consider tertiary roads, drainage etc that exist and the boundaries determined cannot cut across then to artificially fix into a fixed number of households. An area with a loosely scattered population of 4 CDCs could form a GA, while a densely populated area of 5 CDCs could also form a GA). The UAB per urban community will be an average of (the Afghani equivalent of) US$ 70,000, with a maximum of US$ 80,000 per community and a minimum of US$ 60,000 per community. The UAB grant per GA is set at a maximum of US$ 200,000. GAs with 4 CDCs included will be eligible for US$ 160,000 while GAs with 5 CDCs included will be eligible for US$ 200,000. The use of the UAB grant is limited to addressing the lack of any of the CCAP MSS assigned to the IDLG as stated below.

The UAB grants for communities can be utilized by urban CDCs for one or more of the following:
- Street upgrading and drainage: includes concreting streets; sidewalks; drainage; and tree plantation along streets.
- Solid waste management: solid waste management from the household level, which includes awareness raising, linked to existing municipal waste collection mechanisms.
- Provision of potable water: Can include extension of existing municipal water network; small water supply scheme; or hand pump installation.
- Household numbering
- Lightning/Electricity: Can include extension of electrical grip, including installation of electrical transformers. Additionally households will be encouraged to install lights outside their homes.

The UAB grants for Gozars can be utilized by Gozar Assemblies for one or more of the following:
- Secondary Road upgrading and readjustment: includes concreting streets; sidewalks; drainage; and tree plantation along streets.
- Provision of potable water: Extension of existing municipal water network.
- Park/recreation area/playground for children/women
- Solid Waste management: Linkage for transfer of waste from designated waste site to dump site, facilitated by municipality.
- Livelihood projects for women: 10 percent of the Gozar Grant will be designated for women’s projects\(^6\), particularly women’s economic empowerment, with linkage to relevant urban market demands in the area and prioritization of women.
- Lightning/Electricity: Can include extension of electrical grip, including installation of electrical transformers. Additionally lights will be installed on secondary streets.

The total costs for the above will be determined. The community contribution for urban CDCs would be 25% of the total subproject costs for regular urban communities and will be zero percentage for GAs and urban communities comprising largely of IDPs/ recent returnees/ nomadic populations.

### VII.4. Subproject Proposal Preparation

The actual final selection of the subprojects to be financed under the CCAP funding for both urban and rural communities must be clearly stated in the approved final CDP/ CCDP. In case of rural communities, the MRRD’s CCAP district offices, and in the case of urban communities and Gozars, the IDLG contracted FPs for a given city, will prepare the detailed subproject proposals for the CDC/ CCDC/ GA. Each CDC/ CCDC/ GA can have a minimum of 1 and a maximum of 2 subprojects.

The subproject proposal is prepared using the ‘CCAP Form 8: Sub-Project Proposal Form’. The proposal will comprise the following parts:

\(^6\) In urban CDCs/ GAs, 10% of the UAB grants will be set aside for “women’s projects”. These are projects prioritized and implemented by the women members of the community.
(a) Site selected and justification for the same
(b) Engineering/ technical survey and design
(c) Bill of quantities (BoQ)/ Scope of works (SoW)
(d) An estimate of all the administrative costs involved
(e) ESS related checklists
(f) Community contribution plan
(g) Time-bound work plan
(h) O&M plan

The MRRD and IDLG FP engineers must work closely with the CDC/CCDC/GA and their selected project management committees in the preparation of the proposals. Supported by these engineers, the CDCs/ GAs are required to hold community wide meetings informing the community of the details of the proposal, with special focus on environmental and social safeguard requirements, the minimum mandatory community contribution requirements and how they propose these are met, and the operations and maintenance (O&M) plans and the community’s responsibilities with regard to the same. The final estimated budget and the portion to be filled as community contribution are communicated to the community.

Community contribution in CCAP for urban areas will amount to a minimum of 25% of the total costs of the selected subprojects for regular communities. This can be paid in cash, kind or voluntary labor. Care must be taken that the burden for the contribution is equally shared by all the households to the extent feasible. For GAs and urban communities with a significant percentage of IDPs/ recent returnees/ nomadic populations, the mandatory community contribution requirement is waived.

Where there is more than 1 subproject in a given community/ cluster/ Gozar, the administrative costs need to be divided among them proportionate to the subproject costs. It is recognized that most administrative costs apply for the community/Gozar and not the individual subprojects, but this breakdown is mainly to ensure that these costs are included in the estimate. An overall list of administrative costs for the community/ Gozar needs to be prepared first and then broken up proportionately into the 2 subprojects. For both urban/rural CDCs and urban GAs/rural CCDCs, administrative costs cannot exceed AFA 15,000 or 5% of the total grant for the CDC/GA/CCDC, whichever is lower.

The engineering and technical survey and design must specifically follow the standard designs in the CCAP Engineering/ Technical Manuals and all of the applicable building, zoning, energy and environmental protection codes for resilient construction and must be based on resilient infrastructure design training module provided by World Bank Group to the CCAP engineers. The subproject must also account for possible mitigation and adaptation measures to reduce existing and potential disaster risk based on multi-hazard risk assessment. Where updated provincial/ city project cost databases (PCDB) exist, the bill of quantities should reflect the costs stated in the PCDB.

Special care needs to be paid for land obtained for a given subproject whether through voluntary contribution, use of public/ community land, and/or land purchased for the same. It should be noted that the CCAP funds cannot be utilized in any part or whole for land purchase, or for compensation for land.

The proposal needs to include a sum of Afghans ____________________________ (AFA ________) for a sign board in the standard format and size prescribed in subsequent sections to be prepared on completion of the infrastructure subproject and fixed in a visible location in front of the subproject site.

One Form 7 is required to be completed for each subproject proposal. Thus a community/ cluster/ Gozar will have a maximum of two Form 7s.

**Important Note:**

a. For rural communities, the total subproject costs in its 1 or 2 Form 7s should total the amount pre-determined by the district engineers as the maximum RASS grants for that community

b. For urban communities, the total subproject costs in its 1 or 2 Form 7s should total a sum of the applicable Afghani equivalent of US$ 70,000/ community or US$ 200,000/ Gozar.
c. The entire set of Form 7s for a given community must be submitted together to the PMU. Where the total value stated in the proposals submitted as Form 7s of a given community does not total the amounts stated above, the Form 7s will be returned for corrections.

Once the Form 7 has been approved by the community/cluster/ Gozar representatives, the IDLG FP/ MRRD district engineers complete the first part of the ‘CCAP Form 9: RASS/ UAB Grant Disbursement Request’ to request for the first installment of the grant to be disbursed.

The CC community grants will be disbursements in installments as outlined in the table below. As such, the Form 8 at this stage should be limited to requesting for the disbursement of the first installment in the appropriate percentage. (Note: The table below speaks of the RASS/ UAB grant amounts not including the community contribution).

Table A: CC Community Fund Disbursement Installments:

<table>
<thead>
<tr>
<th>Total amount of RASS/ UAB grants</th>
<th>First installment %</th>
<th>Second installment %</th>
<th>Third installment %</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to and including US$ 75,000 (or AFA 5.025 million)</td>
<td>70%</td>
<td>30%</td>
<td>--</td>
<td>100%</td>
</tr>
<tr>
<td>Above US$ 75,000 (or AFA 5.025 million) and up to and including US$ 125,000 (or AFA 8.375 million)</td>
<td>50%</td>
<td>30%</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>Above US$ 125,000 (or AFA 8.375 million)</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table B: Triggers for the disbursement:

<table>
<thead>
<tr>
<th>Total amount of RASS/ UAB grants</th>
<th>First installment %</th>
<th>Second installment %</th>
<th>Third installment %</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to and including US$ 75,000</td>
<td>Approval of the Forms 7 and 8</td>
<td>Verified physical &amp; financial report showing a minimum of 70% of the first installment must be utilized</td>
<td>Nil</td>
<td>100%</td>
</tr>
<tr>
<td>Above US$ 75,000 and up to US$ 125,000</td>
<td>Approval of the Forms 7 and 8</td>
<td>Verified physical &amp; financial report showing a minimum of 40% of the first installment must be utilized</td>
<td>Verified physical &amp; financial report showing a minimum of 70% of the first and second installments combined must be utilized</td>
<td>100%</td>
</tr>
<tr>
<td>Above US$ 125,000</td>
<td>Approval of the Forms 7 and 8</td>
<td>Verified physical &amp; financial report showing a minimum of 30% of the first installment must be utilized</td>
<td>Verified physical &amp; financial report showing a minimum of 60% of the first and second installments combined must be utilized</td>
<td>100%</td>
</tr>
</tbody>
</table>

VII.5. Proposal approval and data entry
Once completed, the initial approval for the Form 7 comes from the 4 CDC/ CCDC/ GA office bearers on behalf of the community/ cluster/ Gozar. It is then signed in turn by the MRRD district engineer/ IDLG FP district and provincial engineers, and then submitted to the MRRD PMU/ IDLG CCAP OC PMUs respectively. The Form 7 needs to be submitted to the PMUs within one week of completion of the same.

The PMU senior engineers review the proposal in detail for completeness, adherence to OM requirements with regard to administrative costs/ community contribution/ etc., soundness of the design, accuracy of the proposed budget, adherence to the CCAP Engineering/Technical Manuals/ building, zoning, energy and environmental protection codes for resilient construction and other applicable codes. Also, if the proposal is located in an area prone to natural disasters or is recovering from a previous disaster, it should include possible measures to mitigate or adapt to those risks, as well as it should include measures for resilient recovery and reconstruction of the sub project proposal area. Lastly, the PMU will ensure that proper screening has occurred with regards to potential social and environmental impacts and proper safeguards instruments are prepared if needed. (See Chapter 14)

A proposal could be rejected completely if there are serious violations for any of the above, or could be returned for corrections and resubmissions within a stated timeframe.

Once the PMU senior engineers are satisfied with the proposal, they then recommend it for the PMU Manager’s approval, indicating their verification completion by adding their signatures to the Form 7.

The final review and approval of both the proposal and the disbursement request (Forms 7 and 8) rest with the CCAP PMU Manager. His/her signature along with the seal of the PMU on these forms indicates the final approval of the same.

Once approved, the PMU data base officers can enter the Forms 7 and 8 into the CCAP database. (Note: Forms 1 to 6 will already have been entered into the system prior to the submission of Forms 7 and 8. A maximum of 2 working days is allowed for data entry for Forms 1 to 6 from the date of receipt, and a maximum of 2 working days is allowed for data entry of Forms 7 and 8 from the date of the PMU Manager’s approval. Forms 2, 7 and 8 also have to be scanned into the database archives, while Forms 1 and 3-6 need not be).

**VII.6. Fund disbursement and DAB MoU**

Once the approved Forms 7 and 8 are shown in the database, the MRRD/ IDLG CCAP Finance Department (FD) will prepare the disbursement request on behalf of the CDC/ CCDC/ GA to the Ministry of Finance (MoF). A single M16-form may be utilized for requesting CCAP RASS/ UAB grants to any number of CDCs/ CCDCs/ GAs within the same province.

The CCAP MoF Liaison Officer for MRRD/ IDLG will submit the single M16 together with a duly authorized list containing the bank account details of each CDC/ CCDC/ GA for which disbursements are requested. The 2-3 staff in the MoF Treasury are mandated to prioritize CC related M16 processing.

The transfer to each CDC/ CCDC/ GA would be routed through a clearing account setup for this purpose by the MoF for the MRRD and the IDLG. The MoF will issue a cheque to the Da Afghanistan Bank’s (DAB’s) HQ for the total amount being requested in the M16, along with the authorized list of beneficiary CDCs/ CCDCs/ GAs. The DAB will then transfer the amount of the specific cheque from the Special Account to the Clearing Account for MRRD/ IDLG. The DAB will then transfer the specific amounts mentioned for each CDC/CCDC and GAs as per the authorized list into the respective CDC/ CCDC/ GA bank accounts maintained in the provincial DAB branches.

After settlement of transactions by way of onwards transfer to CDCs, the clearing account would always have a zero balance. The MRRD/IDLG would be entrusted with the task of reconciling the clearing account and ensuring zero balance.
A community/cluster Gozar is deemed to be “financed” when the cheque totaling the M16’s amount is processed from MoF to the DAB. In most cases, the grants transferred from the MoF to the communities/clusters/Gozar, via the DAB, will take between 5 to 10 working days to be credited into the CDC’s/CCDC’s/GA’s bank account maintained in the provincial DAB branches.

The IDLG FPs and the MRRD PMUs need to monitor and document the date of receipt of each tranche of the funds in the CDC accounts.

VII.7. Subproject implementation and closure

The CDC/CCDC/GA may already initiate procurement activities after confirmation is received that the subproject proposal has been approved by the PMU Manager. The procurement of all goods, works and non-consulting services required for the implementation of the subproject must be in adherence to the community procurement guidelines outlined later in this OM. The CDC Treasurer and Secretary need to retain all originals of the procurement forms used and the receipts/invoices for purchases made. The CDC Treasurer also needs to maintain updated financial documentation for the use of all CCAP funds as outlined in the community accounting guidelines outlined later in this OM.

Once the first installment of funds is received in the bank accounts, the CDC/CCDC/GA is allowed to make cash withdrawals from the same in the amounts required for immediate work on the approved subproject(s). These withdrawal requests are made to the DAB provincial branches using the CCAP Form 3a: Bank Account Form and need to be accompanied by signed and approved originals of the CCAP Form 3b: Cash Withdrawal Authorization Form. In the latter, the IDLG OC PMU and the FP for urban communities, and the MRRD PMU Manager for rural communities, authorizes what amounts can be withdrawn by the CDC/CCDC/GA from the bank account at any given point of subproject implementation, depending on actual physical and financial progress on the ground, the distance of the community from the provincial bank branch and the related administrative costs for each withdrawal. Unlike in the NSP, in the CCAP, the scanned forms of the Form 3bs need to be uploaded into the system, as well as the key data on the same, i.e. the date authorization was provided, by whom, and for what amount to be withdrawn.

The actual construction work on the subproject may either be undertaken by the communities themselves or may be outsourced to a qualified contractor through proper procurement. To the extent feasible without comprise on the quality of the infrastructure, CCAP recommends that the work is undertaken by the communities themselves. In such cases, it is recommended that (a) the paid labor is distributed evenly to the neediest households in the community, as identified during the community poverty analysis, and (b) where skilled labor is required, only experienced skilled laborers can be used. The actual construction must be closely supervised by the IDLG FP/MRRD district office engineers on a regular basis and must be in line with the approved subproject proposal. These engineers need to review and certify the quality of materials and the quality of the workmanship throughout the subproject implementation.

During the implementation, when the milestones for the second and third installments of the grants are triggered (i.e. actual expenditure on the field reaches the minimum required percentage of utilization of the previous installment(s)), the CDC/CCDC/GA can request for the next installment to be disbursed using the second/third part of the ‘CCAP Form 8: Disbursement Request Form’. The IDLG FP/MRRD district engineers help prepare the requests correctly after verifying the actual expenditure on the ground through documentation reviews and site visits.

The requests for the second/third installments will include the following:

(a) For second installment: The committed community contribution stated in the approved subproject proposal has been made in full.
(b) For second and third installments: Summarized expenditure reports prepared based on actual procurement and accounting forms and receipts on the ground, using the ‘CCAP Form 10: Expenditure Report Form’ showing that the required percentages of expenditure have been reached.
It should be emphasized that the disbursement requests and the expenditure reports (Forms 8 and 9) are not linked to individual subprojects but to the community/cluster/Gozar and will need to be captured in the database delinked to the subprojects.

In addition to the submissions at the time of second and third installment disbursement requests, the Form 9s also need to be completed and submitted at the following intervals and this will be a mandatory requirement in the CCAP:

(a) 25% of the grant utilized on the ground;
(b) 50% of the grant utilized on the ground; and
(c) 75% of the grant utilized on the ground.

As and when the subproject is completed or near completion, the CDC needs to order the sign board to be prepared for the same. Every CCAP grant funded subproject needs to have a signboard in the standardized format shown below placed in front of it:

```
(GoIRA logo)                                        (CCNPP logo)
Name of project: _________________________________
Start Date: _________________________________
Completion Date: _________________________________
Community: _________________________________
District: _________________________________
Province: _________________________________
Total Costs: _________________________________
CCAP: _________________________________
Community: _________________________________
Other: _________________________________
```

As and when each approved subprojects of a given community is completed or failed, the ‘CCAP Form 11: Sub-project Final Status Report (SFSR)’ is completed. It is mandatory that a minimum of 4 photographs of the completed infrastructure from same angle in different stages of construction (initial, middle, and completion) included as part of the SFSR. At least one of the photographs should clearly show the prescribed sign board for the project.

The SFSR shows the actual versus planned design, outputs, costs etc. of the subproject. The final status of a subproject can only be (a) completed or (b) failed. Changed subprojects (are those no funds have been spent and hence) do not need a SFSR.

As and when all the approved subprojects of a community have been completed/failed, an analysis is done by the MRRD district engineers for rural communities and the FP engineers for urban communities on what portion of the grant remains unutilized. Any unutilized amount not withdrawn from the bank account can now no longer be withdrawn. Any unutilized amount that is already withdrawn and exceeding AFA 5,000 must be re-deposited into the CDC account by the CDC with the help of the district office/FP. Such unutilized funds will be reversed by the MoF back from the CDC accounts into the clearing accounts of the MRRD/IDLG on their request.

A community/cluster/Gozar that has been financed by CCAP grant will be categorized under one of the following categories showing implementation progress, based exclusively on the data approved and updated in the CCAP database:

- Category A: 100% of the grant utilized
- Category B: 100% of the grant disbursed and at least 70% of the grant utilized
- Category C: At least 70% of the grant disbursed and at least 50% of the grant utilized.
• Category D: At least 50% of the grant disbursed and at least 25% of the grant utilized
• Category E: CDC/CCDC/GA formed and CDP completed but no funds disbursed

As and when a community is in category A, the ‘CCAP Form 12: Community Financial History Form (CFHF)’ is completed. This form then provides information on the original grant determined, the actual amount disbursed, the amounts utilized for each subproject, the actual community contribution, and any amounts that have to be reversed from the CDC accounts. The MRRD’s/ IDLG’s CCAP FDs will liaison with the MoF to make the necessary reversals.

VII. 8. Operation & Maintenance (O&M) of CCAP Financed Subprojects

The IDLG FP engineers in urban communities and the MRRD district engineers in rural communities will train the selected O&M sub-committee in the creation of O and M Plans, in the running, maintenance and basic repairs of the infrastructure financed through the CCAP funds. This training will be done simultaneous to the subproject implementation and immediately after completion. For subprojects that review fee collection or cost-of-operation recovery, basic documentation will be agreed between the O&M sub-committee and the engineers, and these will have to be used, and available for future audits.

Where communities opt for projects that are large and where the O&M costs will be significant, a commitment is also required from the relevant line ministry to take care of the O&M of the completed infrastructure.

VIII. 9. Final Community Meetings and Reporting upon Subproject Completion:

After the complete utilization of the RASS/UAB grants in their respective communities and the completion of the subprojects they finance, the CDC/CCDC/GA is required to conduct a final meeting (or a series of meetings if required) for final CCAP-related reporting with their respective communities. Community members need to be informed of this meeting via the Mosque or posters and word of mouth, such that at least 60% of the adult population of the community is made aware of the meeting’s time, venue and agenda at least two days prior to the meeting date.

At this final meeting, the CDC/CCDC/GA is to report on the CDP priorities that translated into the CCAP grant funded subprojects, their planned versus actual implementation progress, budget/costs on completion, outputs (where applicable), and other details. The CDC/CCDC/GA also uses this meeting to report on the CCAP Minimum Service Standards (MSS) progress in their communities/guzars from the start date of the CCAP to the time of the meeting, and the key changes made (if any) in each of them over time.

The Community Participatory Monitoring (CPM) team can also use this meeting to report on their findings over the CCAP period within that community/guzar. The CPM will especially report on the CDC’s/CCDC’s/ GA’s and/or their sub-committees’ roles in procurement and financial management of the RASS/UAB grants and their project management of the subprojects these grants finance, the inclusion and participatory approaches they have used to engage the wider communities in the CCAP etc.

The CDC/CCDC/GA is also required to remind their communities/guzars of the CCAP grievance redressal mechanisms, CPM processes, etc that they may avail of as required. (For details on these are available in subsequent chapters of this Manual and the Social Training Manual).

It is important to note that these “final meetings” indicate the closure of the CCAP grant for the communities and not of the CDC/CCDC/GA’s roles or mandate in them.
CHAPTER EIGHT: LINKAGES

VIII.1 What is Linkages and what does it Serve?

“Linkages” in the context of this OM deals with the formal process of linking CDCs to the district, provincial and central government actors and to other development actors in an organized systematic manner, such that it contributes to the stated objective of strengthening CDCs for delivery of core infrastructure and social services. While linkages involve multiple stakeholders, the primary responsibility for organizing and implementing the following lies with the contracted FP.

The Government recognizes that ‘Linkages’ between Government and CDCs and Cluster CDCs/ Gozars can only take place if there are platforms/ spaces through which interaction can occur. The Citizens’ Charter Program will have a District Citizens’ Charter Management Committees (DCCMC) in rural areas and Municipal Citizens’ Charter Management Committees (MCCMC) in urban areas. These Management Committees that include all CC line ministries will not only coordinate line ministry services provision, but will also be responsible for the interface between communities elected representatives’ and government staff.

