

# Quarterly Progress Report

Q2 2024



**WORLD BANK** | **MONITORING**  
**AFGHANISTAN** | **AGENT**

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## **Acknowledgments**

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**Front cover:** Two girls hugging by a wall.

**Page 8:** Children walking in the snow.

**Page 25:** Laborers building a canal.

**Page 35:** A doctor attending to a toddler patient.

# Abbreviations

<b>AFN</b>	Afghanis (currency)
<b>ARTF</b>	Afghanistan Resilience Trust Fund
<b>CASA 1000</b>	Central Asia-South Asia Electricity Transmission and Trade Project
<b>CDC(s)</b>	Community Development Council(s)
<b>CFW</b>	Cash For Work
<b>CRLP</b>	Community Resilience and Livelihoods Project
<b>CSO(s)</b>	Civil Society Organization(s)
<b>DA(s)</b>	Designated Account(s)
<b>ECA(s)</b>	Entry Criterion / Criteria for Access
<b>EERA</b>	Education Emergency Response in Afghanistan
<b>EFSP</b>	Emergency Food Security Project
<b>ESS</b>	Environmental and Social Standards
<b>FAO</b>	Food and Agricultural Organization
<b>GRC</b>	Grievance Redress Committee
<b>GRM</b>	Grievance Redress Mechanism
<b>HACT</b>	Harmonized Approach to Cash Transfer
<b>HER</b>	Health Emergency Response
<b>IDA</b>	International Development Association
<b>IP(s)</b>	Implementing Partner(s)
<b>LVG(s)</b>	Low Value Grant(s)
<b>MA</b>	Monitoring Agent
<b>MCBP</b>	Maternal and Child Benefit Program
<b>MIS</b>	Management Information System
<b>NCCSP</b>	NGO / CSO Capacity Support Project
<b>NGO(s)</b>	Non-Governmental Organization(s)
<b>O&amp;M</b>	Operations and Maintenance
<b>OIS</b>	Office of Information Security
<b>PDM</b>	Post-Distribution Monitoring
<b>QE</b>	Questionable Expenditure
<b>SCRIP(s)</b>	Statement(s) of Cash Receipts and Payments
<b>SG(s)</b>	Social Grant(s)
<b>SoE(s)</b>	Statement(s) of Expenditure
<b>SP(s)</b>	Service Provider(s)
<b>TPMA</b>	Third Party Monitoring Agent
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>UNOPS</b>	United Nations Office for Project Services
<b>WERP</b>	Water Emergency Relief Project
<b>WFP</b>	World Food Programme

# Executive Summary

## Third party monitoring

As the World Bank Monitoring Agent (World Bank MA) for the Afghanistan Resilience Trust Fund (ARTF), we provide the World Bank and other stakeholders with visibility of and assurance over project implementation through a mix of financial and physical monitoring. This report provides the cumulative results of our monitoring during Q2 2024 to provide a comprehensive view of project performance, with results presented by project. Our purpose is to determine eligibility of expenditure incurred under the various projects for financing and to verify that anticipated project outputs are being achieved and intended beneficiaries reached. In doing so, we provide evidence of the implementation of cross-project Environmental and Social Standards (ESS) and Entry Criteria for Access (ECAs), in support of the World Bank's monitoring framework.



## Financial Monitoring

In Q2 2024, our financial monitoring focused on Harmonized Approach to Cash Transfers (HACT) audits for the Health Emergency Response (HER) and Emergency Education Response in Afghanistan (EERA). These reports are addressed directly to the United Nations Children's Fund (UNICEF) under separate contract terms – we report the aggregate headlines in this report with the permission of UNICEF. We also completed expenditure reviews for the Community Resilience and Livelihoods Project (CRLP) and the Emergency Food Security Project (EFSP). We continued to monitor ARTF and International Development Association (IDA) project bank balances and proceeded with the validation of outstanding liabilities under the Central Asia-South Asia Electricity Transmission and Trade Project (CASA 1000) and other legacy projects.

HACT audits: HER (1 January and 30 June 2023)		
Audited expenditure	Financial findings (FF) <sup>1</sup>	FF as % of total payments
USD 12.12 million	USD 135,151	1%
HACT audits: EERA (1 January to 30 June 2023)		
Audited expenditure	FF	FF as % of total payments
USD 2.44 million	USD 26,136	1%
Review of project liabilities: CASA 1000		
Total invoices submitted for payment	Total recommended for payment	
USD 61.08 million Euro 0.87 million	USD 46.20 million (76%) Euro 0.83 million (95%)	
Review of project liabilities: Other legacy projects		
Total invoices submitted for payment	Total recommended for payment	
USD 2.83 million	USD 2.02 million (72%)	

<sup>1</sup> The definition of Financial Findings appears in the Financial Monitoring section of this report.



## Physical Monitoring

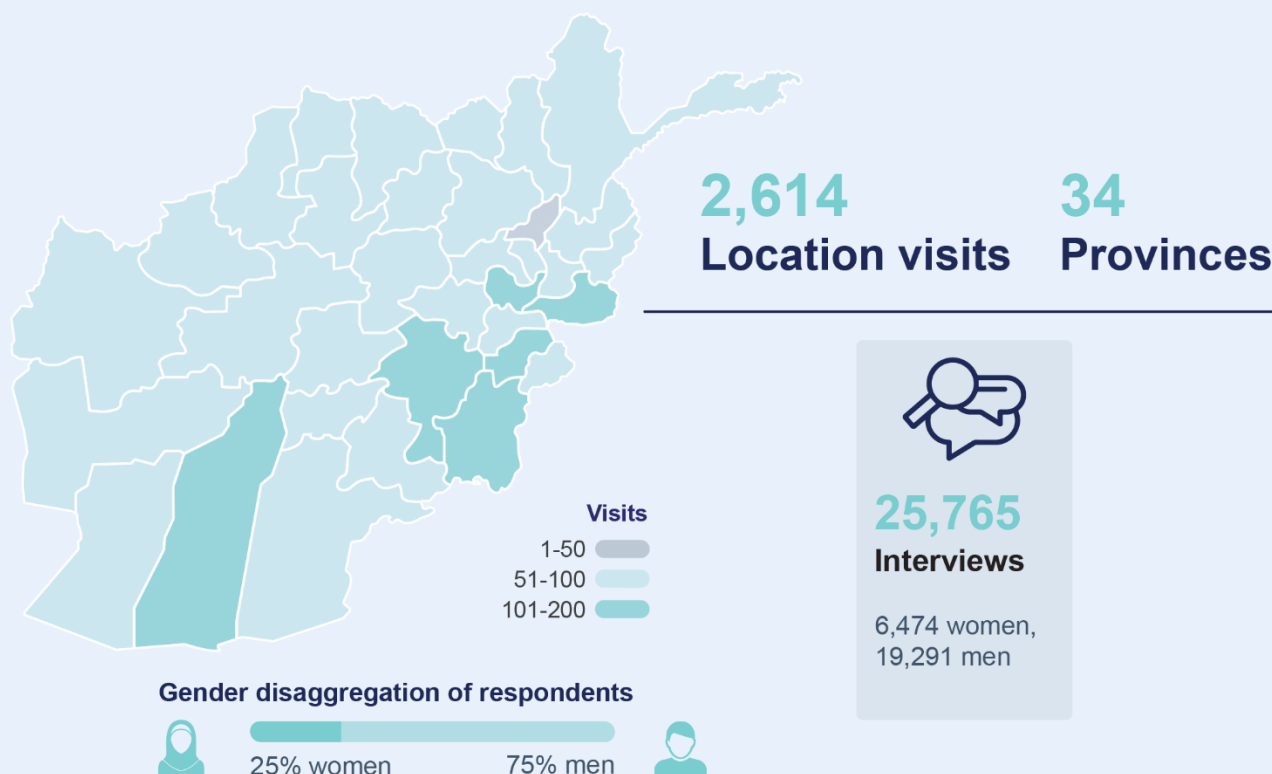
In Q2 2024, our physical monitoring teams completed 2,614 location visits and 25,765 in-person interviews across all 34 provinces.<sup>2</sup>

Our physical monitoring for CRLP, implemented by the United Nations Office for Project Services (UNOPS), comprised 390 location visits to monitor construction and Community Development Councils (CDCs). We conducted 7,343 in-person interviews to monitor ECA compliance, and Cash For Work (CFW) and Social Grant (SG) provision.

Under EFSP, we completed 173 location visits and 207 interviews to verify the findings of construction monitoring by the Food and Agriculture Organization's Third Party Monitoring Agent (FAO TPMA) under the CFW intervention.

We completed 460 location visits and 7,596 in-person interviews for HER, implemented by UNICEF, to monitor ESS and to verify the findings of the UNICEF TPMA's monitoring.

Women could be interviewed under the HER monitoring. However, with the enforcement of the ban on women working in sectors other than health and education, we could only rely on a few local arrangements to interview women under CRLP.



<sup>2</sup> This report details findings from physical monitoring activities completed between 21 March 2023 and 20 June 2024. As such, there may be activities that began but had not been completed by the time of this report. Findings from these latter activities will be included in our Q3 2024 report. This report does not include details and findings from every activity undertaken, as some were conducted for internal monitoring purposes, not intended for publication. As a result, disaggregated figures may not fully reflect aggregate totals.

## Community Resilience & Livelihoods Project (CRLP)

In Q2, we visited a total of 390 sub-projects across 13 provinces. We monitored and reported on construction at 300 of these sub-projects in 13 provinces, assessing physical progress, the quality of work done, and ESS compliance. We further monitored the CDCs<sup>3</sup> linked to 256 of these sub-projects in 12 provinces. Additionally, we completed 7,343 in-person interviews to monitor ECA compliance, and CFW and SG activities.

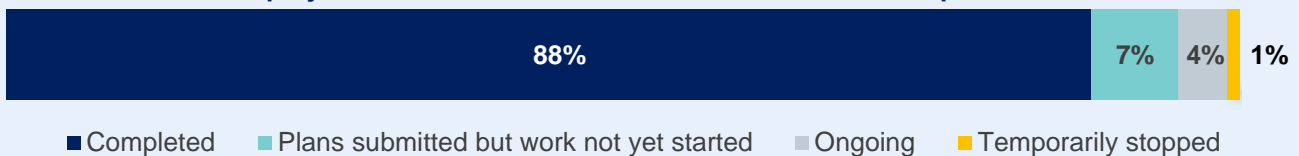
Construction **had begun or had been completed at 93% (n=279) of sub-projects**. We rated **four-fifths (80%, n=222) of these 279 sub-projects as 'Good' or higher**, with no security incidents recorded. The CDC members we interviewed were **highly mobilized and actively engaged** in updating beneficiary lists.