The periodic meetings will enable elected representatives to:

- Provide feedback and discussion to improve services (focusing on the Minimum Services Standards, outlined by Government)
- Request support from DG and Line Ministries to resolve lack or quality of services issues
- Share and discuss development activities and support needed by various actors, such as NGOs or private sector
- Share best practices
- Address Grievances that are not resolved at the community level and channel these to higher levels, if needed
- Advocate and raise support for key activities, e.g. to address food security for the most needy (such as women-headed families, or families headed by disabled persons or children)
- Discuss and consider management of Natural / Common Property Resources in the district
- Raise awareness on key development issues
- Provide input for District level Planning
- Illustrate equitable development such as equitable distribution of benefits from CCAP subprojects, site selection of subprojects such that even the most vulnerable groups can benefit from them, etc
- Provide input for District level Planning and discuss how Citizens’ Charter sub-projects tie into the overall district level development planning
- Discuss safety of development staff
- Raise issue and seek inputs and support in conflict / dispute resolution, and
- Coordinate Disaster Risk Reduction and Disaster Management

VIII.2 Time frame of Meetings and Key Actors

Sub-district Level:

At this level, linkages include intra-community and inter-community linkages. Within a given community, the FP social organizers must ensure that CDC members from each neighborhood are introduced and familiar with all the other neighborhood in that community. Once all planned CDCs are established, the FP must conduct cross-visits between neighboring communities at the sub-district level. This could be done either by hosting one or two day sessions where CDC members from the sub-district visit each of the communities in that sub-district. Alternatively, all of them could be brought to a central location in the sub-district where they can meet and learn more about each other’s communities. The primary output here is that the CDCs get a perspective of the common development related issues and
challenges between these communities and what can be done via the CCAP and by their own joint efforts to address them.

As and when CCDCs and GAs are also formed, the linkages between these institutions and the wider CDCs among the participating communities need to be well-established such that the development needs and priorities of each community is communicated upwards and the decisions and subprojects planned at the sub-district level is also communicated downwards effectively. At a minimum, the CCDC/GA needs to meet with all the CDC members from the participating CDCs in that cluster/Gozar once every six-months.

In rural areas, each Cluster CDC will have quarterly meetings with the DCCMC, consisting of representatives from each line ministry (Education, Public Health, MAIL, and MRRD) and will be chaired by the District Governors. The Social Organizers and Engineers responsible for implementation in the relevant CDCs and Cluster CDC should also be present as observers and ensure that their work considers the issues raised and points agreed upon in these meetings.

In urban areas, where the density of population is much higher and thus a greater number of elected councils, the MCCMC will meet with three Gozars at a time. The MCCMC will include each relevant line ministry/department (Education, Public Health, MAIL, Water, Electricity, and Environment) and will be chaired by the Mayors. Just as in rural areas, these meetings will be held quarterly.

Every six months, there will be District/Municipality wide meetings where a small number of representatives (1-2) from each Cluster CDC/Gozar in the District/Municipality come together to consider and discuss district level/municipality level development issues and concerns. This forum will provide an opportunity to focus on issues that go beyond one Cluster CDCs or several Gozars, such as Disaster Preparation, Natural Resources Management (watershed, pasture land), development plans, etc. These meetings too will be chaired by the District Governors and Mayors.

At the District and Provincial Levels:

The DCCMC/ MCCMC and Cluster CDC / Gozar Meetings

Each quarterly meeting of the DCCMC, chaired by the District Governor (rural) will be documented, with each line ministry taking turns in this task. Notes will be written up and circulated amongst all line ministries, provided to the Chairman of the Cluster CDC/Gozar, and the relevant FP. Action points, with responsible persons noted (this may be a line ministry, the Cluster CDC/Gozar or the FP), will be dated (when the action has to be completed) and the District Governors office will follow up to ensure completion. In each subsequent meeting, the action points will be reviewed and responsible persons will share what has been achieved or explain why the task has not be done and what support is needed to achieve it. The quarterly meetings notes should be provided to the Provincial Governor by the District Governors and each line ministry should send the meetings notes to their supervisors at the Provincial level.

DCCMC/ MCCMC and PCCMC and MCCMC Coordination Meetings

The District Citizens’ Charter Management Committee will have quarterly coordination meetings with the Provincial Citizens’ Charter Management Committee (PCCMC) (rural and urban) chaired by the Provincial Governor. These coordination meetings are to ensure that Mayors and Provincial Governors retain oversight and ensure that the modalities of the CC implementation are followed, that the periodic interface with Cluster CDCs and DCCMCs and Gozars and MCCMCs are practiced, that key issues in terms of services delivery that elected representatives have highlighted will be addressed and resolved.

PCCMC and the Citizens’ Charter Technical Working Group (Center)

Provincial Citizens’ Charter Management Committees (urban and rural) will liaise and coordinate with the Technical Citizens Charter Working Group, chaired rotationally by MoF, MRRD, IDLG, MAIL, MoPH, and MoE. Initially, the CC TWG will meet on a quarterly basis and will meet with Provincial CCMC representatives at a quarterly basis to learn of the progress and challenges with the Technical Working Group.
Central Levels:

Two national CDC Conferences will be conducted during the CCAP Phase One, preferably in the middle of the second year and preferably in the middle of the fourth/final year. Two CDC members (preferably one male and one female) will be selected to represent each of the districts/Nahia (Urban) covered by the CCAP. Similar to such conferences conducted under the NSP, the CDC representatives at the conference will spend the first day of the Conference in working groups responding to various pre-defined questions. Each working group will select representatives to present the findings from their group. Between 2 to 4 of the presenters will then be selected to present to the Government leadership in subsequent days of the Conference on the CDCs’ roles, achievements, challenges, etc in the CC, the CDCs’ overall impressions and evaluation of the CCNPP and the MSS, etc. Champion CDCs identified against a pre-defined set of criteria will also make presentations to the Government leadership on what were the factors that set them apart as champions and role-models, and what could be done to improve the CCAP.

VIII.3. Linkages Reporting:

The FP is required to systematically report on all linkage related activities once every quarter using the ‘CCAP Form #13: CDC/CCDC/GA Linkages Report Form’. The completed signed form must be submitted to the PMUs within 15 days of the end of each reporting quarter. The data is to be shown by CDC such that can easily be verified for accuracy.
CHAPTER NINE: COMMUNITY PARTICIPATORY MONITORING AND SCORE CARDS

Community Participatory Monitoring (CPM) is a community-level process, independent of the CDC or Cluster CDC/GA, through which beneficiaries are involved in monitoring project quality and holding locally elected councils accountable for the effective utilization of public funds, implementation of projects, and ultimately the management of Community Development Plans. Under CCAP, the CPM teams will also assist with the Score Card preparations on periodic basis.

IX.1. CPM Team Composition and Formation:

**CDC level:**
- The CPM team will be a permanent body. The same members will serve on it during the lifespan of the CDC since there will be training investment.
- The team should be selected from sub-committee non-CDC members and comprise of 6-10 people which each sub-committee nominating who their member(s) on the CPM team would be. No one sub-committee can have more than 2 members.
- Ideally, there should be an equal number of men and women. They may monitor separately or together, but should share their findings.
- At least two of the team members should be literate.
- The team can’t include any CDC members as this is meant to serve as an independent monitoring mechanism.

**CCDC/GA level:**
- Two members from each CDC CPM team will join to make up the CPM team at the CCDC/GA level.

IX.2. CPM Cycle:

CPM teams will engage in the following steps:
- Identify/update project monitoring indicators. What needs to be monitored for the CCAP at the community, cluster/ GA levels will be determined with the guidance of the FP and consultation with the community. At a minimum, the CPM team needs to monitor the CDC’s activities for the CCAP grants and subprojects, and the CCAP minimum service standards (MSS) provisions for their community/ cluster/GA over the CCAP period. The monitoring of the MSS is done jointly with the CDC and in consultation with all the sub-committees. This will result in the CPM and CDC jointly completing the Score cards mentioned in this Manual.
- Design/update CPM plan and share with community: At a minimum, the CPM team needs to monitor the CDC’s activities for the CCAP grants and subprojects, and the CCAP minimum service standards (MSS) provisions for their community/ cluster/GA over the CCAP period. The monitoring of the MSS is done jointly with the CDC and in consultation with all the sub-committees. This will result in the CPM and CDC jointly completing the Score cards mentioned in this Manual.
- Gather, analyze and report data: Data collection on the CDC roles and responsibilities, use of grants, subproject implementation etc should be done regularly and continuously, while the MSS monitoring for the score cards are done periodically.
- Conduct public meeting to share findings: The findings should be shared with their wider communities and with the CDC/ CCDC/GA concerned. FPs are required to capture the key information on the CPM findings and report it back to the HQ as part of their quarterly reports.

At a minimum, CPM will be conducted at four points/milestones of the program cycle:
- CPM 1: Approval of CDP by majority residents at CDC level, and approval of CDP by all CDC members at CCDC/GA level.
- CPM 2: Upon completion of 20 per cent of work related to the CCAP grant funded projects and utilization of 20 per cent of the community’s grants.
- CPM3: Upon completion of 60 per cent of work related to the CCAP grant funded projects and utilization of 60 per cent of the community’s grants.
- CPM 4: Upon completion of project.
After completion of these milestones specific to the program, CPM will continue on a bi-annual (i.e. once every six-months’) basis.

For non-CCAP MSS issues that will be covered in the Score cards, CPM teams are required to provide reports to the FPs on a quarterly basis using *CCAP Form 14. CPM Reporting Forms*.

**IX.3. CCAP MSS Score Cards**

‘Score Cards’ are a participatory method through which services users can rate and comment on the various dimensions of service delivery, including the availability and quality of the services, the attitude and behavior of service provider staff, and the condition of the facility. Score cards allow for comparison of the facilities across district/provinces, direct feedback to services providers, and capacity development and strengthening citizens’ voice.

In the CCAP, Score Cards will be the single most prominent tool to access the provision of the MSS committed to by the GoA to its citizenry. Here, the periodic completion and reporting on the score card will be the primary responsibility of the CDCs and CCDCs/GAs, with the support of the relevant CPM teams, and in consultation with the CDC/CCDC/GA sub-committees.

The MSS includes provision of public infrastructure and services in certain standards. The provision of public infrastructure will be responded to by the CDC/CCDC/GA directly. The provision of the services in the standards required for various health facilities and schools will be jointly monitored by the CDC/CCDC/GA along with the education and health sub-committees at the community level, and the Health Facility and School Management Sub-committees at the Cluster community levels.

All completed score cards will be returned to the CDC/CCDC/GA where the FPs will help review and finalize them and submit them to the PMU for data entry and analysis. Score cards will be completed at least every six months from the start of the community mobilization, and as such, FPs are required to submit 6 such score cards per CDC/CCDC and GA during their contract period. The score cards are to be submitted by the FPs to the PMUs for a given semester within the last couple of weeks of the reporting period itself.

With the help of the FP social organizer, the CDC/CCDC/GA and their CPM teams together complete the *‘CCAP Form 15: CCAP MSS Score Cards’*. (Note: Separate Form 15s are provided for rural and urban communities). The CCAP database will capture the MSS updates from the score cards for each community. It will also be able to provide summarized data on the entire MSS by district, province, region and for the whole country for every six months. These combined national reports will also be submitted to the President’s and Chief Executive Offices and to the Cabinet, as a quick progress report on actual CC implementation. The database will be able to also capture and present reports on the changes in the MSS for a given community over the CC period from the MSS baseline captured in the community profile to when the CCAP financed subprojects are completed for that community.

The score cards highlighting MSS not met are shared with the relevant DCCMC, PCCMC and the central CCAP units of the line ministries. Where appropriate action is not taken, these then can be deemed grievances and addressed to the relevant grievance handling committees outlined in the next chapter.
CHAPTER TEN: GRIEVANCE HANDLING

X.1. Introduction:

A Grievance is defined as an oral or written expression of dissatisfaction or concern about facilities or services provided, or about actions or lack of actions taken, and can be made by individuals, groups, organizations or institutions. Grievances handling is a crucial mechanism to ensure that individuals and groups within communities have the means to raise issues of unfair allocation and distribution of development funds and resources and elite capture, as well as issues around financial management and procurement processes in the use of community fund. The Grievances Handling Mechanisms outlined below are to ensure that communities can raise their voice and obtain fair and just resolutions in case their elected representatives (CDCs and Cluster CDCs / Gozars) do not follow fair, accountable, transparent, participatory, inclusive and pro-poor and pro-women development practices. Proper attention to any complaints and concerns raised by the citizens is an essential aspect of an accountable and responsive government.

Grievances can be categorized into: MSS provisions or lack/delays/other complaints related to them; social disputes, technical/ subproject complaints, financial issues, procurement, process delays, land acquisition etc. Each of these categories will have several different types of grievances. Care should be taken that grievances addressed at any level within the CCAP does not infringe on the work of legal and/or law enforcement responsibilities and authorities of the state. For example, all cases of dispute over land acquisition needs to be referred to the relevant land authorities, and cases of serious theft or fraud needs to be reported to the police etc.

X.2. Composition of Grievances Committees, Documentation and Reporting

Level I: Community Grievance Committee (CGC):

There will be a Community Grievance Committee (CGC) that handles the grievances/complaints at the single community level. There will be a total of 7 members: 2 CDC members and 5 members of CDC Sub-Committees: one representative from the thematic committees under the CDC (education, health, agriculture, youth, women’s economic empowerment). The office bearers for the CGC will be selected by its members and validity of committee would be according to CDC period. The CDC members do not automatically become office bearers of this committee.

There will be a Complaint Box at the community level and the box should be checked on a weekly basis by the Grievances Handling Committee.

CGC's ToR :
- To register the incoming grievances into the grievance registration book.
- To categorize all incoming grievances.
- To analyze the grievances in order to recognize the complainant and the nature of the grievances.
- To refer the analyzed grievances to the related committee for further process at the community level
- To follow the grievances up on a timely basis, usually on a first-come-first-served basis but exceptionally based on the severity of the grievance
- To feed the result back to the CDC and to the complainant (if known) and to the community if the complainant is unknown.

Level II: Cluster Community/ Guzar Assembly Grievance Committee (CCGC):

There will be CCDC/GA Grievance Committee (CCGC) that will handle the complaints at the Cluster level. There will be a total of 7 members: 2 CCDC/GA members and 5 members of CCDC/GA Sub-Committees: one representative from the thematic committees under the CCDC/GA (education, health, agriculture, youth, women’s economic empowerment).
Complaints to be addressed at this level can be placed within the Complaints Box designated for the CCGC at a centralized location among all the participating communities and easily accessible to the CCGC members. The CCGC’s ToRs is the same as the CGC’s but at the CCDC/GA level and should only include grievances that cannot (or is not addressed after the first attempt) at the CGC level.

All grievances received at community/cluster/GA levels will need to be reported via the FP to the PMU using **CCAP Form 16. Grievance Handling Report Form.**

**Level III: District Government Grievance Committee (DGGC):**

There will be District Government Grievances Committee (DGGC) under the District Citizen Charter Management Committee (DCCMC) that will handle the complaints at the District level. The members of the DGGC will be the focal points from related organizations at the district level, chaired by the District Governor. There will be a Complaint Box at the district level. The DGGC members should check the box at a minimum on a weekly basis. The DGGC’s ToRs are similar to that of the CGC but at the district level and should only include grievances that cannot (or is not addressed after the first attempt) at the CCGC level.

**Level IV: Provincial Government Grievance Committee (PGGC)**

There will be Provincial Government Grievances Committee (PGGC) under the Provincial Citizen Charter Management Committee (PCCMC) that will handle the complaints at the provincial level. The members of the PGGC will be Provincial Directors for the relevant line ministries, and CCAP PMU Manager and the FP provincial manager, chaired by the Provincial Governor. There will be a Complaint Box at the provincial level. The PGGC members should check the box at a minimum of a weekly basis.

The PGGC’s ToR is similar to that of the CGC but at the provincial level and should only include grievances that cannot (or is not addressed after the first attempt) at the DGGC level. Here, the roles and responsibilities are divided such that the PMU Manager and PMU monitoring staff serve as the secretariat for the Committee (for complaint registration, agenda, minutes and other documentation, feedback etc) while the Committee itself handles the actual grievance.

**Level V: Central Government Grievance Committee (CGGC)**

There will be Central Government Grievances Committee (CGGC) under Central Citizen Charter Management Committee (CCCMC) that will handle only those complaints that cannot be solved at the lower levels. The members of the CGGC will be designated staff from relevant line ministries, MRRD and IDLG Grievance Handling Heads and FP Program Managers at the central level, chaired by the MRRD Minister and IDLG Director. There will be a Complaint Box at the MRRD and IDLG HQ Compounds specifically for CCAP related grievances. The CC Grievance Handling Division should check the box at a minimum twice a week.

The CGGC’s ToR is similar to that of the CGC but at the national level and should only include grievances that cannot (or is not addressed after the first attempt) at the PGGC level. Here, the roles and responsibilities are divided such that the MRRD and IDLG Grievance Handling Heads that jointly serve as the secretariat for the Committee (for complaint registration, agenda, minutes and other documentation, feedback etc) while the Committee itself handles the actual grievance.

**X.3. Process:**

**Who can submit grievances?** Anyone can bring complaints or submit grievance regarding any element of the Citizens charter without any restriction.

**Awareness of the Grievance Handling Mechanism (GHM):** This GHM will be well publicized through brochures and posters on the information/sign boards of MRRD/ IDLG, Municipalities, Nahias, CCDCs/GAs and CDCs. FPs need to raise awareness in all communities facilitated of the CCAP GHM
and the various uptake channels for the grievances, and ensure that CDCs, CCDCs & GAs have complaint boxes places and CGCs and CCGCs check them regularly.

**Grievance Uptake Channels:**
Citizens can submit grievances through a variety of means as listed below:

- Weekly CDC meetings: feedback sessions at CDC meetings
- Grievance boxes: prominently kept in each CDC and in another box kept in the Provincial Department of Rural Development and Municipality, Nahia, Gozar, CDC Councils
- Letters/Forms: written directly to the MRRD, IDLG/DMM, Municipality, MAB, Nahia, Gozar, CDC Councils
- Telephone Hotline: the compliant in the format of grievance form can be relayed verbally through a dedicated free telephone hotline (the number of which will be displayed on the brochures)
- Project Staff: Grievances can also be filed through the project staff including CC, FP etc.
- Email: Those complainants who have access to internet can send their grievances through emails to the address provided in the brochures.
- Website: An online CCAP grievance webpage will be under the CCAP main website. CCAP social media (Facebook etc) will also have a provision for messaging grievances.
- Personal visit: complainants can present their grievances letter physically to dispute resolution committee in CDC structure at the community level and to provincial or HQ related office, if needed.

**Registering Complaints:**
All grievances need to be registered in a Grievance Register, whether verbal or written, by the grievance committee to which it is addressed. Grievances received over the telephone hotline, email, website and social media will automatically get registered at the central level but may then be channeled downwards for processing depending on the grievance itself.

Grievances received at all levels will also need to be entered into the **Grievance Handling Database** with unique reference number, date and time received, mode of receipt, complainant’s name and contact details (if made known), a decision on which grievance committee will be tasked to review the grievance, the timeline provided for its resolution/ feedback and the final result.

**Review and Investigation:**
The CGC and CCGC will meet at least once every 2 weeks, while the DGGC, PGGC and CGGC will meet as and when required but at a minimum, once per month. The Grievance Committee members will meet to review the grievances received newly. The CGC and the CCGC will have a maximum of 10 working days, and the higher level grievance committees will have 25 working days to report back on the grievance resolution.

When final decision is reached, the outcome will be shared with the complainant (if known) directly via phone or written letter, or depending on the sensitivity of the topic may be disclosed via the relevant grievance committee/ PMU/FP/CDC/CCDC/GA to the community/communities from which it was received, or on the website so that the resolution is available to the public at large.

**Conflict Mitigation/ Management:** Given the recent conflict-ridden history of the country, some of the conflicts have perculated downwards to the cluster/GA and community levels. These include existing, long term conflicts between parties and some that may arise due to the CCAP implementation as well. The CCAP team is conscious of this and hopes to include conflict mitigation/ management training contextualized for Afghan rural and urban communities as part of the trainings for the CDC/CCDC/GA. However, this will not extend to the inclusion of conflicts that would need to be addressed to relevant legal/ law enforcement authorities.

**CHAPTER ELEVEN: MONITORING AND EVALUATION**
XI.1. CCAP Results Framework

The Project Development Objective for the Citizens’ Charter Afghanistan Project is to improve the delivery of core infrastructure and social services to participating communities through strengthened Community Development Councils (CDCs). These services are part of a minimum service standards package that the Government is committed to delivering to the citizens of Afghanistan.