Compliance for ECA 1 involves checking the membership of CDCs to assess whether at least 70% of members listed in the UNOPS Management Information System (MIS) are part of, and engaged with, a named CDC. ECA 2 checks that women comprise at least 40% of a CDC's membership<sup>4</sup>. Only CDCs meeting both ECA 1 and 2 were considered to have met ECA requirements in full. In all, **88% (n=225) of CDCs met both ECAs**.

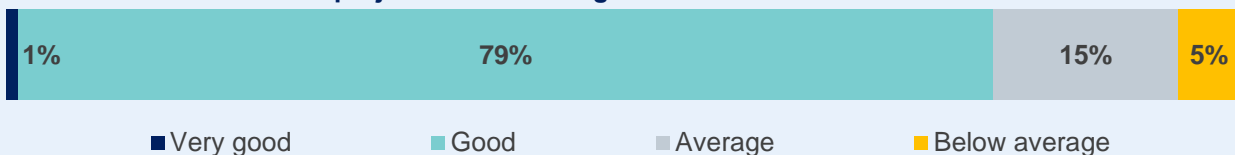
On average, across 12 provinces, **women constituted just under half of CDC members (44%)**.



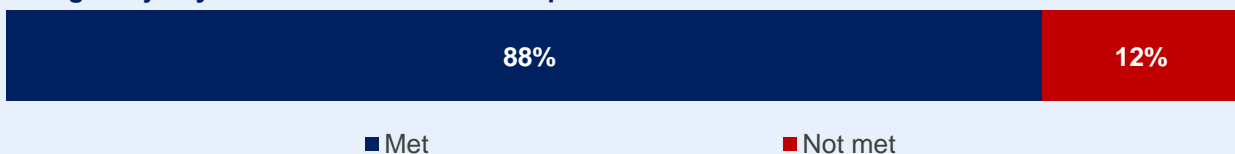
### Most of the 300 sub-projects whose construction we monitored were completed.



### We rated most of the sub-projects 'Good' or higher.



### A large majority of CDCs met both ECA requirements.



Under financial monitoring, we completed the review of expenditure reported by UNOPS, amounting to USD 12,183,480 for Q2 2023. We will share the results of this review in Q3.

<sup>3</sup> We conducted data collection prior to the Interim Taliban Administration's directive requiring the dissolution of CDCs.

<sup>4</sup> We were unable to deploy female enumerators to directly interact with female CDC members in some locations.

## Emergency Food Security Project (EFSP)

In Q2 2024, our monitoring of EFSP comprised validation of the findings of final-term construction monitoring for CFW. This data was collected through 173 location visits and 270 in-person interviews in 22 provinces. **Work to build irrigation assets had been finalized at all sites.**

At all 173 sites, this involved community work coordinated by non-governmental organizations hired by FAO as an Implementing Partner. We will include findings from this analysis in a future quarterly report, subject to receiving data from the FAO TPMA.

Under financial monitoring, we sampled and reviewed 24% (USD 281,280) of expenditure reviewed by the FAO TPMA. Questionable Expenditure amounted to 0.9% (USD 2,604) of the expenditure that we sampled.



## HER

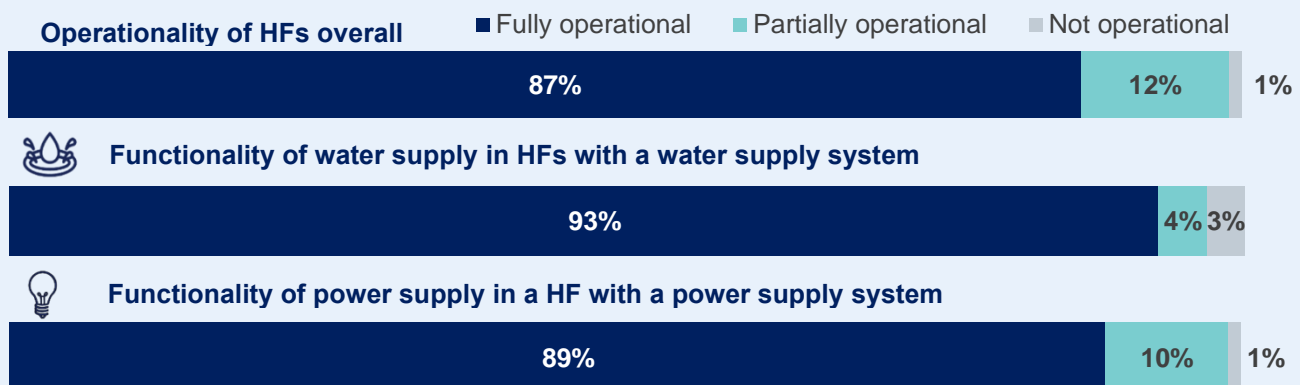


## Health Emergency Response (HER)

We completed 460 health facility (HF) visits (218 for ESS monitoring and 242 to counter-verify UNICEF TPMA findings), and 7,596 in-person interviews in Q2 2024.

In monitoring ESS, **a large majority (87%, n=189) were fully operational.** Overall, 91% of HFs (n=198) had a water supply system, of which 93% (n=185) were fully functional. The systems were partially functional<sup>5</sup> in 4% of HFs (n=7) and non-functional in 3% of HFs (n=6). While power supply access was high at 98% (n=213), full functionality was at 89% (n=189).

Three-quarters of the 4,943 community members we interviewed (**73%, n=3,608**) reported **no obstacles in accessing healthcare**. The most commonly reported **challenge was poverty (10%, n=494)**. Three-quarters of the 4,943 community members we interviewed (**73%, n=3,608**) reported **no obstacles in accessing healthcare**. The most commonly reported **challenge was poverty (10%, n=494)**.



**Nearly all HFs followed agreed waste management practice**, but Occupational Health and Safety incident reporting systems were in place in **less than half of HFs (40%, n=87)**. Grievance Redress Mechanisms were in place in **most HFs (87%, n=190)**, but **only 16% (n=768) of households were aware of them**. Publicly available information about Gender-Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment was **evident in only between 2% and 7% of all HFs monitored**.

Our financial monitoring team completed HACT audits reports for expenditure incurred by four Service Providers between 1 January and 30 June 2023. We audited USD 12,120,693 of expenditure and reported financial findings (FF) amounting to USD 135,151 (1.12%).

<sup>5</sup> A partially functional water supply in the HFs is characterized by a combination of infrastructural inadequacies, reliance on inconsistent external sources, manual handling of water, and issues with water quality and distribution within the facility.

## Looking ahead

During the next quarter, we will continue our financial monitoring reviews for both legacy and current projects, while conducting both in-person and remote physical monitoring activities for each active project in the ARTF portfolio and sectoral tasks.

Financial monitoring activities and physical monitoring data collection will also continue across all projects.

Our workplan includes continued support for users of our Digital Platform.



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# Introduction

## Scope of our monitoring and using this report







As the World Bank Monitoring Agent (World Bank MA) for the Afghanistan Resilience Trust Fund (ARTF), we provide the World Bank and other stakeholders with visibility of and assurance over project implementation through a mix of financial and physical monitoring activities. This report provides the cumulative results of financial and physical monitoring during Q2 2024 to provide a comprehensive view of project performance. We present our results by project to enable readers to understand individual project performance.

Our purpose is to determine the eligibility of expenditure incurred under the various projects for financing, and to verify that anticipated project outputs are being achieved and intended beneficiaries are being reached. In doing this, we provide evidence of the implementation of cross-project Environmental and Social Standards (ESS) and Entry Criteria for Access (ECAs), in support of the World Bank's monitoring framework.

Our findings draw on an evidence base that includes thousands of financial and project documents and hundreds of thousands of data points from in-person monitoring visits, as well as in-person and phone interviews. This report also captures how we have worked with various UN agencies to support them with filling information gaps and to inform their decision-making for current and future programming, including through the collaborative development of monitoring frameworks for ARTF-funded projects.

This report highlights our monitoring planning, activities, and results for the projects detailed below.

**Table 1: Status of ARTF project monitoring during Q2 2024**

Project	Implementing agency	Status of monitoring
 Community Resilience and Livelihoods Project (CRLP)	United Nations Office for Project Services (UNOPS)	Ongoing
 Emergency Food Security Project (EFSP)	Food and Agriculture Organization (FAO)	Ongoing
 Health Emergency Response Project (HER)	United Nations Children's Fund (UNICEF)	Ongoing
 Maternal and Child Benefit Program (MCBP) component of HER 2	World Food Programme (WFP)	Preparing to launch
 NGO / CSO Capacity Support Project (NCCSP)	United Nations Development Programme (UNDP)	Ongoing
 Water Emergency Relief Project (WERP)	UNOPS and Aga Khan Foundation (AKF)	Preparing to launch

# Financial monitoring

## Our financial monitoring activities

In Q2 2024, our financial monitoring focused on Harmonized Approach to Cash Transfers (HACT) audits for HER and the Emergency Education Response in Afghanistan (EERA), and expenditure reviews for CRLP and EFSP. We continued to monitor ARTF and International Development Association (IDA) project bank balances and proceeded with the validation of outstanding liabilities under the Central Asia-South Asia Electricity Transmission and Trade Project (CASA 1000) and other legacy projects.



## Harmonized Approach to Cash Transfers audits funded by ARTF

We address HACT audit reports directly to UNICEF under separate contractual terms. During this quarter, we continued HACT audits for 16 Service Providers (SPs) for HER and 19 SPs for EERA, for expenditure incurred between 1 January and 30 June 2023.

**Table 2: Status of HACT audits under HER and EERA**

Status	HER	EERA
Testing/site visits at IP premises	1	0
Testing complete and finalization in progress	1	9
Final audit report released to UNICEF	14	10
<b>Total number of HACT audits</b>	<b>16</b>	<b>19</b>

For HER, we completed four of the 14 final HACT audit reports in Q2 for expenditure incurred between 1 January and 30 June 2023. We audited USD 12,120,693 of expenditure and reported financial findings (FF) amounting to USD 135,151 (1.12%).