Project Development Objective Indicators
<table>
<thead>
<tr>
<th>PDO Level Results Indicators</th>
<th>Core</th>
<th>Unit of Measure</th>
<th>Baseline</th>
<th>End Target</th>
<th>Frequency</th>
<th>Data Source/Methodology</th>
<th>Responsibility for Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> Project beneficiaries</td>
<td>✔</td>
<td>Number</td>
<td>0.00</td>
<td>8.5 million</td>
<td>Semi-annually</td>
<td>Project MIS</td>
<td>MRRD and IDLG</td>
</tr>
<tr>
<td><strong>Name:</strong> Female beneficiaries</td>
<td>✔</td>
<td>Percentage</td>
<td>0.00</td>
<td>50 %</td>
<td>Semi-annually</td>
<td>Project MIS</td>
<td>MRRD and IDLG</td>
</tr>
</tbody>
</table>

Description: Important: These indicators include the populations covered under CCAP during the first phase. As planning and implementation involve entire communities and CCAP is building public goods such as roads and water points, the estimated population for the entire CCAP coverage area is included. This follows earlier OPCS guidance on CDD and local government projects.

| Name: Number of CDCs in rural and urban areas able to plan and manage their own development projects | Number | 0.00 | Total = 10,500 Rural: 10,000 out of 12,000 rural CDCs Urban: 500 out of 600 urban CDCs | Semi-annually | Project MIS CDC Maturity Index CDC Evaluation third party monitoring reports | MRRD and IDLG Third party monitors |

Description: Measured as part of CDC Maturity Index assessing organizational and management capacities. This index was developed previously under NSP and will be updated for CCAP. Due to high risks related to fragility and insecurity, the end target is @ 83% of the planned total, e.g., 10,000 out of planned 12,000 rural CDCs and 500 out of planned 600 urban CDCs. Therefore total CDCs by the end of project for this particular indicator is 10,500.

| Name: Number of rural and urban communities meeting all minimum service standards | Number | 0.00 | 9,000 communities Rural: 8,600 out of 12,000 communities Urban: 400 out of 600 communities | Semi-annually | Project MIS Improved service delivery evaluation Third party monitoring | MRRD and IDLG ARTF |
Description: Due to high risks related to fragility and insecurity, as well as sectoral challenges in providing some services, the end target is @ 70% of the planned total, e.g., 8,600 out of planned 12,000 rural communities and 400 out of planned 600 urban communities. Therefore, total communities by end of project for this particular indicator are 9,000 communities.

### Intermediate Results Indicators

<table>
<thead>
<tr>
<th>Intermediate Level Results Indicators</th>
<th>Core</th>
<th>Unit of Measure</th>
<th>Baseline</th>
<th>End Target</th>
<th>Frequency</th>
<th>Data Source / Methodology</th>
<th>Responsibility for Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Component 1: Service Standards Grants</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name:</strong> Rural areas - Number/type of rural subprojects completed (for water points, roads, irrigation, electricity)</td>
<td></td>
<td>Number</td>
<td>0.00</td>
<td>8,600</td>
<td>Semi-annually</td>
<td>Project MIS</td>
<td>MRRD</td>
</tr>
<tr>
<td>Description: The Project cannot determine subproject targets ex-ante as communities decide on types of projects they need and prioritize based upon service standards. Investments will be determined based upon a needs assessment of the first year.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Name:</strong> Urban areas - Number/type of urban subprojects completed (drainage, streets, street lighting, parks)</td>
<td></td>
<td>Number</td>
<td>0.00</td>
<td>400</td>
<td>Semi-annually</td>
<td>Project MIS</td>
<td>IDLG</td>
</tr>
<tr>
<td>Description: The Project cannot determine subproject targets ex-ante as communities decide on types of projects they need and prioritize based upon service standards. Investments will be determined based upon a needs assessment of the first year.</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Name:</strong> Rural areas - Number of people (male/female) benefitting from each type of subproject (access to water, roads, irrigation and electricity)</td>
<td></td>
<td>Number</td>
<td>0.00</td>
<td>TBD</td>
<td>Semi-annually</td>
<td>Project MIS</td>
<td>MRRD</td>
</tr>
<tr>
<td><strong>Name:</strong> Urban areas - Number of urban residents (male/female) benefitting from each type of subproject</td>
<td></td>
<td>Number</td>
<td>0.00</td>
<td>TBD</td>
<td>Semi-annually</td>
<td>Project MIS</td>
<td>IDLG</td>
</tr>
</tbody>
</table>
(drainage, streets, street lighting, parks)

Description: Cannot determine beneficiary target numbers ex-ante as communities decide on types of projects they need and prioritize. Project will be tracking number of persons benefitting directly from each type of service.

| Name: % of sampled community respondents (male/female) (satisfied with subproject/grant investments) | Percentage | 0.00 | 60% | Annually | Project MIS, evaluations, third party monitoring | MRRD and IDLG |

Component 2: Institution Building

<p>| Name: % of CDCs initiating activities to benefit marginalized and vulnerable groups such as women, IDPs/returnees (in addition to service standards) | Percentage | 0.00 | 35% | Annually | Project MIS | MRRD and IDLG |
| Name: % of sampled community respondents (male/female) satisfied with CDCs’ performance in their mandated roles | Percentage | 0.00 | 60% | Annually for monitoring, mid-term and final for external evaluation | Based upon social audits, random sample | MRRD and IDLG, third party monitors, external evaluator |
| Name: % of CDC members in rural and urban areas who are women | Percentage | 0.00 | Rural: 35% Urban: 40% | Reported once elections are held and confirmed at mid-term and final | Project MIS, third party monitoring, mid-term and final evaluation, gender study | MRRD and IDLG, third party monitors, external evaluator |</p>
<table>
<thead>
<tr>
<th>Name:</th>
<th>% of sampled CDCs/communities whose CDPs include at least one women’s priority activity</th>
<th>Percentage</th>
<th>0.00</th>
<th>60%</th>
<th>Project MIS, gender study</th>
<th>MRRD and IDLG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td># of districts/cities where Citizens’ Charter coordination meetings are held between government authorities and CDC clusters/Gozars</td>
<td>Number</td>
<td>0.0</td>
<td>Rural: 70 districts, Urban: 4 cities for urban areas</td>
<td>Semi-annual</td>
<td>Semi-annual progress reports</td>
</tr>
</tbody>
</table>

**Description:** Meeting frequency may fluctuate throughout the life of the project. At a minimum, the coordination meetings should take place at least twice a year until minimum service standards are met.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Number of government provincial and municipalities whose abilities are strengthened in engineering, project management, FM and procurement</th>
<th>Number</th>
<th>Rural: 34 provinces, Urban: 4 cities</th>
<th>Quarterly</th>
<th>Quarterly progress reports</th>
<th>MRRD and IDLG</th>
</tr>
</thead>
</table>

**Description:** Rural = 34 provinces, Urban = 4 cities. Total 38 provinces and cities

**Component 3: Monitoring and Knowledge Learning**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Number of evaluations and studies completed</th>
<th>Number</th>
<th>0.0</th>
<th>6</th>
<th>Reported in quarterly reports. It is anticipated that there will be studies throughout the project life.</th>
<th>Quarterly project reports</th>
<th>Citizens’ Charter working group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description: See list of studies and evaluations in Annex 2.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| Name: % of rural and urban CDC cross-visits that include women CDC members | Percentage | 0 | Rural: 20% Urban: 50% | Annual reports | Annual project progress reports | MRRD and IDLG |

**Component 4: Project Implementation and Management**

| Name: % of grievances received which are resolved | Percentage | 0.00 | 70% | Quarterly | MIS | MRRD and IDLG |
| Name: Number of rural and urban CDCs reporting semi-annually on service standard targets | Number | 0.00 | 9,000 | Semi-annual reports, | MIS, score cards and annual social audits | MRRD and IDLG |

Description: 8,600 CDCs out of a target of 12,000 in rural areas; 400 out of a target of 600 in urban areas. This indicator relates to CDCs’ reporting their status not the attainment of the standards which is listed above.
XI.2. Monitoring and reporting framework

The CCAP implementation will have various levels and different types of monitoring as outlined in the table below:

<table>
<thead>
<tr>
<th>Monitoring type</th>
<th>By whom</th>
<th>On what/ whom</th>
<th>Periodicity/ Frequency</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Participatory Monitoring (CPM) and Social Audit</td>
<td>6-8 elected CPM team members in each community</td>
<td>On the performance of the FP and CDC in the community</td>
<td>Regularly till completion/ closure of the CCAP funded subprojects</td>
<td>Semi-annual reports via the FPs</td>
</tr>
<tr>
<td>FP field monitoring</td>
<td>FPs</td>
<td>CDC, CCDCs, GA and their sub-committees</td>
<td>Regularly</td>
<td>Quarterly FP reports</td>
</tr>
<tr>
<td>CC MSS Score Cards</td>
<td>CDCs/CCDCs/GAs and their sub-committees</td>
<td>The CC MSS provisions within their community/ cluster/ gozar</td>
<td>Every 6 months minimum</td>
<td>Bi-Annual reports</td>
</tr>
<tr>
<td>DRM Implementation monitoring in the field</td>
<td>FP(s) and CDC(s) office bearers</td>
<td>On implementation of disaster risk reduction and management in each subproject</td>
<td>Regularly</td>
<td>Quarterly FP qualitative and quantitative performance reports by FP</td>
</tr>
<tr>
<td>Implementation monitoring in the field (including procurement &amp; accounting by communities)</td>
<td>PMU Monitors</td>
<td>Small sample of CDCs, grants, subprojects</td>
<td>Monthly</td>
<td>Quarterly reports by PMU compiled, analyzed and circulated by M&amp;ED</td>
</tr>
<tr>
<td>FP contract management/ performance monitoring</td>
<td>CCAP FPMD &amp; PMUs</td>
<td>All FPs</td>
<td>Regularly throughout contract periods</td>
<td>Quarterly FP qualitative and quantitative performance reports by FP and combined</td>
</tr>
<tr>
<td>CCAP Infrastructure quality and its disaster resilience</td>
<td>CCAP Engineering Department</td>
<td>Small sample of subprojects in each sector</td>
<td>Monthly</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td>Monitoring of district offices</td>
<td>PMUs</td>
<td>All DOs within province</td>
<td>Regularly</td>
<td>Quarterly quantitative and qualitative performance reports</td>
</tr>
<tr>
<td>Monitoring of PMUs</td>
<td>RCU's/ HQ line Depts.</td>
<td>All 34 PMUs and 4 major cities</td>
<td>Semi-annual</td>
<td>Semi annual qualitative and</td>
</tr>
</tbody>
</table>
All of the above reports except the Implementation Monitoring Report will be for internal circulation within the MRRD/ IDLG only. However, all of the above and other data captured in the database at the field level will then give rise to the following reports to be prepared by the CCAP’s M&E Divisions in the IAs, and will be shared externally at the national level on a regular basis:

- Monthly Program Reports – quantitative output based
- Quarterly Implementation Monitoring Reports – Qualitative and Quantitative output and outcome based, including reporting on the Results Framework
- Quarterly Interim Unaudited Financial Reports – updates on financial/expenditure/disbursement progress
- Annual Reports – Narrative reports with photographs highlighting overall achievements, challenges, trends etc. for each fiscal year
- Implementation Completion Report – once at the end of Phase One.
- CCAP MSS Score Card Report – Compiled data for each district/city covered once every six months

XII.3. CCAP Monitoring Information System (MIS):

The CCAP MIS draws on the NSP MIS in that its databases capture all relevant data from the community level in a decentralized manner and allows for a centralized data verification, compilation, analysis and auto-generation of standardized reports.

All key data on all the CCAP forms provided to the PMUs will be entered into the CCAP databases, partially at the district/ municipality and partially at the PMU offices. Important forms such as those relating to CDC elections, CDPs, subproject proposals, disbursement requests and expenditure reports will also be scanned and entered in soft copy into a digital archive.

Each community and each subproject will be provided a unique code that will help to identify and distinguish it in the system and all relevant data on the CCAP on the given community/subproject is linked to this unique ID.

In addition to the regular forms, the system will also capture monitoring reports, score cards, training reports etc. all linked to each community.

FP, DO and PMU performance against work plans and/or contractual milestones are also captured into the system linked by the unique community ID code.

Standardized reporting formats agreed between the donors and the Government will then be designed to be automatically generated from the database on the agreed frequency and timelines.

XI.3. External Evaluations/ Studies

The following table shows the list of possible evaluations and/or studies that are planned to be undertaken as part of the CCNPP or the CCAP during the Phase One.

<table>
<thead>
<tr>
<th>Evaluation Areas</th>
<th>Funded through</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><strong>Improved service delivery evaluation</strong></td>
</tr>
<tr>
<td></td>
<td>- Has the Citizens' Charter/CCAP improved services to citizens in the relevant sectors?</td>
</tr>
<tr>
<td></td>
<td>- Are citizens satisfied with services?</td>
</tr>
<tr>
<td></td>
<td>- Are women, vulnerable groups and the poorest benefitting equally from the services?</td>
</tr>
<tr>
<td></td>
<td>- How do CDCs/Clusters/GAs interact with ministries?</td>
</tr>
<tr>
<td></td>
<td>- Document responsiveness of local governments and line agencies to citizens’ voice.</td>
</tr>
<tr>
<td></td>
<td>- What are the changes in the number of people accessing services?</td>
</tr>
<tr>
<td></td>
<td>- How has inter-ministerial coordination at various levels improved?</td>
</tr>
<tr>
<td></td>
<td>CCAP</td>
</tr>
</tbody>
</table>

| 2 | **CDCs/CCDCs/Gozars Study** |
|   | - What is the relationship of CDCs to local actors (civil society, communities, shuras, and traditional leaders)? |
|   | - What is the role of CDCs in ensuring social inclusion of vulnerable groups such as IDPs, refugees, disabled, ex-combatants? To what extent were CDCs effective as inclusive decision-making mechanisms? |
|   | - Have CDCs, Cluster CDCs/GAs, and their sub-committees fulfilled their responsibilities to contribute to improved service delivery at the community level? |
|   | - Do CDCs and Cluster CDCs/GAs have adequate capacities to lead, plan and manage projects and mobilize communities to address local development issues? |
|   | - Have CDCs reached a level of maturity to sustain themselves with very limited facilitation? |
|   | CCAP |

| 3 | **Gender study** |
|   | - How have women benefitted through the Citizens’ Charter? |
|   | - What are ways that women can play a greater role in decision-making at the local level? |
|   | - Are poor women/female heads-of-household benefitting equally. |
|   | CCAP |

| 4 | **Technical quality of infrastructure.** |
|   | - Examine technical quality and disaster resilience of infrastructure built, safeguards compliance, operations and maintenance, cost-effectiveness, citizens’ satisfaction with infrastructure, EIRRs |
|   | CCAP (or through ARTF third party monitoring) |

| 5 | **Service delivery and its relationship to state legitimacy** |
|   | - What is the relationship between improved service delivery and citizens’ trust and belief in the state? |
|   | CCAP |

<p>| 6 | <strong>Conflict and fragility study</strong> |
|   | - What are the drivers of conflict at the local level and how do they affect public service delivery? |
|   | - What builds social cohesion at the local level? |
|   | - How do former combatants view the Citizens’ Charter and what role do they place in CDCs? |
|   | - What role can CDCs play in addressing conflict in communities? |
|   | - What linkages can be made with CDCs, districts and provinces to address local conflict? |
|   | CCAP or Govt resources |</p>
<table>
<thead>
<tr>
<th>7</th>
<th>Local economic development and value chains</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How can the Citizens’ Charter promote local economic growth and value chain linkages? What are potential markets for growth and jobs creation?</td>
<td></td>
</tr>
<tr>
<td>• Can we track second-generation effects (e.g. financial literacy, risk-taking, occupational change)?</td>
<td></td>
</tr>
<tr>
<td>• Can local economic decision making be improved?</td>
<td></td>
</tr>
<tr>
<td>• How has production and productivity of wheat and high value crops improved in the Citizens’ Charter areas where MAIL is working?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Public financial management at the local level</td>
</tr>
<tr>
<td>• What are the financial and administrative bottlenecks at the provincial, district, and local levels for service delivery? How can funds flows be improved?</td>
<td></td>
</tr>
<tr>
<td>• Are the new public financial management arrangements introduced through the Citizens’ Charter improving the timeliness of funds flows to communities?</td>
<td></td>
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</tbody>
</table>
CHAPTER TWELVE: SUSTAINABILITY AND INSTITUTIONALIZATION OF COMMUNITY DRIVEN DEVELOPMENT

The CCNPP and the CCAP are both time-bound, limited-budget programs/projects. However, it is very important to consider the sustainability of the institutions and infrastructure they create or strengthen and the post-completion impacts that result. As such, the sustainability of the CDC, the CCDC and the GA need to be examined as sub-national development/governance for development institutions. But it is not just the sustainability of the institutions that matters, but the practices that institutions adopt and maintain (participatory, accountable, transparent, inclusive and pro-poor). For this reason, the sub-committees include ordinary people and interest/self-help groups are formed and encouraged to engage in development processes. Both of these – sub-committees and self-groups will empower women and men to raise their voices, demand accountable and transparent practices, and contribute to development. With this purpose, committees and self-help groups will practice self-evaluations (following Norman Uphoff’s well-known methods of group self-evaluation).

The quality, functionality and disaster resilience of the completed infrastructure also need to be reviewed. The capacity of the Government to handle functions that will, in the first phase, largely be outsourced to other partners also needs to be considered.

XII.1. Institutional Maturity Index (IMI)

The IMI is a tool that measures and then rates the CDC on a core set of mandates responsibilities and principles. This index rates the CDC on core areas such as its built capacity, functionality, participation and decision making; CCAP grant funded projects’ implementation/maintenance/ functionality; transparency and accountability; linkages, responsiveness to social audits, linkages established, grievance handling, ESS, self initiatives etc.

The FP will administer the IMI first on the newly created CDC as a baseline. Next it will administer the IMI on the CDC 1.5 years after its creation to measure progress and highlight areas needing improvements and/or capacity development.

In the last month of their contract period, the FP works with each contracted community to complete an (IMI) for its CDC. The IMI is administered only after the CCAP funded subprojects are completed or closed. In the event that the subproject is still ongoing in a given community at the time of the FP’s contract completion, the IMI for rural areas is then to be completed by the MRRD’s district office.

The IMI is to be done in 3 parts – a self assessment by the CDC members themselves, an assessment of them by the wider community, and an assessment by the FP/MRRD/IDLG field staff working closely with that CDC and familiar with its performance. The weighting given will be 20% for the self-assessment, 40% for the community’s rating of them, and 40% for the FP’s rating of the CDC. The combined score will be totaled and the results documented in one of the following categories:

<table>
<thead>
<tr>
<th>Weightage</th>
<th>Ranking</th>
<th>Implications (of the rankings of the last IMI administered at nearly 3 years since the CDC formation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% to 40%</td>
<td>Failed CDCs</td>
<td>Will not be eligible for any further development funding</td>
</tr>
<tr>
<td>41% to 60%</td>
<td>Mediocre CDCs</td>
<td>A time-bound plan is development highlighting weak areas to focus on and improve</td>
</tr>
<tr>
<td>61% to 80%</td>
<td>Mature CDCs</td>
<td>A time-bound plan is development on post-FP exit CDC activities</td>
</tr>
<tr>
<td>81% to 100%</td>
<td>Champion CDCs</td>
<td>Will help other CDCs through cross-visits and peer learning</td>
</tr>
</tbody>
</table>
For the self assessment, the entire CDC members need to be present for the FP-facilitated session. The responses of the majority are recorded as the response of the CDC, but actual percentages supporting the response stated is also noted.

For the community’s assessment of the CDC, the FPs conduct focus group discussions with male and female non-CDC community members representing all the different election units in the community. The FPs will ensure that all the voices within the particular community are heard, ensuring the views of more marginalized groups are sought and recorded.

For the FP’s assessment of the CDC, it relies on its knowledge and experience of working with the CDC and observation on the ground of its performance in the core areas against which it is being rated.

The final results of the IMI is documented in the ‘CCAP Form #17: CDC Institutional Maturity Index (IMI) Form’, and submitted to the PMU within 1 week from completion.

XIII.2. FP Exit Strategy, CLDD/DMM takeover

In the case of rural communities, the MRRD has contracted FPs for a total period of 3 years for all CCAP work at field level, except the implementation of the CCAP grants and subprojects. In the case of urban communities, the IDLG has contracted FPs for a total period of 4 years for all work at the field level, including the implementation of CCAP grants and subprojects.

Over the course of the FPs’ contracts, they are required to train the MRRD’s Community Led Development Department (CLDD) staff in all FP related field work. Each FP will be assigned a set of CLDD staff in each province, and are required to train them in all their contractual work in detail. The staff may be temporarily seconded into the FP structure but will remain MRRD CLDD staff and not FP staff and will be paid by the MRRD. Prior to the end of their contracts, the FP needs to provide written certification on which trainings have been provided to which CLDD staff and which of the trainees can be considered as trained, certified social organizers in future.

Depending on when exactly the FP contracts become effective, the MRRD will no longer have FPs for part or all of the fourth year of the CCAP/CCNPP Phase One. During this period, the CLDD staff trained under the FPs will take over the FP social organizer functions in preparation for a potential phase two, when these staff will serve as the social organizers directly with the MRRD. Towards the end of the first phase, the Government will assess whether FPs will continue into the second or third phases or not.

For the IDLG, the FP will train select District Municipality staff in their roles and responsibilities in a phased manner throughout the four year contract period. At the end of the 4 year contract period, the FP needs to certify in writing which of the trainees can take over as social organizers for urban communities in future, directly with the IDLG.