**Table 3: Summary of HER HACT audit results from 1 January to 30 June 2023**

Service provider	Audited expenditure (USD)	Financial Findings <sup>6</sup> (USD)	FF as a % of audited expenditure	Audit opinion
Care of Afghan Families	4,815,994	0	0.00%	Unmodified <sup>7</sup>
Relief Humanitarian Development Organization	1,518,673	87,709	5.78%	Qualified <sup>8</sup>
Relief International	2,000,928	531	0.03%	Unmodified
Swedish Committee for Afghanistan	3,785,098	46,911	1.24%	Unmodified
<b>Total</b>	<b>12,120,693</b>	<b>135,151</b>	<b>1.12%</b>	

<sup>6</sup> Financial findings are defined in UNICEF's Terms of Reference for HACT Audits as "findings and observations with financial impact".

<sup>7</sup> An 'Unmodified' opinion is expressed when financial statements present fairly in all material respects the financial positions and results of the entity. Unmodified audit opinions are presented in cases where the financial findings are less than 2% of the total audited expenditure.

<sup>8</sup> A 'Qualified' opinion is expressed when financial statements contain material misstatements or omissions. Qualified audit opinions are presented here in cases where the financial findings are more than 2% the total audited expenditure.

**Table 4: Summary of financial findings under HER HACT audits from 1 January to 30 June 2023<sup>9</sup>**

Category (USD)	RHDO	RI	SCA	Total
Commitments treated as expenditure	38,720	-	-	38,720
Cut-off error	35,574	-	-	35,574
Expenditure claimed but activities not undertaken	848	-	31,588	32,436
Ineligible costs – other	3,333	-	14,588	17,921
Insufficient supporting documentation	8,934	-	25	8,959
Ineligible salary costs (Salary Overpayment)	300	53	468	821
Ineligible salary costs (Double/Over recording of salary/ allowances)	-	478	-	478
No proof of payment	-	-	242	242
<b>Total</b>	<b>87,709</b>	<b>531</b>	<b>46,911</b>	<b>135,151</b>

For EERA, we submitted ten completed HACT audit reports for expenditure incurred between 1 January and 30 June 2023. We audited USD 2,443,691 of expenditure, reporting financial findings of USD 26,136 (1.07%).

**Table 5: Summary of EERA HACT audit results from 1 January to 30 June 2023**

Service provider	Audited expenditure (USD)	Financial Findings (USD)	FF as a % of audited expenditure	Audit opinion
Afghan Development Association	80,368	3,145	3.91%	Qualified
Afghan Youth Education & Health Organization	365,064	11,717	3.21%	Qualified
CARE Afghanistan	262,376	246	0.09%	Unmodified
Catholic Relief Services	56,753	168	0.30%	Unmodified
Help Humanity Organization Afghanistan	108,231	0	0.00%	Unmodified
Just for Afghan Capacity & Knowledge	631,488	0	0.00%	Unmodified
Loy Kandahar Reconstruction Organization	346,816	118	0.03%	Unmodified
Social & Humanitarian Assistance Organization	302,623	0	0.00%	Unmodified
The Liaison Office	80,836	3,084	3.82%	Qualified
The Welfare Association for the Development of Afghanistan	209,127	7,658	3.66%	Qualified
<b>Total</b>	<b>2,443,682</b>	<b>26,136</b>	<b>1.07%</b>	

<sup>9</sup> In accordance with the UNICEF Terms of Reference for HACT Audits

**Table 6: Summary of financial findings under EERA HACT audits from 1 January to 30 June 2023**

Category (USD)	ADA	AYEHO	CARE	CRS	LKRO	TLO	WADAN	Total
Cut-off error	1,218	11,386	-	168	-	-	-	12,772
Ineligible salary costs (Salary charged for positions that did not exist, and that had not been recruited or not in the approved work plan/ budget)	-	-	-	-	-	-	7,658	7,658
Expenditure not for project purposes	-	-	-	-	-	2,957	-	2,957
Ineligible salary costs (Expenditure charged not as per budget and agreed allocation percentage)	1,413	-	-	-	-	-	-	1,413
Expenditure claimed but activities not undertaken	484	-	-	-	-	69	-	553
Ineligible salary costs (Overpayment of salaries)	30	192	-	-	-	44	-	266
No supporting documentation	-	-	230	-	-	-	-	230
Ineligible costs (Other)	-	139	-	-	-	-	-	139
Insufficient supporting documentation	-	-	-	-	118	-	-	118
Support costs incorrectly calculated	-	-	16	-	-	-	-	16
No proof of payment	-	-	-	-	-	14	-	14
<b>Total</b>	<b>3,145</b>	<b>11,717</b>	<b>246</b>	<b>168</b>	<b>118</b>	<b>3,084</b>	<b>7,658</b>	<b>26,136</b>

## Review of project bank accounts

Following a World Bank request that we conduct quarterly reviews of project bank accounts, we reported on the status of bank accounts up to 31 December 2023 in our 2023 Annual Report. In Q1, we only reported on the movement in project Designated Account (DA) balances. During Q2 and following a workshop with the World Bank in Islamabad in May 2024, we were advised to reconcile the actual account balances outstanding in the DAs to the World Bank's Client Connections.

At the time of reporting, the reconciliation was ongoing, and we were following up with the Ministry of Finance to obtain the data required for reconciliation and presentation in the report as decided during the workshop. We will present the results of this reconciliation in our Q3 report.