All the training packages mandated for the CDCs and the OM implementation modalities are part of the required capacity building by the FP for the MRRD/IDLG staff taking over the FP roles.
CHAPTER THIRTEEN: PUBLIC COMMUNICATIONS

Note: The following chapter does NOT outline or describe the Public Communications and Media Outreach Strategy of the CCAP. Instead, it outlines the minimum mandatory communication requirements for the Program at the various levels.

XIII.1. Objective: The Citizens’ Charter, by its very nature and design, is a contract between the State and its citizenry, and in this case, is focused on the State’s provision of basic infrastructure and services in certain standards as outlined in the CCAP’s Minimum Service Standards (MSS) above. The objective of the public communications under CCAP is to ensure that the citizens are aware of their rights and entitlements under this Program and can hold the State accountable for the same, while the State can encourage their active participation in all aspects of the CCAP to make it more participatory, pro-poor and inclusive, and ultimately successful as well.

XIII.2. Community Levels: At the community level, in both rural and urban communities covered, the objectives, principles, implementation modalities, roles and responsibilities of the various stakeholders especially at the community, CDC and CCDC/GA levels etc will be clearly communicated in community wide meetings through the Facilitating Partners (FPs) right from the start of community mobilization. Where cultural practices will not allow men and women to attend community-wide meetings together, separate sessions will be held for men and women in separate, easily accessible and safe venues, by the male and female social organizers respectively. In an effort to standardize key messages across the country, posters will be prepared in both Dari and Pashto at the central level and distributed to every target community via the FPs. The posters will carry summarized information, in pictorial formats to the extent feasible, of all the key messages of the CCAP, and will be displayed at the community centre, the main mosques, local markets etc that are easily accessible and most accessed by the community members. Printed brochures will also be made available to elected CDC members to help explain and introduce CCAP to new comers and/or visitors to the community. Visibility is also encouraged through standardized sign boards located at all subproject sites financed by the CCAP grants. Key to all the visibility tools, posters, signboards etc, is that the CCAP is a Government program designed to provide the MSS to every targeted community.

XIII.3. District and Provincial Levels: The District Governor’s office and representatives of all the line ministries and civil society organizations present at the district level, district development assemblies/district coordination councils will have representatives invited to an orientation event at the start of the CCAP, to be held in the 117 districts and 4 cities that the CCAP will cover in the first phase. The event conducted by the MRRD Provincial Directorate and PMU along with the FP in the district will introduce the CCAP’s objectives, themes, roles and responsibilities especially focused on actors at the district level, grievance handling mechanisms, score cards etc to the invited representatives and to the local media. Program launch events will take place in all 34 provincial centres. The events will include representatives from the Provincial Governor’s office, representatives of provincial directorates of the line ministries, law enforcement authorities at the provincial level, CSO actors, invited media officials, and provincial council members and parliamentarians who chose to attend. The events will be organized jointly by the MRRD and IDLG and may include participation from central level line ministries as well. Short films will be broadcast on the CCAP’s key themes, how it varies from the NSP, its objectives and the MSS, and other key messages.

XIII.4. National Levels: The CCAP was launched in a big and widely publicized event at the Presidential Palace in October 2016. The Program was officially inaugurated by their Excellencies the President and the Chief Executive Officer of the country. In attendance were the ministers and deputy ministries of several key ministries, representatives from the World Bank and the donor community and civil society, CDC representatives from over 300 districts of the country and staff from the two implementing agencies.
Standardized messaging through TV and radio spots, news bulletins on TV, radio and local newspapers, short films, standardized brochures etc are being prepared for distribution to all key line ministries and donor offices. These will be regularly updated to reflect the most recent work progress on the ground, field implementation challenges, success stories and lessons learned regularly, but at least once per semester.

**XIV.5. Common Across All Levels:** Key areas that will be focused on beyond regular information sharing and reporting through these communication tools will be messages of the inclusion of vulnerable groups, participatory and community-driven development, CDC/CCDC/GA roles and responsibilities, linkages, social audit and community participatory monitoring, the concept of score cards in relation to the MSS and to the wider CCAP as a whole, environmental and social safeguards, grievance handling and redressal mechanism, disaster and risk management, and conflict resolution.
Sub-project activities envisaged under CCAP for rural and urban Afghanistan are expected to have no significant and negative environmental and social impacts. The project is not expected to involve relocation and resettlement, since the Project intends to fund only small-scale rural and urban infrastructure. No activities will be supported that require involuntary land acquisition or the acquisition of land requiring the resettlement or compensation of more than 200 people.

XIV.1. CCAP Environmental and Social Safeguards Approach

The CCAP will prioritize consultations with different groups of direct and indirect stakeholders in proposed sub project areas. Raising public awareness of proposed activities will form part of the wider consultation process. Separate meetings will be held with women and men for each affected mantaka/Gozar (urban infrastructure) or village (other sub-projects). Every effort will be made to seek the views of vulnerable groups including women, especially female-headed households, and the landless about proposed sub projects and their likely impacts. The following graph shows the process flow with regard to the safeguards:

Environmental Safeguards: The main environmental safeguards instruments used for Sub-project implementation and monitoring are the Environmental Code of Practice (ECoP) and the Environmental Management Plan (EMP).

The Environmental Code of Practice (ECoP): The ECoP contains specific, detailed and tangible measures that would mitigate the potential impacts of each type of eligible sub-project activity under the project. They are designed appropriately for the local conditions in Afghanistan and they are simple and readily useable by the local communities who are the main beneficiaries of the project.

XIV.2. Environmental and Social Management Plan (ESMP) Preparation

The ESMP contains all action plans to mitigate/minimize any negative impacts of proposed projects and recommends mitigation measures, with monitoring and reporting details. Site specific ESMPs shall be prepared.
When an ESMP is required: An ESMP should be developed when the sub-project requires or results in the following:

- Land acquisition
- Loss of natural areas or important habitats/biodiversity
- Soil and land degradation
- Displacement of housing or farms or involuntary resettlement
- Damage to valuable historical and religious/cultural area & archaeological resources
- Dust pollution
- Contamination of surface/underground water
- Down and upper stream conflicts
- Soil erosion due to construction activities such as grading, excavations, borrowing/quarrying or inadequate design of culverts and drainage controls
- Health effects from improper storage, handling, use or disposal of agro-chemicals (pesticides, herbicides, colour, cement bags)
- Disruption of utility services (water pipe, power cable etc.)
- Noise level increase and ground vibration
- Construction debris
- Accidents and safety risks at the site.

XIV.3. Safeguard Review and Implementation Steps and Documents

<table>
<thead>
<tr>
<th>Sub-project Process</th>
<th>Safeguard Review and Implementation Steps</th>
<th>Responsibility for Safeguard Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community orientation and training</td>
<td>Orient community members on safeguards and requirements, and on ineligible activities or sub-projects that are contrary to safeguards</td>
<td>Social Organisers</td>
</tr>
<tr>
<td>Prioritisation of sub-project by communities</td>
<td><strong>Safeguard screening</strong> to confirm sub-project eligibility (screen out activities on sub-project negative list)</td>
<td>Social Organisers &amp; Engineers</td>
</tr>
<tr>
<td>Sub-Project Proposal Preparation</td>
<td>Preparation of <strong>Social and Environmental Safeguards Checklist</strong> (including use of ECOPs to identify mitigating measures)</td>
<td>CDC with Social Organisers &amp; Engineers</td>
</tr>
<tr>
<td>Appraisal of sub-project by MRRD</td>
<td>Review and confirm identified risks and mitigating actions; prepare (and disclose) sub-project <strong>environmental and social management plan</strong> (ESMP); ensure resources to implement ESMP are included in project financial plan;</td>
<td>PMU</td>
</tr>
<tr>
<td>Implement sub-project</td>
<td>Monitor and report on implementation of ESMP actions</td>
<td>CDC &amp; MRRD/FP engineer</td>
</tr>
<tr>
<td>Completion of sub-project</td>
<td>Audit application of safeguards</td>
<td>Engineer &amp; PMU</td>
</tr>
</tbody>
</table>

XIV.4. Social Safeguards: The main social safeguards instruments used for this project are the land acquisition form or Abbreviated Resettlement Action Plan when there are impacts on private asset or land.

Consultations related to activities which may involve some land or asset loss will inform the local population about their rights to compensation and options available in accordance with attached
guidelines for land acquisition and grievance redress mechanisms. The minutes of the community meetings will reflect the discussions held, agreements reached and include details of the agreement. This will be part of subproject proposal.

The Resettlement Policy Framework:

The key objectives of the Resettlement Policy Framework (RPF) is to provide guidelines for preparation of the Resettlement Action Plan (RAP), abbreviated RAP and Land acquisition process throughout the CCAP. The policy framework for CCAP activities establishes resettlement objectives and principles, organizational arrangements, entitlement matrix and eligibility criteria for any resettlement operation that may be necessary during project implementation. The project anticipates 3 scenarios for land acquisition that might require resettlement:

- Private voluntary donation
- Government land
- Acquisition of private land requiring resettlement and/or compensation for losses

The guiding principles of this framework are:

- All Project Affected Persons (PAPs) are eligible for compensation for losses resulting from project intervention, irrespective of possession of title to land. However, for compensation for land, a title or some other acceptable evidence would be required.
- All compensation will be at replacement value.
- All stakeholders, particularly PAPs, will be consulted and consultation will be an on-going activity of the project.

The framework for resettlement and rehabilitation of the affected persons by the project will be adopted in the following approach:

1. Avoiding acquisition to the extent possible

2. Preparing a detailed Resettlement Action Plan and disseminating it adequately

3. Implementation of RAP

   i) Notifying acquisition
   ii) Determination of claims and their payments
   iii) Taking possession

Eligibility for Compensation

General eligibility is defined as, “people who stand to lose land, houses, structures, trees, crops, businesses, income and other assets as a consequence of the project, as of the formally recognized cut-off date, will be considered as project affected persons (PAPs)”. For purposes of this RPF, the concepts of ‘general eligibility’ for compensation and who is a PAP will be extended to include persons who may be temporarily displaced, but who may be entitled to some compensation through loss of land by the sub-projects.
Although it is unlikely that many PAPs will be entitled to compensation or rehabilitation, on the grounds that they are losing a substantial amount of land under the project, it is as well to set out the full picture on who PAPs could include and what they are entitled to under a project:

a. All PAPs losing land, with or without title, formal land-use rights, or traditional land use rights;
b. Owners of buildings, crops, plants, or other objects attached to the land; and
c. PAPs losing business, income and salaries.

The PAPs in the project are entitled to various types of compensation and resettlement assistance that will assist in the restoration of their livelihoods, at least to the pre-project standards. They are entitled to a mixture of compensation measures and resettlement assistance, depending on the nature of lost assets and scope of the impact, including social and economic vulnerability of the affected persons.

**Unit Compensation Rates and Budget**

Rates used to compensate for lost land and assets must be *replacement cost at current market value*, in order to meet the policy objective of “at least” restoring people’s livelihoods and ensuring that people affected by a project are not left worse off. “Replacement cost” is the method of valuation of assets that helps determine the amount sufficient to replace lost assets and cover transaction costs.

In the absence of any conclusion about the estimated land prices, this RPF is prepared which guides on the methods of valuation and a Resettlement Action Plan (RAP) will be prepared for each subproject that may involve land acquisition, before the beginning of the construction activity in the subproject. The budget would be part of each RAP which would come forward once the RPF had been accepted and the final identification of PAPs.

**When a Re-Settlement Action Plan (RAP) is required:** Activities through the CCAP are not expected to involve relocation or resettlement, since the investments consist of the provision, or rehabilitation, of small-scale infrastructure. Land will only be obtained through either private voluntary donations, compensation paid by the community (i.e. transaction between willing buyer-willing seller), or from available government land. Private voluntary donations and community purchases would be documented as required by the Framework and, for government land, documentation would be needed that the land is free of encroachments, squatters or other encumbrances, and has been transferred to the project by the authorities.

**Resettlement Policy: What do we do when minor impacts cannot be avoided?**

- Ensure no major impact beyond the loss of small numbers of trees, fences or other non-residential structures, or the acquisition of small strips of private land is anticipated.
- The Social Organiser to support the CDCs to develop measures to address such impacts.
  - Impact on private asset may be addressed either through: (i) voluntary donation or (ii) compensation at replacement cost.
  - The Social Organiser, under the guidance of the PMU, will verify if all conditions of voluntary donations are met based on face-to-face meeting with affected people.
  - Where it is not verified that all conditions of voluntary donations are met, impacts will be addressed as involuntary land or asset acquisition and an Abbreviated Resettlement Action Plan (ARAP), as applicable, will be developed.

**Voluntary donation:** Community members who benefit from a sub-project may donate land and other private assets at compensation below their replacement value. It is expected that most project impacts will be addressed through voluntary donation without any significant or long-term impact on livelihoods. The following protocol will govern voluntary donations of private assets.

- Voluntary donations are an act of informed consent and affected people are not forced to donate land or other assets with coercion or under duress, or misled to believe that they are obliged to do so,
without regard to legal status of their land occupancy.

- Voluntary donations are allowed only if a sub-project can technically be implemented in another location than where it is planned – if a sub-project is location-specific by nature, land acquisition associated with such a sub-project cannot be considered as voluntary; rather, it is an act of eminent domain. In such cases an Abbreviated RAP will be developed.

- Voluntary donations are allowed only for very minor impacts that meet the following criteria:
  1. The households contributing land or other assets are direct beneficiaries of the sub-project;
  2. The total size of productive land owned by the affected household is more than 300m²;
  3. The impact is less than 10 percent of the total productive assets owned by said household; and
  4. No one has to be physically relocated.

- The affected people are fully informed that they have the right to refuse to donate land or other private assets, and instead receive compensation at replacement cost, and that a grievance handling mechanism is available to them through which they can express their unwillingness to donate. People are encouraged to use the grievance handling mechanism if they have questions or inquiries, either in writing or verbally. Adequate measures will be in place to protect complainants.

- The Social Organiser, CDC and other village representatives will confirm through a face-to-face meeting that the affected people are indeed aware that they are entitled to compensation and knowingly and freely agree to donate land or other assets without compensation. The minutes of this meeting, including the confirmation that all conditions for voluntary donations in this ESMF are met, will be attached to the signed voluntary donation form.

- Once the informed consent of the affected people has been confirmed in writing, the Land Acquisition Form will be signed in the presence of two witnesses.

- The PMU reviews and approves the signed Land Acquisition Form, and keeps one original signed voluntary donation form for review by the World Bank. The affected household keeps another original signed form.

- Implementation of sub-projects involving voluntary donations starts only once the PMU has approved the signed voluntary donation forms.

- Annual social audits carried out verify the informed agreement of affected people.

**Compensation at replacement cost:** If affected people are unwilling to donate assets without compensation, or if impacts that go beyond the threshold for voluntary donations occur, the PMU, with the support of the Social Organiser, will develop an abbreviated RAP. The abbreviated RAP should include, at minimum:
  - the names of affected people;
  - baseline census and socioeconomic data of affected people;
  - the inventory of impacts;
  - mitigation measures including the types and the scale of in-kind compensation;
  - implementation arrangements including participatory processes to ensure participation of affected people in the RAP implementation;
  - implementation schedule to ensure that in-kind compensation will be provided before civil works start; and
  - the estimated cost of compensation and the sources of funds where compensation is provided in cash. The PMU, under the oversight of MRRD HQ and with the support of the Social Organisers, will be assisted to identify in-kind compensation including the provision of alternative land that is sufficient to restore the income streams of the affected people.

**Monitoring**

The overall responsibility for the enforcement of the ESMF rests with MRRD in rural areas and IDLG for urban areas. In order to ensure compliance, MRRD/IDLG or the IDLG FPs will be tasked to regularly
monitor the implementation of the Environmental and Social Management Plan during construction phase. Monitoring the implementation of mitigation measures, related to significant impacts during the implementation of sub-projects, shall be mainly the responsibility of CDCs/GC and communities, who should report to the district/FP engineers and the social organisers for follow up. The community participatory monitoring shall be extensively used in this regard.

The PIU ESS officer will also monitor sub-projects for ESMP compliance and supervise the work of the ESS Focal Points. Similarly, the ESS Unit at CCAP HQ of both MRRD and IDLG will also periodically conduct monitoring of sub-projects. Besides the monitoring of activities by the PMU/FP, the CDC/GC is also mandated for the monitoring of sub-projects activities. The CDC/GC will monitor the sub-project based on the approved ESMP, and report the feedback to the district/FP engineer. Further information on the monitoring of activities will be provided to CDC/GC during ESS training for CDC/GC.
ANNEX ONE: DEFINITIONS OF KEY TERMS/ PHRASES USED IN THIS MANUAL

Afghan Calendar Year: This is based on the solar calendar. The Afghan Calendar Year 1395 corresponds to 21st March 2016 to 20th March 2017; Year 1396 corresponds to 21st March 2017 to 20th March 2018; Year 1398 corresponds to 21st March 2018 to 20th March 2019, and so on. CCAP-I is expected to run from October 2016 to September 2020, roughly corresponding to the period from mid-1395 to mid-1399.

Afghan Fiscal Year: The Afghan Government's fiscal year, which CC also adheres to as a national program, now runs from 21st December to 20th December, and thus follows the Gregorian calendar year more closely. The "fiscal year 1396" is thus actually from 21st December 2016 to 20th December 2017, "fiscal year 1397" runs from 21st December 2017 to 20th December 2018, "fiscal year 1398" runs from 21st December 2018 to 20th December 2019 etc. CCAP-I is expected to run from October 2016 to September 2020, roughly corresponding to from the start of the last quarter of fiscal year 1395 to end of the third quarter 1399.

Community Categories: As a quick means of assessing work progress in contracted communities, CCAP will classify all communities covered as follows:
A: Communities that have fully utilized their CCAP grants. The assumption is that all work in these communities (with the possible exception of the community handover but with the approval of the CFHF) has been completed.
B: Communities that have received their full CCAP grants. The assumption is that over 71% and less than 100% of the work in these communities has been completed.
C: Communities that have received only part of their CCAP grants. The assumption is that over 50% and up to 70% of the work in these communities has been completed.
D: Communities that have not received any part of their CCAP grants. The assumption is that less than 50% of the work in these communities has been completed.

Community Code: A 3-part numerical code assigned to each CCAP community by the MRRD’s/ IDLG’s MIS Departments indicating the province, district, and community. In districts that have never been covered by the NSP, the province and district codes will be provided by the MRRD’s/ IDLG’s MIS, while the third part relating to the community is added by the FP in sequential order of community mobilization.

Community Contribution: All communities receiving CCAP funding is required to contribute towards the costs of the subprojects financed through CCAP grants. The contribution can be made in cash, kind or labor. For rural communities, the minimum mandatory community contribution is 10% of the total estimated subproject costs stated in the subproject proposal. For regular urban communities, the minimum mandatory community contribution is 25% of the total estimated subproject costs stated in the subproject proposal. For urban gozars and communities with a significant percentage or large numbers of IDPs/ recent returnees/ nomadic populations, the minimum mandatory community contribution is waived. Where a CDC/CCDC is proposing a higher percentage of subproject costs as community contribution than that mandated above, care should be taken that there is no exploitation in terms of unpaid labour of the poorer and more marginalized groups within these communities.

Community Development Council (CDC): A group of community members (including both men and women) elected by the community to serve as ‘representative public authorities’ and/or focal point for both local governance and development activities. The CDC is the social and development foundation at community level, responsible for implementation and supervision of development projects and liaison between the communities and government and non-government organizations. The rural CDC will be governed by the existing versions of the CDC By-Law and the National Policy on Improving Local Governance, and the proposed new Sub-National Governance Law when effective. The urban CDC will be governed by the Municipal Law and the Procedures for Establishing Urban CDCs/GAs. Each CDC will comprise a minimum of 10 and a maximum of 30 members with equal number of male and female
members. In urban communities, a CDC will represent an urban community comprising between 200 and 250 households. In rural CDC, there will be wide variation in number of households in each community but a minimum of 25 families is required for a CDC formation.

**CDC/ CCDC/ GA Administrative Costs:** All expenses incurred by the CDC/ CCDC/ GA members and CDC/ CCDC/ GA sub-committees related to the implementation of the CCAP in their communities, is deemed as "administrative costs". This includes (but is not limited to) procurement advertisement costs, transportation costs, accommodation costs, food costs, stationary costs, other rental costs as may be needed for the bank transactions, procurement, financial management, etc. related to the CCAP implementation. The administrative costs may be reimbursed from the CCAP grants and/or community contribution towards the CCAP subprojects. The CDC and community members may not be compensated for any time lost from business or personal income sources (labor, services, trade) for their services as CDC members or other CCAP related committee members, under the administrative costs. Administrative costs cannot exceed 5% of the total estimated subproject costs, and relate only to subprojects financed under the CCAP. The administrative costs need to be shown as estimates at subproject proposal stage and later as actual during the second installment request and at closure.

**Community Development Plan (CDP):** A plan that identifies community development priorities and associated subprojects for a given community. It is prepared by the CDC in consultation with the wider members of the community. The CDP should include all development priorities of the community, i.e. those that may be financed by the CCAP funds, those that the community members can undertake themselves without external resources, and those that may need to be financed by other actors (businesses, NGOs, etc.). Because the CDP intends to cover community priorities beyond what might or will be funded by the CCAP funds, a CDP can include priorities that are not eligible under CCAP. Thus, inclusion of ineligible priorities (as per CCAP regulations) does not mean that a CDP should be rejected. The preparation for the CDP should also facilitate linkages with neighboring communities. For the section of the CDP relating to subprojects that may be financed by the CCAP funds, it is advisable to consult with the CCAP engineers and the Municipal authorities at the city/ district level from the start to determine feasibility before inclusion and finalization of the CDP itself.

**Cluster/ Gozar Development Plan:** This is similar to the CDP but applies to the development priorities for a cluster of communities. It is prepared by the CCDC in consultation with the CDCs of the communities forming the cluster. The CCDP should include those development priorities of the communities in the cluster that affect more than 1 of the communities in the cluster. Similar to the CDP, it should include priorities that may be financed by the CCAP funds of the cluster, those that the CCDC can undertake themselves without external resources, and those that may need to be financed by (businesses, NGOs, etc.). This plan than needs to be aligned with district/municipal investment/ development plans were already in place, or should feed into their creation and/or updating.

**Community Implementation Phases:** These phases differ from the CCNPP/ CCCAP Phases, and primarily refer to the different stages of work within the community. These include

- community mobilization and introduction of CCNPP/ CCAP,
- CDC/CCDC/GA elections and capacity building,
- preparation of a Community Development Plan and links to cluster/GA development plan,
- creation and capacity building of sub-committees of CDCs/ CCDCs/ GAs,
- preparation, submission, approval and financing of subproject proposals,
- subproject implementation, monitoring and reporting,
- collective action towards development, social audits and score cards
- physical and financial closure of CCAP related field work.

**Election Unit:** This is the basic unit used for the election of CDC members in both urban and rural communities. It is formed by a cluster of households, determined by the size of the larger community, in relative close proximity to one another. Election Units are created to identify the households that will vote for one male and one female candidate to represent all households in the election unit in the Community
Development Council. Election Units are not hamlets or mohallahs; instead they are an unit that exists only for the purpose of grouping households for the election. The size criteria for elections units is based on the size of the community in which elections units are to be formed (see Social Manual for more details). Election Units (their geographic and size dimension) may change over the years, as communities grow (new household forming from within and new households moving to the community).

Each urban community is divided into units comprising 15 to 25 households. Each rural community is divided into units comprising a minimum of 25 households. Each election unit elects one male and one female eligible community member from within the unit to serve as its CDC members. In those rural communities with less than 125 households each, the election units formed can elect for more than 2 CDC members each, such that the total number of CDC membership for such communities will be a minimum of 10 and a maximum of 16.

_Graduated Partner(s):_ These are organizations (all NGOs) contracted by the IDLG and MRRD to facilitate CCAP processes in targeted urban/ peri-urban and rural communities respectively to be covered by the CCAP. Unlike other development programs, these partners are not referred to as ‘Implementing Partners’ (or IMs) as CCAP tries to enable the community members to be the implementers themselves. The FPs are tasked instead to facilitate the processes through capacity building and supporting the CDCs, CCDCs and GAs and their sub-committees in the various CCAP activities. The IDLG has contracted a total of ____ FPs through a total of 4 contracts for the facilitation of around 600 communities and 120 Gozars communities in urban areas in 4 major cities in the first phase. The MRRD has contracted a total of ____ FPs through a total of 14 contracts for the facilitation of around 12,000 communities in 117 districts in all 34 provinces in the first phase. While contracted by the IDLG and the MRRD, the FPs will also handle certain responsibilities for other line ministries in the CCAP such as supporting the creation and capacity building of sectoral subcommittees and monitoring of the minimum service standards under the CCAP of other line ministries too. The MRRD contracted FPs will handle all CCAP work at the community and cluster of communities’ levels, outside of the actual planning, design, implementation and reporting on subprojects. The IDLG contracted FPs will handle similar functions as those of the MRRD but will also provide technical/ engineering support for the subproject design and implementation.

_Family:_ consisting of a husband, wife (or wives), and unmarried children; or a single head-of-household (male or female) and his/her unmarried children.

_Grant Disbursed:_ Part or whole of the CC grants of a given community is said to be “disbursed” when the Ministry of Finance places the first disbursement order for the same to the DAB HQ in Kabul. There will usually be a gap of time ranging from 1 working day to up to 2 weeks between the disbursement date and when the money is physically available in the CDC bank account in the province. (Note: The latter date is not used for defining grant disbursement dates although they will be monitored by the PMUs. Also, a community and its approved subprojects are said to be “financed” when the first tranche from that community’s grant has been disbursed.

_Grant Utilization:_ A community is considered as having fully utilized its grant when its total grant amount. minus the sum of expenditures in all its approved final Subproject Physical-cum-Financial Report(s), is equal to or less than AFN 25,000, and this is verified in an approved Community Financial History Form (CFHF). However, for periodic reporting, actual grant utilization on the ground needs to be entered once every month into the database based on information provided by the district offices.

_Household:_ A rural household in the CCAP is defined as all persons who eat from a common kitchen / cooking pot, and this could include one or more families. An urban household is defined as all persons living within one compound sharing a common chimney and/or a common dining facility, and this could include one or more families. On average, a household, both in rural and urban areas, is estimated to include around 7 persons. An urban community will comprise between 200 and 250 households and an urban gozar will comprise between 80 and 1,250 households. The election units in rural communities will comprise a minimum of 25 households (with no maximum number defined; while those in urban
communities will comprise between 15 and 25 households. Especially in urban communities, female-headed households may receive dedicated grants or part of the grants under the CCAP.

**Instalment**: Each disbursement (transfer of funds) to a community is termed an instalment. The number and percentages of each instalment is determined by the total grant to the community from the MRRD/IDLG and is detailed elsewhere in this Manual.

**Jirga/Shura**: This refers to a traditional Afghan village council comprised of elders. Under CCAP, communities are free to elect community members of their choosing to their Community Development Council (CDC), which may or may not include members of existing jirgas or shuras, provided they meet the criteria required for CDC membership.

**National Policy for Improving Local Governance**: On 30th December 2013, the Cabinet has passed a new national policy for improving governance at the village and district levels. The Policy recognizes CDCs as interim village councils responsible for both governance and development at village level. The Policy recognizes Cluster CDCs as councils responsible for the implementation of development projects that span several villages.

**Public Notice Board**: A report on subproject status, proposed budget, and actual expenditures, posted by the CDC in a public place(s) accessible to both men and women to promote transparency. At a minimum, it is required to be on regular poster-sized paper and should be displayed in a prominent and easily accessible location. This is a crucial instrument in terms of social audit, promoted by CCAP and its donors as an important part of all community-led development initiatives.

**Resilience**: The ability of a system, community or society exposed to natural hazards to resist, absorb, accommodate and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions. 

**Rural Community**: In districts previously covered by the NSP, the same communities for which CDCs were elected will form the communities under the CCAP. (Note: The MRRD is aware that certain communities have split into smaller artificial units under the NSP to avail of higher block grant entitlement ceilings than if they had remained a single community with more than 300 families. In such communities, it is strongly recommended that such sub-units rejoin as a single community under the CCAP, given that the size of the community and number of families/households will not affect the size of the grants involved and for the purposes of unity.) In districts to be covered by CCAP but have never been covered by the NSP, a rural community (in CCAP) must have a minimum of 25 households (with no upper limit in household numbers defined), must have at least 1 Jummah mosque and must be attested by the district governor’s office as an independent community. (Note: Communities earlier covered by the NSP but now within municipality boundaries will not be eligible for coverage by MRRD under the CCAP but may be covered by IDLG if within the IDLG’s CCAP coverage area).

**Rural Areas Service Standard Grant under MRRD (RASS grants)**: This grant provided under the CCAP is not an entitlement per community or cluster of communities, nor is it determined on the basis of the number of households/families as it was under the NSP. Instead, the grant will be determined on the basis of the gap analysis (community need) and the minimum services standards defined for rural communities under the CCAP. Under the MRRD, all households in the around 12,000 communities covered under the CCAP will be entitled to safe drinking water, and one of three other sectors (i.e. one from rural renewable energy, rural access and small scale irrigation and flood protection). The grant amount is then defined by the selection of which of the sectors the community prioritized for the use of the investment grant and the estimated costs for the provision of the selected infrastructure. It is expected

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to be an average of US$ 28,000 per community but will widely vary depending on which priority among the permissible menu the community/cluster/ gozar selects under the CCAP’s minimum service standards to be funded under the RASS grants.

*Sign Board:* A sign announcing the community’s/ cluster’s/ gozar’s participation in CCAP, often installed near the subproject financed. It should be constructed in accordance with the CCAP’s design specifications and as shown later in this Operational Manual. The financing for this may be included as part of the subproject grant funds. Signboards are required in all CCAP communities except when it is deemed by the CDC/ CCDC/GA or PMU as giving rise to actual/ possible security concerns.

*Social Organizers:* Social organizers are key staff employed by FPs through their CCAP contracts with the IDLG and MRRD to serve as the primary point of contact between the Government and the communities. The mandated ratio of social organizers is one pair (i.e. one male and one female) for every 10 communities in the first year, every 20 communities in the second year and every 30 communities in the third year of facilitation. The social organizer is primarily responsible for facilitating, providing technical assistance and/or monitoring all the soft aspects on the group, including but not limited to community mobilization, CDC/CCDC/GA and their subcommittee elections and capacity building, community resources and poverty analysis, community/cluster/gozar development planning, linkages, social audit, grievance mechanisms, community participatory monitoring and score cards.

*Subproject Code:* A sequential alpha-numeric code assigned to each subproject and appended to the community code. The subprojects financed under the CCAP are designated by the number 1 for IDLG and number 6 for the MRRD (i.e. 6a for the first subproject, 6b for the second subproject, etc.). It should be noted that the numbers 1 to 5 are already assigned to other projects within those communities covered by the NSP.

*Subproject Closed:* A community subproject is considered ‘closed’ when the final Physical cum Financial Progress Report of the given subproject has been finalized and approved by the CCAP PMU. A closed subproject may have a status of “completed”, “changed” or “failed”.

*Subproject Changed:* A community subproject is considered ‘changed’ when a subproject proposal has been approved (with or without CCAP funds disbursed) but the community decides to change the subproject before any funds have been utilized even if the community has begun the subproject implementation from other resources. A subproject final status report is also required for changed subprojects. A changed subproject has no actual outputs.

*Subproject Completed:* A community subproject is considered ‘completed’ when the subproject has been finalized according to the approved subproject proposal. CCAP issues a completion certificate to the community after the approval of final Physical cum Financial Progress Report. A completed subproject has actual outputs that are roughly the same as the planned outputs. (Note: Subprojects completed according to other agreements between the community and the CCAP may be considered “completed subprojects” provided the differences in the subproject from the approved subproject proposal have been agreed to by the CCAP PMU before the changes were introduced into the subproject implementation. Unless there is written approval from the PMU prior to the changes being introduced in the subproject implementation, the completed subproject will be analyzed against the terms of the approved subproject proposal, and may be termed ‘failed’).

*Subproject Failed:* A community subproject is considered ‘failed’ when a subproject has been partially or wholly financed but the community decides to discard the subproject (or does not have sufficient funds to complete the subproject) after some or all of the grant funds disbursed have been utilized. A Physical cum Financial report is still required for failed subprojects. A general guideline is that a failed subproject has actual primary outputs that are significantly lower than planned. (Note: If under exceptional circumstances and for particular types of subprojects, if only a percentage of the approved subproject costs were expended and a corresponding percentage of primary output was achieved, then the subproject may be considered as completed, rather than failed. For example, a subproject for 10 hand pumps was approved for a sum of AFN 40,000 but if the community decides to make only 5 hand pumps utilizing
AFN 20,000 and use the remaining money for another subproject, with consultation and prior approval from the CCAP, the hand pump subproject can be considered completed, rather than failed. However, it should be emphasized that these are exceptional cases and would be closely reviewed.

Subproject Ongoing: A community subproject is considered as “ongoing” for reporting purposes when at least part (i.e. the first tranche) of the CCAP funds for the same have been disbursed by the MOF to the community bank accounts, and the subproject status is not recorded as ‘Changed’, ‘Failed’ or ‘Completed’ in the CCAP database. (Note: The average time taken from date of disbursement order being issued to the DaB HQ to funds being available at the CDC bank accounts in the provincial DaB branches is currently 1 week. CCAP acknowledges that the actual start of the subproject implementation is most likely only after receipt of the funds at the CDC bank accounts. However, once the disbursement order is issued to the DaB HQ, CCAP lists the subproject as ongoing until a final subproject final status report for the same is also received and approved). This definition is based on the assumption that the community does undertake subproject implementation as soon as funds are disbursed and money is received by the CDC in its bank account. If there is substantial delay between when the funds are received and the subproject implementation begins, the PMU concerned should monitor the situation and report to the HQ on the reasons for this delay. Delays may be acceptable only in the events of unfavourable climatic conditions and/or insecurity. Delaying project implementation for reasons such as harvest, etc. is not acceptable.)

Subproject Proposal Approved: Most community subproject proposals are considered ‘approved’ when the CCAP PMU has completed the review of feasibility, scope of work, technical design and maps where applicable, bill of quantities (BoQ), cost estimate & budget, schedule completion period, resources mobilisation, work plan, etc. included in the proposal, has found the package satisfactory, approved the same, and informed the community accordingly. The usual timeline allocated for a subproject proposal approval at the PMU is two working weeks from the date of submission, with the submission date as defined below. (Note: Those subproject proposals that require the review of other line ministries at the central level, may be considered “approved” only after the written approval of the line ministry is received. Thus the time required for the review and approval of such subproject proposals will generally take longer than 2 weeks and CCAP will not be held accountable for any such delays.

Subproject Proposal Returned: When the community first submits a subproject proposal for review to the PMU, the PMU will examine whether the documents are complete and all required blanks are filled satisfactorily. If otherwise, the proposal will be returned and not recorded as submitted. Such proposals are simply referred to as “returned proposals”. Also, after acceptance for review, the proposals may be “returned” for additional information or corrections in the technical design. Again, this does not constitute proposal “rejection”. (Note: The PMU is expected to “return” proposals for non-technical corrections/completions within 2 working days of first receipt of the proposal. Returning proposals for technical corrections/completions should be done by the PMU within 2 weeks from first acceptance of the proposal for review). The CCAP MRRD district engineers (for rural communities) and the IDLG FP engineers (for urban communities) are expected to revise the proposals with the relevant CDCs and re-submit the proposal (with the corrections/completions required by the PMU) back to the PMU within a maximum of 2 weeks of receiving the “returned proposal”. “Returned proposals” may not be included in the count of “submitted proposals” in CCAP reporting until it is re-accepted by the PMU with the corrections required for technical review.

Subproject Proposal Rejected: If at the preliminary review, a subproject proposed is found to be in the CCAP negative list or does not meet other eligibility criteria, it will be “rejected” by the PMU and not accepted for review. This type of rejection will be within 2 working days from receipt of the proposal. Also, if after the preliminary review, when the proposal is accepted as “submitted” by the PMU, the proposal may still be rejected for specific technical reasons. In such cases, the PMU will advise the district office of the same within 2 working weeks from the date of acceptance of the proposal for review. (Note: Communities may avoid such rejection by ensuring that subprojects selected fall within the CCAP subproject eligibility criteria and that the CCAP technical manual is followed. Failure to mainstream gender in the sub-project cycle may also result in rejection). Certain subproject proposals that require the approval of line ministries at the central level may then be disapproved by the same. (The timeline for
these rejections cannot be stipulated here as this is dependent on external stakeholders). These too will then be considered as “rejected proposals”.

**Urban Areas Block Grant under IDLG:** (UAB Grants): Under the CCAP, urban communities covered will receive an average grant of US$ 70,000 (or AFA 4,690,000) per community, with the maximum permissible as US$ 80,000/ community and the minimum permissible as US$ 60,000/ community. A GA with 5 CDCs will receive a UAB grant of US$ 200,000 (or AFA 13.4 million) per gozar, and a GA with 4 CDCs will receive a UAB grant of US$ 160,000 (or AFA 10.72 million).

**Urban Community:** Households falling within municipal/ city/ urban and peri areas will be divided into communities of between 200 to 250 households each to form an urban community. Given the significantly varying population density between the cities covered (for example: population density in Kandahar is 4.5-5.5 HH/Hectare, Jalal Abdad 6-7.2 HH/Hectare and Mazar 8.6-10.3 HH/Hectare,), it is proposed to retain some level of flexibility on the number of households to be included in each urban community.
ANNEX TWO: SCHEDULE OF SOCIAL ORGANIZER VISITS TO THE COMMUNITIES:
FIRST SIX MONTHS OF FP CONTRACT PERIODS

Note: The following table outlines the minimum number of visits required by FP social organizers to each contracted community under the CCAP. Two sets of trainings have been included and it should be noted that some of these trainings may be provided by the social organizers and some by engineers (under the FP for urban communities and under the MRRD DOs for rural communities).

The minimum required number/ ratio of social organizers in a FP structure is as follows: One pair (i.e. one male and one female) social organizer for every:
- 10 communities in the first year,
- 20 communities in the second year, and
- 30 communities in the third year

### Rural Communities:

<table>
<thead>
<tr>
<th>Visit #</th>
<th>Objective</th>
<th>Key Activities</th>
<th>Expected Outcome</th>
<th>Estimated timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>One (1) Month 1</td>
<td>Pre-mobilization visit</td>
<td>Visit a # of communities in your working area, inform existing CDC members (or elders where CDC does not exist) on the planned next visit, with date, time and venue and ask them to mobilize at least 75% of the adult community members to attend.</td>
<td>Entry point established and introduction to FP field staff</td>
<td>30 minutes/ per community</td>
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<tr>
<td>Two (2) Month 1</td>
<td>Introducing Community to the CC/ identification of community volunteers</td>
<td>Share overall objective. Share standardized posters on MSS and involve community in distribution. Brainstorm on CDC achievements to date and what can be done further to reduce poverty. Discuss and explain roles and responsibilities of key stakeholders. Select volunteers for the community survey (around 1 volunteer/ 25 households) Make announcement for another large community meeting and request CDCs to mobilize communities for this meeting and again minimum 75% community attendance required.</td>
<td>Majority of the community understands the objectives, principles, MSS and the roles and responsibilities of key actors. Community volunteers identified, roles explained, survey sheets distributed and ready to start</td>
<td>3 hours with community and 2 hours with the volunteers</td>
</tr>
<tr>
<td>Three (3) Month 1 or 2</td>
<td>Pre-election visit/ Preparations for the elections.</td>
<td>Compile survey sheets from volunteers and finalize election units Hold large meeting, briefly remind the community the key messages</td>
<td>All preparations for the elections are completed.</td>
<td>2 hours with community and 2 hours with the election</td>
</tr>
<tr>
<td>Month 1 or 2</td>
<td>CDC Election</td>
<td>Conduct actual elections in each election unit sequentially. Tally votes and announce results for each unit within the same day. Bring elected CDC members to central venue and conduct office bearer elections as prescribed. Introduce elected CDC members and office bearers to the community and complete CDC registration forms. Brief CDC members and office bearers on their roles &amp; responsibilities. Make appointment for next meeting and instruct CDC to mobilize community for participation (minimum 50% of adult community members need to be present) Ask CDC to identify a neutral outdoor location.</td>
<td>CDC elected and registered and introduced to communities</td>
<td>Whole day</td>
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<tr>
<td>Month 2</td>
<td>Community Mapping exercise</td>
<td>Conduct the mapping as prescribed with at least 50% of adult community members.</td>
<td>Preparation for the development planning.</td>
<td>3 hours/ community</td>
</tr>
<tr>
<td>Month 3</td>
<td>Poverty Analysis</td>
<td>Conduct the Poverty analysis as prescribed with at least 50% of adult community members.</td>
<td>Preparation for the development planning.</td>
<td>3 hours/ community</td>
</tr>
<tr>
<td>Month 3</td>
<td>Other participatory exercises</td>
<td>Men do the seasonal calendar, leaking pot and changing gender norms with the poor male population. Women do the seasonal calendar.</td>
<td>Preparation for the development planning.</td>
<td>1 to 1.5 hours per tool (SOs 8 hours visit – but different</td>
</tr>
<tr>
<td>Month</td>
<td>Community Development Planning</td>
<td>Findings of each of the exercise are summarized in 1 poster highlighting each neighborhood, agreed by CDC members. Vision building. Translate the vision into milestones. Rank the milestones. Translate the milestones into activities with actors noted. Agree with the community on which of the above will be done by the community them and which will be done by CC and what could possibly be done with support from third parties. Summarize the above into the CDP forms. Make appointment with entire CDC for next meeting.</td>
<td>Finalized CDP.</td>
<td>6 to 8 hours per community.</td>
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</tr>
<tr>
<td>Trainings – Tier 1 Month 4</td>
<td>CCAP Intro + CDC roles and responsibilities Project management Procurement Financial management ESS</td>
<td>CDCs are equipped to work with FP/DO engineers to design and implement CC financed subprojects</td>
<td>Estimated 5.5 days</td>
<td></td>
</tr>
<tr>
<td>Nine (9)</td>
<td>CDC Sub-committees formation</td>
<td>Meet with entire CDC and at least 50% of the community. Explain criteria and post chart on sub-committee membership criteria chart. Explain roles and responsibilities of the sub-committees. CDC determines which 2 CDC members are members in which sub-committee. Community selects members from among relevant non-CDC community members to join the sub-committees as per the defined criteria.</td>
<td>CDC sub-committees formed.</td>
<td>3 hours</td>
</tr>
<tr>
<td>Identified members are listed in the poster chart.</td>
<td>Workshop with sub-committee members; introduction together and smaller groups for each sub-committee. Explain the roles and responsibilities of the sub-committees. Outline all the skills, expertise and knowledge existing in each sub-committee. Make poster outlining all of these skills and have each sub-committee member sign their commitment to their roles and responsibilities. Establish and agree on the rules of conduct for the sub-committees. Sub-committee agree on what data will be collected (1-page data sheet) and how and when this will be collected.</td>
<td>CDC sub-committees informed of their roles and responsibilities</td>
<td>3 hours</td>
<td></td>
</tr>
<tr>
<td>Ten (10)</td>
<td>Plenary with CDC sub-committees</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>CCDC/ GA formation</td>
<td>MRRD district office/ IDLG Municipality will organize district level conference on the CCDC/ GA formation. The CDC Chairperson and Vice Chairperson of all CDCs in the district will be invited to attend the Conference. Use district/municipality map with communities indicated to determine clusters/ guzars using the defined criteria. The CDC Chairperson and Vice Chairperson of each of the communities in a cluster/ Guzar become members of the CCDC/guzar automatically. Instruct the 2 CDC members that each CDC selects one additional CDC male and female member to also be members of the CCDC/ Guzar as per defined criteria. (SOs not needed to be present for this selection meeting). SOs brief the 2 CDC office bearers per CDC present on the criteria for CCDC/GA sub-committee membership and how to work with</td>
<td>CCDC/ GA formed</td>
<td>1 day per cluster (2 clusters per pair of SOs)</td>
</tr>
<tr>
<td>Twelve (12)</td>
<td>CCDC/ GA sub-committee formation</td>
<td>Bring together all CDC members and the selected CCDC/GA sub-committee representatives to a central location within the cluster/GA. Introduce the new CCDC/GA members. Brief them on the roles and responsibilities of the CCDC/ GA and how the sub-committees are formed. SOs create a cluster/guzar map combining all the CDC community maps.</td>
<td>CCDC/ GA sub-committees formed</td>
<td>3 hours</td>
</tr>
<tr>
<td>Thirteen (13)</td>
<td>Cluster/ Guzar level development planning</td>
<td>CCDC/ GA plenary session where SO presents the cluster/guzar map. Cluster/ guzar vision building Milestones, activities outlined. GA: Agree on what the guzar block grant can be used for. CCDC: Agree on whether the CDCs want to use their RASS for community level, multi-community or CCDC level and for which types of projects.</td>
<td>CCDC/GA development plans formed</td>
<td>3 hours</td>
</tr>
<tr>
<td>Fourteen (14)</td>
<td>CDC sub-committee planning</td>
<td>Bring together and compile the one-page data sheet per neighborhood into a summarized community data sheet per sub-committee. Review and discuss the summarized community data sheet taking into account the previously completed tools. Review the CDP and identify which milestones in the CDP related to their own subcommittees. Breakdown these milestones into activities and timelines for their own sub-committee’s work. Consider the external and internal support needed to achieve these milestones.</td>
<td>CDC sub-committees are formed and mobilized to work on key sectoral milestones and form self-help groups</td>
<td>2 hours</td>
</tr>
</tbody>
</table>
SOs agree with sub-committees on key activities needed to achieve the milestone. Agree on subsequent follow-up sessions between SOs and sub-committees to review progress. Close each session on the outcomes of that session and plans for the next session.