## Review of project liabilities

In March 2023, the World Bank asked us to review expenditure ('liabilities') outstanding as of 15 August 2021 payable to private sector contractors for ARTF- and IDA-funded projects. The objective of the review was to determine whether the liabilities were for the intended purposes and eligible for financing in accordance with the Grant and Financing Agreements. The review initially focused on the validation of invoices from contractors for CASA 1000 and the Trans-Hindukush Road Connectivity Project under the Direct Payment modality to private sector contractors. It was subsequently expanded to include unpaid expenditure as of August 2021 under all categories of ARTF- and IDA-funded projects (e.g., salaries, project implementation and management costs).

## Central Asia-South Asia Electricity Transmission and Trade Project

Since May 2023 we have been reviewing and certifying invoices submitted by CASA 1000 contractors Kalpataru Power Transmission Limited (Lot 1), KEC International Limited (Lots 2 and 3), and CESI S.p.A-

WAPCOS JV. In Q2, we reviewed and completed the invoices submitted by these three contractors under CASA 1000, as summarized below.

**Table 7: Summary of review and certification of invoices submitted by CASA 1000 contractors**

	Euro	USD
Total invoices submitted for payment	870,357	61,080,687
Total recommended for payment	828,329	46,206,548

Of the total of USD 61.08 million and Euro 0.87 million claimed for all these contracts, we recommended payment of USD 46.20 million and Euro 0.83 million, respectively. This review is an ongoing process, in which additional Cover Letters recommending payment are expected to be issued as and when issues are resolved.

## Other project liabilities

In addition to the CASA 1000 project liabilities mentioned above, the World Bank asked us to review and assess the eligibility of project liabilities under all other ARTF and IDA projects. During the quarter, we continued our work towards agreeing the final list of liabilities with the Ministry of Finance and line ministries. This work was ongoing at the end of the reporting period.

During the May Islamabad workshop, we worked with the World Bank to complete certification of legacy projects' Statements of Expenditure (SoEs) and map liabilities of each project with the DA, grant number, and expenditure categories. We also worked to identify expenditure to be paid from DAs, reconcile the DA balances with client connection, and agree an action plan to address QE.

We completed the review of invoices submitted by eight projects and issued fifteen Cover Letters recommending USD 2.03 million (71%) of the total liabilities USD 2.83 million reported for payment as summarized below. This review is an ongoing process, in which additional Cover Letters recommending payment are expected to be issued as and when issues are resolved.

**Table 8: Summary of review of invoices for other legacy projects**

	AFN	USD	Total USD <sup>10</sup> equivalent
Total invoices submitted for payment	56,194,453	2,033,952	2,829,569
Total recommended for payment	47,604,662	1,355,075	2,029,075

## Community Resilience and Livelihoods Project

We completed the review of expenditure reported by UNOPS, amounting to USD 12,183,480 for Q2 2023. We shared draft findings with UNOPS in April for a response. UNOPS provided additional documents to help resolve findings. We completed the review of those documents and delivered the residual findings to UNOPS in June. We will share our findings in our Q3 report.

## Emergency Food Security Project

Under the assurance reporting arrangement between FAO and the World Bank, FAO has sole responsibility for all financial monitoring activities, including the fiduciary monitoring of their Implementing Partners (IPs), which is

<sup>10</sup> AFN figures converted to USD using exchange rate of 70.63.

conducted by FAO's Third Party Monitoring Agent (FAO TPMA). Our role is to validate, on a random basis, up to 25% of the transactions reviewed by the FAO TPMA.

The total expenditure reported in Q1 2023 by the 15 IPs amounted to USD 3.09 million, of which the FAO TPMA reviewed 38.13% (USD 1.18 million). We sampled and reviewed 24% (USD 281,280) of expenditure reviewed by the FAO TPMA. Questionable Expenditure (QE) amounted to 0.9% (USD 2,604) of the expenditure that we sampled. The result of our review is summarized below.

**Table 9: Summary of expenditure review for EFSP**

	USD	%
Expenditure Sampled by FAO TPMA	1,176,628	38%
Expenditure Sampled by World Bank MA	281,280	24%
Questionable Expenditure <sup>11</sup>	2,604	
Questionable Expenditure as % of sample tested		1%

## Water Emergency Relief Project

The first SoE for the project components managed by AKF covers the period to 31 December 2023. We have released the final findings log after reviewing responses from AKF. Following a meeting with AKF, we agreed to seek clarifications from the World Bank on some issues in the findings log. We expect to finalize the Cover Letter once clarification has been obtained.

We commenced the desk review of sampled documentation for the second SoE, covering the period of 1 January to 31 March 2023, with a field visit to AKF's project implementation unit planned in early July.

<sup>11</sup> Questionable Expenditure is reported where we find evidence of inadequate or a lack of supporting documents, material non-compliance with financial policies, applicable procurement regulations or control frameworks, incomplete contracted tasks and deliverables, or the non-existence of assets procured or constructed

# Physical monitoring

## Our physical monitoring activities

In Q2 2024, our physical monitoring teams completed 2,614 location visits and 25,765 in-person interviews.