<table>
<thead>
<tr>
<th>Fifteen (15)</th>
<th>CCDC/ GA sub-committee planning</th>
<th>Similar to the CDC sub-committee planning but at the CCDC/GA level</th>
<th>CCDC/GA sub-committees mobilized.</th>
<th>3 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sixteen (16)</td>
<td>Interest Group Formation by CDC sub-committees</td>
<td>Each subcommittee to consider which beneficiary population groups will need assistance to achieve the milestones assigned for their own sub-committee. Once the list is agreed on, the sub-committee identifies a list of households that fall within them and advise them on how they can form self-help groups.</td>
<td>Interest/ self-help groups formed</td>
<td>3 hours</td>
</tr>
<tr>
<td>Seventeen (17)</td>
<td>Meetings with Self Help groups</td>
<td>SOs meet with each of the self-help groups formed and guide them on their plans.</td>
<td>Self-help groups trained and vision building.</td>
<td>3 hours</td>
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<tr>
<td>Eighteen (18)</td>
<td>Progress review meeting -- 1</td>
<td>Meet with CDCs (1 hour), CDC sub-committees (1 hour), self help groups (2 hours) and review progress against milestones.</td>
<td>Updates on development milestones of the community</td>
<td>4 hours</td>
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<tr>
<td></td>
<td>Trainings – Tier 2</td>
<td>Disaster risk management Operations &amp; Maintenance Grievance Handling Conflict mitigation/ resolution</td>
<td>CDC members trained in these core functions</td>
<td>Estimated 4 days</td>
</tr>
<tr>
<td>Nineteen (19)</td>
<td>Linkage #1</td>
<td>Help form the District/ City CC Management Committee with inclusion of representatives of all line ministries at district/ city level. Where feasible, bring them to each CCDC/ GA. Where not feasible, take 5 to 6 members per CCDC/GA to the district centre to meet with the Committee. These sessions ideally to be held once/two months. All development issues related to the CCDCs/GAs especially those within the CC mandate reported to</td>
<td>Establish linkages with district level government and development actors.</td>
<td>½ day to 1 day per cluster</td>
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<td>Twenty (20)</td>
<td>Progress review meeting – 2</td>
<td>Meet with CDCs (1 hour), CDC sub-committees (1 hour), self help groups (2 hours) and review progress against milestones.</td>
<td>Updates on development milestones of the community</td>
<td>4 hours</td>
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<tr>
<td>Twenty One (21)</td>
<td>Social Audits, CPM and Score Cards -1</td>
<td>Set up the 1st social audit and completion of the score cards for the first 6 months since CDC formation as prescribed. Work with CDCs and CPM teams to ensure data collection and dissemination prior and during these sessions.</td>
<td>Accountability and transparency of the CDC and its performance measured. Satisfaction of community gauged. CC MSS progress monitored.</td>
<td>4 hours</td>
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</tbody>
</table>

**Urban Communities:**

<table>
<thead>
<tr>
<th>Visit #</th>
<th>Objective</th>
<th>Key Activities</th>
<th>Expected Outcome</th>
<th>Estimated timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>One (1)</td>
<td>Pre-mobilization visit</td>
<td>Visit a # of communities in your working area, inform existing CDC members (or elders and / wakil gozar where CDC does not exist) on the planned next visit, with date, time and venue and ask them to mobilize at least 75% of the adult community members to attend. Nahia; DM and Wakil Gozars Key community representatives Note: SO Key messages</td>
<td>Entry point established and introduction to FP field staff</td>
<td>60 minutes/ per community</td>
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<td>Two (2)</td>
<td>Introduce Community to the CC/ and identify community volunteers, get the community contribution by raising hands.</td>
<td>Share overall objective. Share standardized posters on MSS and involve community in distribution. Brainstorm on CDC achievements to date and what can be done further to reduce poverty. Discuss and explain roles and responsibilities of key stakeholders. Social organizer should emphasis on the community contribution in term of time and resources. Select volunteers for the community survey (around 1 volunteer/ 25 households) and create a small map that organizes the communities into units of 25 households for the survey</td>
<td>Majority of the community understands the objectives, principles, MSS and the roles and responsibilities of key actors. Community volunteers identified, roles explained, survey sheets distributed and ready to start their survey work</td>
<td>3 hours with community and 2 hours with the volunteers</td>
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</table>
Make announcement for another large community meeting and request CDCs to mobilize communities for this meeting and again minimum 75% community attendance required.

| Three (3) | Pre-election visit/ Preparations for the elections. | Compile survey sheets from volunteers and finalize election units  
| Hold large meeting, briefly remind the community of the key messages given earlier on the CC, reiterate the main points.  
| In the larger gathering, organize people attending into the election units identified  
| Request 4 to 5 people from each area to work with you and make an election unit map.  
| Work with community to select 6 election committee members (3 M+3 F) from as many election units as possible.  
| Announce the date, time and venue for the CDC elections to take place, providing roughly two weeks from this meeting to election date.  
| Brief election committee members on their roles and responsibilities and instruct them. | All preparations for the elections are completed.  
| 2 hours with community and 2 hours with the election committee |  |

| Four (4) | CDC Election | Conduct actual elections in each election unit sequentially.  
| Tally votes and announce results for each unit within the same day.  
| Bring elected CDC members to central venue and conduct office bearer elections as prescribed.  
| Introduce elected CDC members and office bearers to the community and complete CDC registration forms.  
| Brief CDC members and office bearers on their roles & responsibilities.  
| Make appointment for next meeting and instruct CDC to mobilize community for participation (minimum 50% of adult community members need to be present)  
<p>| Ask CDC to identify a neutral outdoor location | CDC elected, registered and introduced to communities | Whole day |
| Five (5) | Community Mapping exercise | Conduct the mapping as prescribed with at least 50% of adult community members. | Preparation for the development planning. | 3 hours/community |
| Six (6) | Well Being Analysis | Conduct the well-being analysis as prescribed with at least 50% of adult community members. | Preparation for the development planning. | 3 hours/community |
| Seven (7) | Other participatory exercises | Men do the seasonal calendar, leaking pot and changing gender norms with men from the poor category of the WBA. Women do the seasonal calendar, leaking pot, mobility mapping with women from FHH based on WBA. Also do a changing gender norms with the poorer women in the community, FHH and others. Announcement of the community wide meeting for the next meeting which will be for the CDP. | Preparation for the development planning. | 1.5 to 2 hours per tool (SOs 8 hours visit – but different community groups for each tool) |
| Eight (8) | Community Development Planning | Findings of each of the exercise are summarized in 1 poster highlighting each neighborhood, agreed by CDC members. Vision building. Translate the vision into milestones. Rank the milestones. Translate the milestones into activities with actors noted. Agree with the community on which of the above will be done by the community themselves and which will be done by CC and what could possibly be done with support from third parties. Summarize the above into the CDP forms. Make appointment with entire CDC for next meeting. | Finalized CDP. | 6 to 8 hours per community. |
| | Community planning endorsement | The CDC together with social organizer would present the CDP to the community and get their feedback for change and improvement as well as endorsement of municipality | | 3 hours |
| Trainings – Tier 1 | CCAP Intro +CDC roles and responsibilities Project management | CDCs are equipped to work with FP/DO engineers to | | Estimated 11 days |</p>
<table>
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<tr>
<th>Procurement</th>
<th>Financial management</th>
<th>design and implement CC financed subprojects</th>
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</table>

Nine (9) CDC Sub-committees formation

Meet with entire CDC and at least 50% of the community. Explain criteria and post chart on sub-committee membership criteria chart. Explain roles and responsibilities of the sub-committees. CDC determines which 2 CDC members are members in which sub-committee. Community selects members from among relevant non-CDC community members to join the sub-committees as per the defined criteria. Identified members are listed in the poster chart. CDC sub-committees formed. 3 hours

Ten (10) Plenary with CDC sub-committees

Workshop with sub-committee members; introduction together and smaller groups for each sub-committee. Explain the roles and responsibilities of the sub-committees. Outline all the skills, expertise and knowledge existing in each sub-committee. Make poster outlining all of these skills and have each sub-committee member sign their commitment to their roles and responsibilities. Establish and agree on the rules of conduct for the sub-committees. Sub-committee agree on what data will be collected (1-page data sheet) and how and when this will be collected. CDC sub-committees informed of their roles and responsibilities 3 hours

Eleven (11) CCDC/ GA formation

MRRD district office/ IDLG Municipality will organize district level conference on the CCDC/ GA formation. The CDC Chairperson and Vice Chairperson of all CDCs in the district will be invited to attend the Conference. Use district/municipality map with CCDC/ GA formed 1 day per cluster (2 clusters per pair of SOs)
communities indicated to determine clusters/ guzars using the defined criteria.

The CDC Chairperson and Vice Chairperson of each of the communities in a cluster/ Guzar become members of the CCDC/guzar automatically.

Instruct the 2 CDC members that each CDC selects one additional CDC male and female member to also be members of the CCDC/ Guzar as per defined criteria. (SOs not needed to be present for this selection meeting).

SOs brief the 2 CDC office bearers per CDC present on the criteria for CCDC/GA sub-committee membership and how to work with their own CDC sub-committees to identify their representatives for the CCDC/ GA subcommittees.

Agree and announce next CCDC/ GA meeting date, time and venue for each cluster/ GA in the district.

<table>
<thead>
<tr>
<th>Twelve (12)</th>
<th>CCDC/ GA sub-committee formation</th>
<th>Bring together all CDC members and the selected CCDC/GA sub-committee representatives to a central location within the cluster/GA. Introduce the new CCDC/GA members. Brief them on the roles and responsibilities of the CCDC/ GA and how the sub-committees are formed. SOs create a cluster/guzar map combining all the CDC community maps.</th>
<th>CCDC/ GA sub-committees formed</th>
<th>3 hours</th>
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<tbody>
<tr>
<td>Thirteen (13)</td>
<td>Cluster/ Guzar level development planning</td>
<td>CCDC/ GA plenary session where SO presents the cluster/guzar map. Cluster/ guzar vision building Milestones, activities outlined. GA: Agree on what the guzar block grant can be used for. CCDC: Agree on whether the CDCs want to use their RASS for community level, multi-community or CCDC level and for which types of projects.</td>
<td>CCDC/GA development plans formed</td>
<td>1 day</td>
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<td>Fourteen (14)</td>
<td>CDC sub-committee planning</td>
<td>Bring together and compile the one-page data sheet per neighborhood into a summarized community data sheet per sub-committee. Review and discuss the summarized community data sheet taking into account the previously completed tools. Review the CDP and identify which milestones in the CDP related to their own subcommittees. Breakdown these milestones into activities and timelines for their own sub-committee’s work. Consider the external and internal support needed to achieve these milestones. SOs agree with sub-committees on key activities needed to achieve the milestone. Agree on subsequent follow-up sessions between SOs and sub-committees to review progress. Close each session on the outcomes of that session and plans for the next session.</td>
<td>CDC sub-committees are formed and mobilized to work on key sectoral milestones and form self-help groups</td>
<td>3 hours</td>
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<td>Fifteen (15)</td>
<td>CCDC/ GA sub-committee planning</td>
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<td>CCDC/GA sub-committees mobilized.</td>
<td>3 hours</td>
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<td>Sixteen (16)</td>
<td>Interest Group Formation by CDC sub-committees</td>
<td>Each subcommittee to consider which beneficiary population groups will need assistance to achieve the milestones assigned for their own sub-committee. Once the list is agreed on, the sub-committee identifies a list of households that fall within them and advise them on how they can form self-help groups.</td>
<td>Interest/ self-help groups formed</td>
<td>3 hours</td>
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<td>Seventeen (17)</td>
<td>Meetings with Self Help groups</td>
<td>SOs meet with each of the self-help groups formed and guide them on their plans.</td>
<td>Self-help groups trained and vision building.</td>
<td>3 hours</td>
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<td>Disaster risk management</td>
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<td>Estimated 4</td>
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ANNEX THREE – MAIN CCAP FORMS

The following section includes the main forms related to field level implementation of the CCNPP-I and the CCAP. The original signed hard copy versions of all these forms need to be retained in the CCAP PMUs with copies provided to the CDCs in proper folders by the FPs. The main data in all of them need to be uploaded into the CCAP’s database as well. Key forms, including but not limited to those relating to CDC elections, subproject proposals, disbursement requests, and expenditure reports, need to be scanned and uploaded into the database as well.
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent Directorate of Local Governance (IDLG)

CCAP Form 2- CDC Election Form

Province: _____________  District: ____________________
Community ID: _____________  Community Name: _____________________________

Election unit / neighborhood type elections conducted on _______________ (dd/mm/yy, Gregorian calendar)

**Results of elections (organized in election units):**

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<tr>
<th>#</th>
<th>Election unit name</th>
<th>Venue for male voters</th>
<th>Venue for female voters</th>
<th># of eligible male voters</th>
<th># of eligible female voters</th>
<th>Actual # of male voters</th>
<th>Actual # of female voters</th>
<th>% of male voters</th>
<th>% of female voters</th>
<th>% of eligible voters that voted (M +F)</th>
<th>Male candidate elected name</th>
<th># of votes received by male candidate</th>
<th>Female candidate elected name</th>
<th># of votes received by female candidate</th>
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**CDC Office Bearers:**
CDC Office Bearers election held on _____________ (dd/mm/yy, Gregorian calendar)
CDC Member selected as CDC Secretary: __________________________ (Full Name)
CDC Member elected as CDC Chairperson: __________________________ (Full Name), _________% of votes received
CDC Member elected as CDC Vice-Chairperson: ______________________ (Full Name), _________% of votes received
CDC Member elected as CDC Treasurer: ____________________________ (Full Name), _________% of votes received

CDC Member Profile:

<table>
<thead>
<tr>
<th>#</th>
<th>Capacity</th>
<th>Full Name</th>
<th>Full Name of Father/Husband</th>
<th>Age (years)</th>
<th>Sex: M/F</th>
<th>Highest education level</th>
<th>Occupation</th>
<th>If previously held CDC position, for how many years.</th>
<th>Does the person hold another position as a public authority (Malik, Arbab, Mirab elder, etc.)</th>
<th>Other remarks</th>
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<td>19</td>
<td>Member</td>
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</table>
## CPM Team

CPM team elected on ______________ (dd/mm/yy, Gregorian calendar)

<table>
<thead>
<tr>
<th>#</th>
<th>Full Name</th>
<th>Full Name of Father/Husband</th>
<th>Age (years)</th>
<th>Sex: M/F</th>
<th>Highest education level</th>
<th>Occupation</th>
<th>If previously held CDC position, for how many years.</th>
<th>If previously held CPM position, for how many years.</th>
<th>Does the person hold another position as a public authority (Malik, Arbab, Mirab elder, etc)</th>
<th>Other remarks</th>
</tr>
</thead>
<tbody>
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The following attest that they were present, supported and monitored the CDC and CPM elections, and can attest that these were conducted as per the policies and procedures stated in the CCAP OM:

<table>
<thead>
<tr>
<th>#</th>
<th>Position</th>
<th>Full Name</th>
<th>Father’s Name</th>
<th>Signature/ thumbprint</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Election committee member 1</td>
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<td>2</td>
<td>Election committee member 2</td>
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<td>3</td>
<td>Election committee member 3</td>
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<td>4</td>
<td>Election committee member 4</td>
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<td>5</td>
<td>FP Social organizer 1</td>
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<td>6</td>
<td>FP Social organizer 2</td>
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**CDC Registered based on above recommendation with the approvals of:**
<table>
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<tr>
<th>#</th>
<th>Position</th>
<th>Full Name</th>
<th>Father’s Name</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>FP district manager</td>
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<tr>
<td>2</td>
<td>FP provincial manager</td>
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<tr>
<td>3</td>
<td>CCAP district manager</td>
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<td>4</td>
<td>CCAP provincial manager</td>
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</table>
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/Independent Directorate of Local Governance (IDLG)

CCAP Form 3a- Bank Account Opening Form

Province: ___________  District: ______________
CDC/CCDC/ GA ID: _______________  CDC/ CCDC/ GA Name: ___________________________
FP Acronym: ____________________________ (only for IDLG)

Date: _______________  Account Currency: Afghanis

Part A: CDC/ CCDC/ GA Authorized Bank Signatories:

_________________________________   ________________________
_________________________________   ________________________
_________________________________   ________________________
(Full Name)  (Position in CDC/CCDC/GA)  (Signature/ Thumbprint)

Insert recent passport size pictures of the 4 signatories with name below:

<table>
<thead>
<tr>
<th>Photo</th>
<th>Photo</th>
<th>Photo</th>
<th>Photo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Full Name</td>
<td>Full Name</td>
<td>Full Name</td>
</tr>
</tbody>
</table>

Part B: IDLG/ MRRD PMU Authorization Officers

_________________________________  (Position)  (Signature)

Part C: Bank Account Details (to be completed by DAB)

Bank Account opened on: __________________________
Bank Account # assigned: __________________________

Approved by: ____________________________________  (Signature of DAB official)
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent Directorate of Local Governance (IDLG)

CCAP Form 3b- Bank Cash Withdrawal Request/ Authorization Form

Province: _____________ District: _____________
CDC/CCDC/ GA ID: __________________ CDC/ CCDC/ GA Name: ________________________________
FP Acronym: ____________________________ (only for IDLG)

Date: ___________________ Account Currency: Afghanis

The CDC/CCDC/FA mentioned above requests to withdraw a sum of Afghanis ________________________________ (AFA __________) only from its bank account # ____________________________.

CDC/ CCDC/ GA Authorized Bank Signatories:

_________________________________ ____________________________ ____________________________
_________________________________ ____________________________ ____________________________
_________________________________ ____________________________ ____________________________

(Full Name) (Position in CDC/CCDC/GA) (Signature/ Thumbprint)

The withdrawal of Afghanis ________________________________ (AFA __________) is authorized by the following PMU official. This forms the _________ withdrawal made by this CDC/ CCDC/ GA from this bank account for CCAP funds. Total amount authorized for withdrawal including this request amounts to Afghanis ________________________________ (AFA __________) only and the total balance required in the bank account after this withdrawal is Afghanis ________________________________ (AFA __________).

MRRD/ IDLG PMU Authorization Official:

_________________________________ ____________________________ ____________________________

(Full Name) (Position in CDC/CCDC/GA) (Signature/ Thumbprint)
CCAP Form 4- Community/Cluster/Gozar Development Plan

Province: _____________ District: _________________
CDC/ CCDC/GA ID: __________________
CDC/ CCDC/ GA Name: _________________________

Date of start of the CDP process: _____________ (dd/mm/yyyy)
Date of completion of preparation of this CDP: ______________ (dd/mm/yyyy)

Vision:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Ranking for milestones</th>
<th>Activities</th>
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</table>

Part A1: Analysis Exercises Results: (Poster A1)

1. (Updated) Community and Resource Mapping:
   Date Completed: _______________________
   Approximate % of adult community population that participated: ______________
   Attach a photo of the map and/ or the summary findings

   Summary Findings of Mapping Exercises:
   1. 
   2. 
   3. 
   4. 
   5. 
   The summary findings should include: the number of families that have no drinking water, access to irrigation, access to roads, access to electricity, schools, etc.

2. Poverty analysis:
   Date Completed: _______________________
   Approximate % of adult community population that participated: ______________
   Attach electronic copy of the Poverty Analysis and Summary findings

   Summary Findings of the Poverty Analysis
   1. 
   2. 
   3. 
   4.
5. The summary findings should include the number of poor and very poor households; the number of landless and landpoor (less than 1 jerib), the number of months that very poor and poor families are food insecure and the number of meals they consume daily in the lean season, the number of people who are perpetually indebted, etc.

3. Leaking Pot Analysis:
   Date Completed: ____________________
   (Attach electronic copy of 2 summary findings – men from poor households and women from very poor households)
   Summary Findings:
   1.
   2.
   3.
   4.
   5.

(The summary findings should include key leakages identified)

4. Seasonal Calendar:
   Date Completed: ____________________
   Attach electronic copy of 2 summary findings (one for men from poor households and one for women from very poor households)
   Summary Findings
   1.
   2.
   3.
   4.
   5.

(The summary findings should include the number of lean season months, the number of average work days that casual labor is available in agriculture and non-agricultural activities; the daily wage rates (of men and women) the number of meals that households consume in the lean season)

5. Women’s Mobility Exercise
   Date Completed: ____________________
   Attach electronic copy of summary findings
   Summary Findings
   1.
   2.
   3.
   4.
   5.

(This summary findings should include women selling labor and at which rates, in which months, and women from which socio-economic group)

**Part A2: The Community’s Vision (Poster A2)**

Vision: _______________________________________________________________________________

**Part A3: Milestones (Poster A3):**

List 5 to 10 Milestones that the community will pursue to reach their vision.

1.
2.
Part B: Community Development Planning Results (Poster B):

Based on the Summary Findings of the Various Exercises, the community has created a vision with key milestones that if completed address the most urgent development needs. The Community will prioritize the following development needs and then classify them into the following categories: (A minimum of 5 and a maximum of 10 milestones each with a different priority can be listed totally. There must be at least one subproject in the first and second categories).

<table>
<thead>
<tr>
<th>Sector</th>
<th>Subproject</th>
<th>Category 1: Can be undertaken by the community themselves with no external resources</th>
<th>Category 2: Can be financed under the CCAP MSS</th>
<th>Category 3: Would need third party resources to implement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking Water</td>
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<tr>
<td>Sanitation</td>
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<td>Irrigation</td>
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<td>Power</td>
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<td>Transportation</td>
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<td>Health</td>
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<td>Education</td>
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<td>Agriculture</td>
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<tr>
<td>Community centers</td>
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<td>Adult literacy/ vocational training</td>
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<td>Micro-credit</td>
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<td>Emergency response</td>
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<td>Disaster/ risk mitigation/ management</td>
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<td>Enterprise development</td>
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<td>Environment protection</td>
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<td>Afforestation</td>
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<tr>
<td>Safety nets (for FHHs, physically challenged etc.)</td>
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<tr>
<td>Livestock</td>
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<td>Other</td>
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Part C: Baseline for the CCAP MSS

State current status at the time of the CDP against each of the MSS below. Rural communities complete the section for rural only and urban communities complete the section for urban only.

<table>
<thead>
<tr>
<th>State MSS (list all for urban/ rural as Baseline)</th>
<th>Baseline</th>
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<tbody>
<tr>
<td><strong>applicable even if not present at the time of CDP)</strong></td>
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<td>---------------------------------------------------</td>
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</table>

**Universal access to clean drinking water:** one water point per 25 households, providing 25 liters of water per person per day;

**Basic electricity:** 100W per household through solar, micro hydro, biogas or wind (only in areas that cannot be reached by the grid);

**Basic road access:** within two kilometers walking distance from nearest accessible rural road (accessible areas only); and

**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;

**Street upgrading and drainage:** includes concreting streets, sidewalks, drainage and tree planting along streets;

**Provision of potable water:** can include extension of existing municipal water network, small water supply scheme or hand pump installation;

**Solid waste management:** solid waste management from the household level, which includes awareness raising, linked to existing municipal waste collection mechanisms;

**Lighting/electricity:** can include extension of electrical grid, including installation of electrical transformers. Additionally households will be encouraged to install lights outside their homes.

<table>
<thead>
<tr>
<th><strong>The subprojects selected for CCAP RASS/UAB grants is/ are</strong></th>
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</table>
| ___________________________________________________________
| ___________________________________________________________

The MRRD/IDLG FP confirms that the category 2 subproject requested responds to the CCAP minimum service standards for the MRRD/IDLG funding: **Yes/No**
In confirmation of the above:

On behalf of the CDC/ CCDC/ GA: All 4 Office bearers:

__________________________________  ______________________________  ____________________________

__________________________________  ______________________________  ____________________________

__________________________________  ______________________________  ____________________________

__________________________________  ______________________________

(Note: Where there are no female CDC office bearers, the CDP then needs to be signed by 2 female CDC members representing the women population in the community).

Confirming that the elections were conducted as per the OM and the above is verified: Signatures by the FP social organizer, FP district manager, FP provincial manager

__________________________________  ______________________________  ____________________________

__________________________________  ______________________________  ____________________________

__________________________________  ______________________________  ____________________________

__________________________________  ______________________________  ____________________________

Approval of the above: MRRD/ IDLG provincial manager

__________________________________  ______________________________  ____________________________

(Full Name)  (Position)  (Signature/ Thumbprint)
Citizens’ Charter Afghanistan Project (CCAP)  
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent Directorate of Local Governance (IDLG)

CCAP Form 5- CCDC/ GA Election and Registration Form

Province: ____________________________  District: ____________________________

FP: ____________________________  CCDC/ GA ID: ____________________________

CCDC/ GA Name: ____________________________

Date CCDC/ GA elections held: ____________________________

Venue CCDC/ GA elections held: ____________________________

<table>
<thead>
<tr>
<th>#</th>
<th>Position</th>
<th>Full name</th>
<th>Father’s/ Husband’s name</th>
<th>Tashkira #</th>
<th>Signature/ Thumbprint</th>
<th>From which community?</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Chairperson</td>
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<td>Vice Chairperson</td>
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<td>3</td>
<td>Secretary</td>
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<td>Treasurer</td>
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<td>16</td>
<td>Member</td>
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</table>

The term of this CCDC/ GA is from ___________________ (dd/mm/yyyy) to ___________________ (dd/mm/yyyy), a total of 3 years.

In confirmation of the above:

On behalf of the CCDC/ GA: All 4 Office bearers:

___________________________   ______________________________   _________________________

___________________________   ______________________________   _________________________

___________________________   ______________________________   _________________________

___________________________   ______________________________   _________________________

___________________________   ______________________________   _________________________

___________________________   ______________________________   _________________________

___________________________   ______________________________   _________________________
Confirming that the elections were conducted as per the OM and the above is verified: Signatures by the FP social organizer, FP district manager, FP provincial manager

___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________

Approval of the above and confirmation of registration of the CCDC/ GA: MRRD/ IDLG provincial manager

___________________________   ______________________________   _________________________

(Full Name)                                  (Position)                                         (Signature/ Thumbprint)
## CCAP Form 6 - CCDC/ GA Development Plan

Province: ____________________________  District: ____________________________

FP: ________________________________  CCDC/ GA ID: ____________________________

CCDC/ GA Name: ________________________________

### Development priorities extending beyond 1 community in the CCDC/ GA:

<table>
<thead>
<tr>
<th>Community Name</th>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
<th>Priority 4</th>
<th>Priority 5</th>
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</table>

Voted list of top priorities for the CCDC/ GA and indicate which of these were most prioritized by women members as well:

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________

If the rural CDCs and the urban gozar decide to use all or part of its RASS/ UAB grants to implement subprojects at this level, then indicate which of the MSS are being addressed and how:

---

### On behalf of the CCDC/ GA: All 4 Office bearers:

_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________

Confirming that the elections were conducted as per the OM and the above is verified: Signatures by the FP social organizer, FP district manager, FP provincial manager
Approval of the above and confirmation of registration of the CCDC/ GA: MRRD/ IDLG provincial manager

| _______________ | _______________ | _______________ |
| _______________ | _______________ | _______________ |
| (Full Name)     | (Position)      | (Signature/ Thumbprint) |
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent
Directorate of Local Governance (IDLG)

CCAP Form 7- Tripartite Agreement

Province: ____________________ District: ____________________

FP (Only for IDLG urban communities): ____________________________

This Agreement has been made and entered on ____________ (dd/mm/yyyy) between:

(i) The Government of Afghanistan through the Citizens’ Charter Afghanistan Project (CCAP);
(ii) The CDC/ CCDC/ GA named ____________________________ with ID _____________ located in
the district and province mentioned above, and;
(iii) The Facilitating Partner (for IDLG) and the CCAP District Manager (for MRRD)

All partners to this agreement agree:

1. To adhere to the CCAP Operational Manual valid at the time of signing this Agreement, for all
aspects of implementing the CCAP;
2. To handle the roles and responsibilities assigned to each of the three parties to this agreement
responsibility, efficiently and effectively;
3. That the CCAP grants provided will be used exclusively for the CCAP approved subprojects. The
proposed subprojects are as per the table shown below:

<table>
<thead>
<tr>
<th>CCAP RASS/ UAB Grant</th>
<th>AFA ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Project(s) Title</td>
<td>Cost Contribution by: (in AFA)</td>
</tr>
<tr>
<td></td>
<td>Community</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
</tr>
</tbody>
</table>

4. That the CCAP can stop and/or suspend the works and subsequent disbursements if it becomes
evident that the CDC/ CCDC/ GA are not performing its works satisfactory as per the terms of this
Agreement and the relevant Operational Manual. If there are serious problems such as financial
irregularities, misappropriation, lack of physical progress, failure to report, lack of community
support, lack of women’s participation, failure to meet the minimum mandatory community
contribution stated in this Manual, or environmental concerns, the CCAP may recommend that the
agreement be cancelled;
5. That if during implementation of the works, any dispute arises between any or all of the Parties to this
Agreement, relating to any aspects of this Agreement, the parties shall first attempt to settle the
dispute through mutual and amicable consultation. If the dispute is not settled through such
consultation, the matter shall be referred to the CCAP Committee for a final decision; and
6. That this Agreement shall be governed by the Laws of Afghanistan.

Signatures in witness to this Agreement:

PMU Manager: ____________________________ (Representing Party i above)

CCNPP/ CCAP Operations Manual Page 118
CDC Chairperson: ________________________ (Representing Party ii above)

Urban FP Manager / MRRD District Manager: ________________________ (Representing Party iii above)
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent Directorate of Local Governance (IDLG)

CCAP Form 8- Sub Project Proposal Form

Province: ____________________________ District: ____________________________

FP (Only for IDLG urban communities): ____________________________

CDC/CCDC/ GA ID: ______________ Name: ____________________________

Total grant determined for Urban CDC/ GA: AFA ______________
Total grant determined for Rural CDC: AFA ______________

# of sub projects proposed under this grant: ______________ (one or two only)

Subproject ID: __________________________
Subproject Sector: __________________________
Subproject Title: __________________________
Output Unit: __________________________
Expected Output value: __________________________

The proposed subproject is included in the CDP priorities for the CCAP funding: __________ (Y/N)

This proposed subproject is designed to address which one of the CCAP MSS:

___________________________________________________________________________

Part A: Provide details of the site selected and justification for the same:

___________________________________________________________________________

GPS Coordinates of the site selected: __________________________

Include pre-construction picture of the location showing the full site selected and neighboring landmarks for later verification and comparison
Part B: Engineering/technical survey and design:

Part C: Bill of quantities (BOQ)/Scope of works (SoW):

<table>
<thead>
<tr>
<th>#</th>
<th>Good/ Works/ Non consulting services</th>
<th>Unit</th>
<th># of Units required</th>
<th>Estimated Unit cost (AFA)</th>
<th>Estimated total cost (AFA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimated total costs: AFA

Part D: An estimate of all the administrative costs involved:

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Unit</th>
<th># of Units required</th>
<th>Estimated Unit cost (AFA)</th>
<th>Estimated total cost (AFA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bank fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimated total costs: AFA

Part E: ESS related checklists:

<table>
<thead>
<tr>
<th>#</th>
<th>Documents Required</th>
<th>Document present (Y/N)</th>
<th>Clarification if not present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part F: Community contribution plan:

_____% (state the actual % applicable depending on whether this is rural/urban CDC/ GA) of the total estimated subproject cost is AFA __________

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Unit</th>
<th># of Units required</th>
<th>Estimated Unit cost (AFA)</th>
<th>Estimated total cost (AFA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Materials:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Materials:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Materials:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Unskilled labor:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Skilled labor:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimated total community contribution planned: AFA

Part G: Time-bound work plan:

Estimated start date: ________________ (dd/mm/yyyy, 3 weeks from date of submission of proposal to PMU)

Estimated completion date: ________________ (dd/mm/yyyy, within a maximum of 1 year from start date)

<table>
<thead>
<tr>
<th>Milestone to be completed</th>
<th>% of physical progress</th>
<th>% of financial progress: utilization</th>
<th>In # of weeks from start of subproject</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Part H: O&M plan:

O&M sub-committee established in the community: Y/ N

If yes, the members are:

<table>
<thead>
<tr>
<th>#</th>
<th>Full Name</th>
<th>Father’s name</th>
<th>Telephone #</th>
<th>Signature/ thumbprint</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O&M sub-committee is trained by the FP/ district engineer: Y/ N

Does the subproject proposed necessitate regular fee collection? Y/ N

If yes, the amount proposed to be collected from each household each month will be (a) fixed sum or (b) as per the actual usage
What is the amount proposed to be collected from each household (outside the fees) to be saved for O&M expenses related to the subproject repairs etc. per month? AFA _______.

Has the user fees and O&M fees been agreed with the wider community? Y/ N

**Conclusion:**

**The total subproject costs are as follows:**

<table>
<thead>
<tr>
<th>Cost breakdown by category</th>
<th>Cost breakdown by source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subproject costs = AFA ______ , __%</td>
<td>From the grant = AFA ______. __%</td>
</tr>
<tr>
<td>Administrative costs = AFA ______ , __%</td>
<td>From the community = AFA ______. __%</td>
</tr>
<tr>
<td>Total costs = AFA __________ , 100%</td>
<td>Total costs = AFA ______________, 100%</td>
</tr>
</tbody>
</table>

Approval of the above proposal:

**On behalf of the CCDC/ GA: All 4 Office bearers:**

___________________________   ______________________________   _________________________  
___________________________   ______________________________   _________________________  
___________________________   ______________________________   _________________________  
___________________________   ______________________________   _________________________  

Confirming that the proposal was prepared as per the OM and the above is verified: Signatures by the FP engineer, FP district manager, FP provincial manager for IDLG and MRRD district engineer and district office manager for MRRD

___________________________   ______________________________   _________________________  
___________________________   ______________________________   _________________________  
___________________________   ______________________________   _________________________  

Approval of the above and confirmation of registration of the CCDC/ GA: MRRD/ IDLG provincial manager

___________________________   ______________________________   _________________________  
(Full Name)                                  (Position)                                         (Signature/ Thumbprint)
CCAP Form 9- RASS/ UAB Grant Disbursement Request Form

Province: ____________________________ District: ____________________________
FP (Only for IDLG urban communities): ____________________________

CDC/CCDC/ GA ID: ____________________________ Name: ____________________________
Bank Account #: ____________________________

Total grant determined for Urban CDC/ GA: AFA ____________________________
Total grant determined for Rural CDC: AFA ____________________________

# of sub projects proposed under this grant: ____________________________ (one or two only)

Total grant = AFA ____________________________
(AFA__________) = A

<table>
<thead>
<tr>
<th>Installment #</th>
<th>% of grant</th>
<th>Amount (AFA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>A</td>
</tr>
</tbody>
</table>

Part A (to be completed for the FIRST installment disbursement request):

The sum of Afghanis ____________________________ (AFA ______) is requested to be disbursed to our bank account # stated above as the first installment of our RASS/ UAB grants. This constitutes ____% of the grant in line with the OM policy on grant disbursements. Attached to this request are subproject proposals (1 or 2) amounting to the total of the grant and the signed tripartite agreement.

Part B (to be completed for the SECOND installment disbursement request):

The sum of Afghanis ____________________________ (AFA ______) is requested to be disbursed to our bank account # stated above as the second installment of our RASS/ UAB grants. This constitutes ____% of the grant in line with the OM policy on grant disbursements. Attached to this request is a verified expenditure report showing that the mandated ____% of the grant has been utilized on the ground satisfactorily.

Part C (to be completed for the THIRD installment disbursement request):

The sum of Afghanis ____________________________ (AFA ______) is requested to be disbursed to our bank account # stated above as the third and final installment of our RASS/ UAB grants. This constitutes ____% of the grant in line with the OM policy on grant disbursements. Attached to this request is a verified expenditure report showing that the mandated ____% of the grant has been utilized on the ground satisfactorily.
Approval of the above request:

On behalf of the CCDC/ GA: All 4 Office bearers:

___________________________   _________________________
___________________________   ___________________________
___________________________   ___________________________
___________________________   ___________________________

Confirming that the disbursement request was prepared as per the OM and the above is verified: Signatures by the FP engineer, FP district manager, FP provincial manager for IDLG and MRRD district engineer and district office manager for MRRD

___________________________   ___________________________
___________________________   ___________________________
___________________________   ___________________________
___________________________   ___________________________

Approval of the above and confirmation of registration of the CCDC/ GA: MRRD/ IDLG provincial manager

___________________________   ___________________________

(Full Name)                                  (Position)                                         (Signature/ Thumbprint)
### CCAP Form 10- Expenditure Report Form

Province: ____________________________  District: ____________________________

FP (Only for IDLG urban communities): ____________________________

CDC/CCDC/ GA ID: _________________ Name: ______________________________________

Total grant determined for Urban CDC/ GA: AFA ________________ (US$ 70,000/ US$ 200,000)

Total grant determined for Rural CDC: AFA __________________________

Date of preparing this report: ________________ (dd/mm/yyyy)

#### Grant disbursements already made at the time of the report:

<table>
<thead>
<tr>
<th>Installment #</th>
<th>% of grant</th>
<th>Amount (AFA)</th>
<th>Disbursed on (dd/mm/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total funds disbursed</td>
<td></td>
<td>N/a</td>
<td></td>
</tr>
</tbody>
</table>

This report is being submitted at which of the following milestones (fill only appropriate one):

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Tick the milestone for which report is being submitted</th>
<th>Expenditure totaling AFA</th>
<th>Expenditure totaling ____% of the grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2(^{nd}) Installment request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3(^{rd}) Installment request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25% of grant utilized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50% of grant utilized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75% of grant utilized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of grant utilized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closure without full grant utilization</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The summarized list of expenditures totaling the amount stated is as follows:

<table>
<thead>
<tr>
<th>#</th>
<th>Cost item</th>
<th># of units purchased/ paid for</th>
<th>Unit price (AFA)</th>
<th>Total price (AFA)</th>
<th>Purchased from/ paid to</th>
<th>Date of payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Works</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
At the time of this submission, total expenditure on the ground amounts to Afghans________( AFA ______) and supporting procurement and accounting forms and invoices have been checked and verified and are available with the CDC.