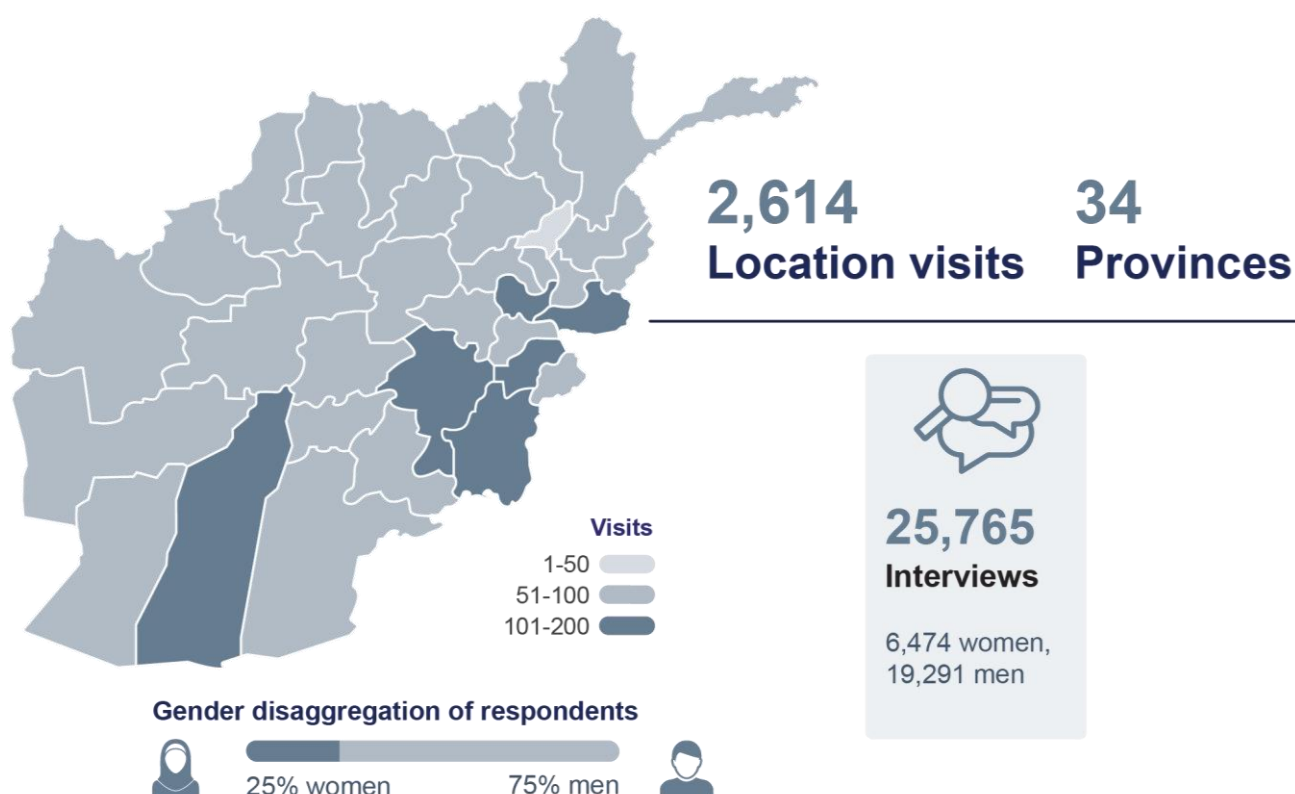
Our physical monitoring for CRLP comprised 390 location visits, monitoring construction and Community Development Councils (CDCs). We conducted 7,343 in-person interviews to monitor ECA compliance, and Cash For Work (CFW), and Social Grant (SG) provision.

Under EFSP, we completed 173 location visits and 207 interviews to verify the findings of construction monitoring by the FAO's TPMA under the CFW intervention.

We completed 460 location visits and 7,596 in-person interviews for HER to monitor ESS and to verify the findings of the UNICEF TPMA's monitoring.



Figure 1: Summary of physical monitoring activities<sup>12</sup> completed in Q2 2024



<sup>12</sup> This report does not include details and findings from all activities, as some were conducted for internal monitoring purposes, not intended for publication. As a result, disaggregated figures may not fully reflect aggregate totals.