Approval of the above expenditure report:

**On behalf of the CCDC/ GA: All 4 Office bearers:**

___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________
__________________________   ______________________________   _________________________

Confirming that the expenditure report was prepared as per the OM and the above is verified: Signatures by the FP engineer, FP district manager, FP provincial manager for IDLG and MRRD district engineer and district office manager for MRRD

___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________

Approval of the above and confirmation of registration of the CCDC/ GA: MRRD/ IDLG provincial manager

___________________________   ______________________________   _________________________

(Full Name)                                  (Position)                                         (Signature/ Thumbprint)
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent Directorate of Local Governance (IDLG)

CCAP Form 11- Sub Project Final Status Report (SFSR) Form

Province: ____________________________ District: ____________________________

FP (Only for IDLG urban communities): ____________________________

CDC/CCDC/ GA ID: ________________ Name: ____________________________

Total grant determined for Urban CDC/ GA: AFA ________________ (US$ 70,000/ US$ 200,000)
Total grant determined for Rural CDC: AFA __________________________

Subproject ID: _________________
Subproject Sector: __________________
Subproject Title: ____________________________
Output Unit: _____________________

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Planned as per subproject proposal</th>
<th>Actual as per subproject on the ground</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total subproject costs (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative costs (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community contribution (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output value (unit __________)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject design</td>
<td>See form 8</td>
<td>State variations</td>
<td></td>
</tr>
</tbody>
</table>

Insert a picture of the subproject at the time of submission of this report:


The subproject is recorded as completed/ failed: ____________________________

Justification for the given status:
____________________________________________________________________________________

Approval of the above SFSR report:

On behalf of the CCDC/ GA: All 4 Office bearers:

____________________  ______________________  ______  _________________________

____________________________________________________________

CCNPP/ CCAP Operations Manual Page 128
Confirming that the expenditure report was prepared as per the OM and the above is verified:
Signatures by the FP engineer, FP district manager, FP provincial manager for IDLG and MRRD
district engineer and district office manager for MRRD

Approval of the above and confirmation of registration of the CCDC/ GA: MRRD/ IDLG
provincial manager

(Full Name) (Position) (Signature/ Thumbprint)
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent Directorate of Local Governance (IDLG)

CCAP Form 12- Community Financial History Form (CFHF)

Province: ____________________________  District: ____________________________
FP (Only for IDLG urban communities): ____________________________

CDC/CCDC/ GA ID: _______________  Name: ______________________________________

Total grant determined for Urban CDC/ GA: AFA ________________ (US$ 70,000/ US$ 200,000)
Total grant determined for Rural CDC: AFA ________________

<table>
<thead>
<tr>
<th>Cost category</th>
<th>Planned as per SP proposal</th>
<th>Actual as per SFSR</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subproject 1 total costs (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject 1 grant portion (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject 1 community contribution (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject 1 administrative costs (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject 2 total costs (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject 2 grant portion (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject 2 community contribution (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject 2 administrative costs (AFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total portion of the grant utilized = AFA ________________, _____% of the grant
Total community contribution provided = AFA ________________, _____% of the total costs of all subprojects
Total administrative costs = AFA ________________, _____% of the total costs of all subprojects

Disbursement versus utilization summary:

<table>
<thead>
<tr>
<th>Installment #</th>
<th>Installment amount (AFA)</th>
<th>Installment percentage (AFA)</th>
<th>Installment Requested on (dd/mm/yyyy)</th>
<th>Installment requested when ____ amount was utilized on the ground</th>
<th>Installment requested when ____ % was utilized on the ground</th>
<th>Installment disbursement on (dd/mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A total of Afghans ____________________________ (AFA _________) remains un-withdrawn from the bank account and can be reversed
A total of Afghans ____________________________ (AFA _________) that was withdrawn has been re-deposited into the bank account and can be reversed
Total amount to be reversed = Afghanis ________________________________ (AFA______)

Category assigned to the community at the time of completion of this Form: _____________ (A to C)

Approval of the above CFHF:

On behalf of the CCDC/ GA: All 4 Office bearers:

_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________

Confirming that the CFHF was prepared as per the OM and the above is verified: Signatures by the FP engineer, FP district manager, FP provincial manager for IDLG and MRRD district engineer and district office manager for MRRD

_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________

Approval of the above and confirmation of registration of the CCDC/ GA: MRRD/ IDLG provincial manager

_________________________   ______________________________   _________________________
(Full Name)   (Position)   (Signature/ Thumbprint)
CCAP Form 13-CDC Linkages Reporting Form

(This form is to be submitted by the FPs to the PMU once every 6 months or twice a year. Thus a total of 6 such reports are required per community for the 3 years of FP contract duration).

Province: ____________________________ District: ____________________________

FP: _________________________________

CDC/CCDC/ GA ID: _________________ Name: ______________________________________

Reporting Period: __________________ to ______________________________ (dd/mm/yyyy) (every six months)

During this reporting period, this CDC has undertaken the following linkage activities:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Sub district level</th>
<th>DCCMC/MCCMC and CCDC/GA</th>
<th>DCCMC/MCCMC and CCDC/GA</th>
<th>PCCMC/CCTWG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date meeting conducted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of male CDC members who participated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of female CDC members who participated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key focus areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions agreed upon for the next two quarters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions completed from previous meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If any CDC National Conference was conducted during the reporting period, please state whether there were any participants from this community, and if yes, who:

_____________________________________________________________________________________

In confirmation of the above:

On behalf of the CDC: All 4 Office bearers:

________________________________________   ______________________________   _________________________

________________________________________   ______________________________   _________________________

________________________________________   ______________________________   _________________________
Confirming that the linkage building sessions were conducted as per the OM and the above is verified: Signatures by the FP social organizer, FP district manager, FP provincial manager

___________________________   ______________________________   _________________________
(Full Name)                      (Position)                       (Signature/ thumbprint)
**Citizens’ Charter Afghanistan Project (CCAP)**

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

**CCAP Form 14- CPM Reporting Form**

(This form is to be used for CPM reports other than the score cards for the CCAP MSS. It is completed by the community’s CPM team once every quarter and submitted via the FP to the PMU)

<table>
<thead>
<tr>
<th>Province: __________________________</th>
<th>District: __________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FP: ________________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CDC/CCDC/ GA ID: ________________</th>
<th>Name: ________________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reporting Period: ________________ to __________________________ (dd/mm/yyyy) (every six months)</th>
</tr>
</thead>
</table>

Which of the following has been initiated/ completed at the time of this report?

<table>
<thead>
<tr>
<th>CCAP Key Implementation Step</th>
<th>Started Yes/ No</th>
<th>Completed Yes/No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subproject proposals prepared for all CCAP grants for the community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants received by community, procurement and accounting related to the grants by the CDC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subproject implementation on the ground</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full grant reporting and closure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use the box below to outline what were the significant observations of the CPM team with regard to the following:

<table>
<thead>
<tr>
<th>Category</th>
<th>CPM Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC/CCDC/GA performance of key roles and responsibilities</td>
<td></td>
</tr>
<tr>
<td>Community participation</td>
<td></td>
</tr>
<tr>
<td>Community contribution</td>
<td></td>
</tr>
<tr>
<td>Subproject quality</td>
<td></td>
</tr>
<tr>
<td>Subproject implementation</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>--</td>
</tr>
<tr>
<td>Procurement and accounting for CCAP funds</td>
<td></td>
</tr>
<tr>
<td>Procurement and accounting for other development funds received by the CDC/CCDC/GA</td>
<td></td>
</tr>
<tr>
<td>Subproject benefit distribution (especially for vulnerable groups)</td>
<td></td>
</tr>
<tr>
<td>Others (state issues)</td>
<td></td>
</tr>
<tr>
<td>Others (state issues)</td>
<td></td>
</tr>
</tbody>
</table>

In confirmation of the above:

On behalf of the community: All 4 CPM team members:

___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________
_________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________

Confirming that the linkage building sessions were conducted as per the OM and the above is verified: Signatures by the FP social organizer, FP district manager, FP provincial manager

___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________

(Full Name)                                   (Position)                                            (Signature/ thumbprint)
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent Directorate of Local Governance (IDLG)

CCAP Form 15a- CCAP Minimum Service Standards Scorecards
For Rural Areas

Instructions:

Who completes the form:
- CDC and Cluster CDC Heads along with FP Social Organizers.
- For health and education MSS, please consult with education and health shuras

How often: At the beginning of the project as a baseline and then once every six months if the MSS have not been 100% achieved.

If 100% of the MSS have been achieved then there is no need to complete the form again. However if there are problems or slippage in reaching the standards later (e.g., water point breaks down), the CDC/FP can submit the form to report upon problems.

Province: ________________________
District: _________________________
FP: _____________________________
CDC/CCDC/ GA ID: ____________
Name: ______________________________________
Date of report:  _______________________________________ (dd/mm/yyyy)

<table>
<thead>
<tr>
<th>Minimum Service Standards for Rural Areas</th>
<th>Circle Yes or No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal access to clean drinking water: one water point per 25 households, providing 25 liters of water per person per day;</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>One of the following infrastructure:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic electricity: 100W per household through solar, micro hydro, biogas or wind (only in areas that cannot be reached by the grid);</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td><strong>Basic road access:</strong> within two kilometers walking distance from nearest accessible rural road (accessible areas only); and</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Small-scale irrigation infrastructure:</strong> 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;</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

### Education MSS – Complete this section in consultation with education shura

<table>
<thead>
<tr>
<th>Are Education MSS clearly posted at the school?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers have at least grade 12 education</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Students have:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>- 24 hours per week of education in grade 1-3</td>
<td></td>
</tr>
<tr>
<td>- 30 hours of education in grade 4-6</td>
<td></td>
</tr>
<tr>
<td>- 36 hours of education in grade 7-12</td>
<td></td>
</tr>
</tbody>
</table>

### Health MCC – Complete this section in consultation with health shura

<table>
<thead>
<tr>
<th>Are Health MSS clearly posted at the post/facility?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health post:</strong></td>
<td>Yes/No</td>
</tr>
<tr>
<td>- Open 8 am to 4 pm</td>
<td></td>
</tr>
<tr>
<td>- Properly staffed</td>
<td></td>
</tr>
<tr>
<td>- Provides awareness sessions on malaria, diarrhea, and acute respiratory infections, and referral to health facilities and health education.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Health Sub-Center</strong></th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Open 8 am to 4 pm</td>
<td></td>
</tr>
<tr>
<td>- Properly staffed</td>
<td></td>
</tr>
<tr>
<td>- Provides treatment of pneumonia, diarrhea, and malaria, antenatal care, family planning, tuberculosis case detection and referral, and immunization services</td>
<td></td>
</tr>
</tbody>
</table>
### Basic health center:
- Open 8 am to 4 pm
- Properly staffed
- Provides outpatient care, immunizations and maternal and newborn care, and nutrition interventions.

<table>
<thead>
<tr>
<th>Yes/No</th>
</tr>
</thead>
</table>

### Comprehensive health center:
- Open 8 am to 4 pm
- Properly staffed
- Provides: antenatal, delivery, postpartum and newborn care, routine immunization, nutrition interventions.

In confirmation of the above:

On behalf of the CDC: All 4 Office bearers:

__________________________   ______________________________   _________________________  
__________________________   ______________________________   _________________________  
__________________________   ______________________________   _________________________  
__________________________   ______________________________   _________________________  

Confirming that the MSS score card is verified: Signatures by the FP social organizer, FP district manager, FP provincial manager

__________________________   ______________________________   _________________________  
__________________________   ______________________________   _________________________  
__________________________   ______________________________   _________________________  

(Full Name)                                   (Position)                                            (Signature/ thumbprint)
Citizens’ Charter Afghanistan Project (CCAP)

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

CCAP Form 15b- CCAP Minimum Service Standards Scorecards
For Urban Areas

Instructions:

Who completes the form:
- CDC and Gozar Heads along with FP Social Organizers.
- For health and education MSS, please consult with education and health shuras

How often: At the beginning of the project as a baseline and then once every six months if the MSS have not been 100% achieved.

If 100% of the MSS have been achieved then there is no need to complete the form again. However, if there are problems or slippage in reaching the standards later (e.g., water point breaks down), the CDC/FP can submit the form to report upon problems.

---

Municipality: ____________________________

FP: _________________________________

CDC/GA ID: _________________ Name: ______________________________________

Date of report:  _______________________________________ (dd/mm/yyyy)

<table>
<thead>
<tr>
<th>Minimum Service Standards for Urban Areas</th>
<th>Check which service applies</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **At CDC Level:** Received CDC Block grant to fund one of the following services: | [ ] Street upgrading and drainage  
[ ] Provision of Potable water  
[ ] Solid Waste Mgmt  
[ ] Household numbering  
[ ] Lighting/electricity | | |
| **At Gozar Level:** Received Gozar Block grant to fund one of the following services: | [ ] Secondary road upgrading and readjustment  
[ ] Provision of potable water network  
[ ] park/recreation area/playground for children/women  
[ ] solid waste management | | |
<table>
<thead>
<tr>
<th><strong>CCNPP/ CCAP Operations Manual</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Page 140</strong></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
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<tbody>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Education MSS – Complete this section in consultation with education shura

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are Education MSS clearly posted at the school?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Teachers have at least grade 12 education</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Students have:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24 hours per week of education in grade 1-3</td>
</tr>
<tr>
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<td>30 hours of education in grade 4-6</td>
</tr>
<tr>
<td></td>
<td>36 hours of education in grade 7-12</td>
</tr>
<tr>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

### Health MSS – Complete this section in consultation with health shura

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are Health’s clearly posted at the school?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Health post:**
- Open 8 am to 4 pm
- Properly staffed
- Provides awareness sessions on malaria, diarrhea, and acute respiratory infections, and referral to health facilities and health education.

**Health Sub-Center**
- Open 8 am to 4 pm
- Properly staffed
- Provides treatment of pneumonia, diarrhea, and malaria, antenatal care, family planning, tuberculosis case detection and referral, and immunization services

**Basic health center:**
- Open 8 am to 4 pm
- Properly staffed
- Provides outpatient care, immunizations and maternal and newborn care, and nutrition interventions; and

---

CCNPP/ CCAP Operations Manual Page 140
### Comprehensive health center:
- Open 8 am to 4 pm
- Properly staffed
- Provides: antenatal, delivery, postpartum and newborn care, routine immunization, nutrition interventions.

### Private Health Facilities:
- Properly staffed
- Meet hygiene requirements including disposal of medical waste,
- Provide adequate space and privacy particularly for female patients
- Keep patient records

### Pharmacies:
- Have license visibly displayed
- Licensed pharmacists on duty
- Clearly state and stamp the price of medication

<table>
<thead>
<tr>
<th>Yes/No</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Additional comments to improve services related to rural infrastructure, health and education services:

In confirmation of the above:

On behalf of the CDC: All 4 Office bearers:

__________________________   ______________________________   _________________________
___________________________   ______________________________   _________________________
__________________________   ______________________________   _________________________
Confirming that the MSS score card is verified: Signatures by the FP social organizer, FP district manager, FP provincial manager

<table>
<thead>
<tr>
<th>(Full Name)</th>
<th>(Position)</th>
<th>(Signature/ thumbprint)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Citizens’ Charter Afghanistan Project (CCAP)
Ministry of Rural Rehabilitation and Development (MRRD)/ Independent Directorate of Local Governance (IDLG)

CCAP Form 16- Grievance Handling Report

(This form is to be submitted by the FPs to the PMU once every 6 months or twice a year. Thus a total of 6 such reports are required per community for the 3 years of FP contract duration. This form will only cover grievances received at CDC and FP levels. All other grievances received at district office, PMU, HQ etc. will need to be captured in the database and reported from the database itself.).

Province: ____________________________  District: ____________________________

FP: _________________________________

CDC/CCDC/ GA ID: _________________ Name: ______________________________________

Reporting Period: ______________ to ______________________________ (dd/mm/yyyy) (every six months)

<table>
<thead>
<tr>
<th>Category of grievance</th>
<th>Grievance/complaint against whom?</th>
<th>Handled by whom (FP/CDC?)</th>
<th># of complaints received prior to reporting period</th>
<th># of complaints received during reporting period</th>
<th>Total # of grievances received</th>
<th>Total # of grievances addressed/solved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corruption</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of accountability/ transparency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inefficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delays in funding receipt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non/ weak performance of CDC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non/ weak performance of district office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non/ weak performance of PMU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non/ weak performance of procured contractor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
List below the number and types of grievances that had to be channeled to a higher level and could not be resolved at the original level:

(a) Community to sub district level: ___________________________________________
(b) Sub-district to district level:____________________________________________

Confirming the above report: Signatures by the FP social organizer, FP district manager, FP provincial manager

_________________________________  ______________________________  ____________________

_________________________________  ______________________________  ____________________

_________________________________  ______________________________  ____________________

(Full Name)                                   (Position)                                   (Signature/ thumbprint)
Citizens’ Charter Afghanistan Project (CCAP)

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

CCAP Form 17- CDC Institutional Maturity Index (IMI)

(The IMI is to be completed after the CCAP financed subprojects in a community are completed. Where the FP is still present, it is the FP’s mandate to do so. In those communities where the subprojects financed by CCAP are only completed/closed after the exit of the FP, the IMIs for the CDCs of such communities need to be completed by the district office staff)

Province: ____________________________ District: ____________________________

FP: ________________________________

CDC ID: _______________ CDC Name: ______________________________________

When was the first CDC election held in this community?
How many CDC elections have taken place in this community prior to the one held for the CCAP?

Date when CDC was formed for the CCAP: __________________

Date when the IMI is being completed: ______________________

Duration since the creation of the current CDC and when the IMI is being completed: _____________years and _________ months

This IMI is being completed by: ____________________________ (FP/ District office)

<table>
<thead>
<tr>
<th>Type</th>
<th># of male members</th>
<th># of female members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed gender CDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate male and female sub-committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male only CDCs</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Part A: Self Assessment by the CDC
(Note: At least 80% of the total members of the CDC need to participate in the completion of this part of the IMI, including at least 80% of the female members of the CDC.)

Please rate yourself collectively as a CDC and not as individual CDC members on a scale of 1 to 5 with 1 as failed, 2 as weak, 3 as satisfactory, 4 as above average and 5 as excellent.

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Rating 1 to 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consultation and participation within CDC</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Consultation with and inclusion of the wider community</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Conducting PCE exercises</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Community development planning</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CCAP subproject procurement</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>CCAP subproject accounting</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>CCAP subproject implementation</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>CCAP subproject functionality, O&amp;M</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Self-initiative community projects handled/ managed</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Support and cooperation for social audit</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Indicator</td>
<td>Rating 1 to 5</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>11</td>
<td>Linkage establishment and participation</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>CC score card (monitoring and reporting on MSS)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Cooperation and support of the FP</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Cooperation and support of the district office/ PMU</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Raised funding/ implemented non-CCAP funded subprojects</td>
<td></td>
</tr>
</tbody>
</table>

Total score = Sum of the above scores = A =
Actual weight age = (A/75)*20 = A1 =

**Part B: Assessment by the Wider Community**

(Note: The FP/ MRRD or IDLG district office administering the IMI needs to conduct focus group discussions with non-CDC and non-CDC member family community members. Based on these focus group discussions, the following table needs to be completed.

Please rate your CDC (as a single unit and not as individual CDC members) on a scale of 1 to 5 with 1 as failed, 2 as weak, 3 as satisfactory, 4 as above average and 5 as excellent.

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Rating 1 to 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consultation and participation within CDC</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Consultation with and inclusion of the wider community</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Conducting PCE exercises</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Community development planning</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CCAP subproject procurement</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>CCAP subproject accounting</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>CCAP subproject implementation</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>CCAP subproject functionality, O&amp;M</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Self-initiative community projects handled/ managed</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Support and cooperation for social audit</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Linkage establishment and participation</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>CC score card (monitoring and reporting on MSS)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Cooperation and support of the FP</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Cooperation and support of the district office/ PMU</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Raised funding/ implemented non-CCAP funded subprojects</td>
<td></td>
</tr>
</tbody>
</table>

Total score = Sum of the above scores = B =
Actual weight age = (B/75)*40 = B1 =

**Part C: Assessment by the FP/ MRRD or IDLG district office**

Please rate this CDC collectively as a single unit (and not as individual CDC members) on a scale of 1 to 5 with 1 as failed, 2 as weak, 3 as satisfactory, 4 as above average and 5 as excellent.

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Rating 1 to 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consultation and participation within CDC</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Consultation with and inclusion of the wider community</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Conducting PCE exercises</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Community development planning</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CCAP subproject procurement</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>CCAP subproject accounting</td>
<td></td>
</tr>
<tr>
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<tr>
<td>9</td>
<td>Self-initiative community projects handled/ managed</td>
<td></td>
</tr>
</tbody>
</table>
Summary:
Self assessment score = A1= ___________
Wider community assessment score = B1= ____________
FP/DO assessment score =C1 = _______________
Total assessment score = D= ________________

The overall score D indicates that this CDC is a ____________________________

- 0% to 40% -- Failed CDC
- 41% to 60% -- Mediocre CDC
- 60% to 80% -- Mature/ satisfactory CDC
- 81% and above – Exceptional, champion CDC

The weakest areas of this CDC are:
________________________________________________________________________

The strongest areas of this CDC are:
________________________________________________________________________

The following areas need to be improved:
________________________________________________________________________

The overall feedback on the IMI has been discussed with the CDC and the community: Yes/ No

Confirming the above report: Signatures by the FP/ DO social organizer, district manager, provincial manager
________________________________________________________________________
________________________________________________________________________
(Full Name) (Position) (Signature/ thumbprint)