## Community Resilience and Livelihoods Project (CRLP)



### Physical and financial monitoring overview

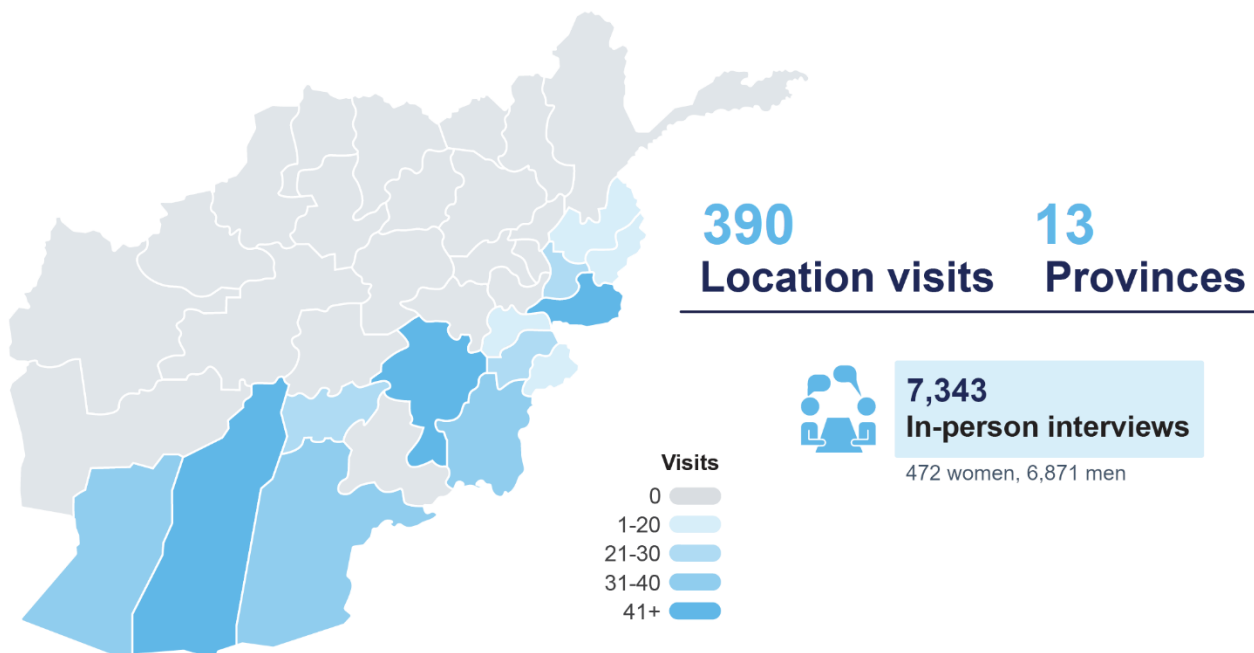
For the UNOPS-implemented CRLP, we monitored sub-projects to assess the following:

- **Construction and implementation quality** of sub-projects.
- Compliance by CDCs with **ECA requirements**.
- **Community remobilization** activities, including assessing **CFW, Labor Intensive Work, and SG** payments, verifying the **eligibility** of laborers and beneficiaries, and **post-distribution monitoring (PDM)**.



In Q2, we completed a total of 390 location visits. We monitored and reported on construction at 300 sub-projects in 13 provinces, assessing physical progress, the quality of work done, and ESS compliance. We visited 256 sub-projects in 12 provinces and monitored the CDCs<sup>13</sup> linked to them. Additionally, we completed 7,343 in-person interviews to monitor ECA compliance, and CFW and SG activities.

**Figure 2: Summary of CRLP monitoring completed in Q2 2024**



Under financial monitoring, we completed the review of expenditure reported to UNOPS, amounting to USD 12,183,480 for Q2 2023. We will share the results of this review in Q3.

<sup>13</sup> We conducted data collection prior to the Interim Taliban Administration's directive requiring the dissolution of CDCs.

## Construction monitoring

### Sub-project status

All 300 sub-projects whose construction we monitored were in rural areas, with 88% (n=263) completed, 4% (n=11) ongoing, 1% (n=5) temporarily stopped, and 7% (n=21) for which plans had been submitted but work had not yet begun.

### Rating of sub-projects

#### How we rate sub-projects:

Our engineers assign scores for three aspects for each sub-project: Materials, Workmanship, and Operations & Maintenance (O&M) where applicable. For consistency, we apply the same scoring approach to all construction or infrastructure elements of ARTF- and IDA-funded projects. Although not a requirement for CRLP, we provided O&M scoring to support UNOPS' and World Bank teams' reflections on the sustainability of sub-projects. To assign sub-project ratings, we applied a scale where 0.00-0.99 is Very Poor and 5.0 Very Good.

We applied scores to Materials and Workmanship for both ongoing and completed sub-projects, and to O&M for completed sub-projects only. We adjusted the scores to account both for the number and severity of identified issues (listed as Critical, Major or Minor 'deviations') and for evidence of Good Practice, where work was done over and above technical specifications, or of Extra Work, where additional elements had been constructed at no cost to the sub-project, to provide a rating for each sub-project, aggregated to provide an overall project rating for the reporting period.



Our engineers rated the overall quality of construction outputs as **Good**, as follows:

- Two sub-projects were rated **Very Good**.
- 220 sub-projects were rated **Good**.
- 42 sub-projects were rated **Average**.
- 15 sub-projects were rated **Below Average**.
- 21 sub-projects had not begun implementation yet and were not rated.

The figure below presents average aspect ratings across the 279 sub-projects rated in Q2 2024.

Figure 3: Average aspect ratings



### Good Practice and Extra Work

We sought to identify evidence of Good Practice, where work was done over and above technical specifications, or of Extra Work, where additional elements had been constructed at no cost to the sub-project. We identified 54 instances of Extra Work. These examples principally achieved more than was specified but at no additional cost, such as the construction of an additional water divider, 465 meters of additional graveling, and cleaning of a 662-meter-long canal. We observed 54 cases of Extra Work in 21 sub-projects.

## Deviations

### How we classify deviations:

We define deviations as instances where technical drawings, specifications, or common engineering standards have not been followed, affecting any outputs created. We classify deviations as:

**Critical:** A deviation which, if not rectified, could lead to the injury or death of a worker or future user, or could lead to the failure of the sub-project as a whole.

**Major:** A deviation that is not life-threatening but that affects the structural integrity or overall sustainability of the sub-project.

**Minor:** Often cosmetic, a deviation that does not affect a sub-project's structural integrity, usability, or sustainability. These can often be corrected with little effort and at limited cost.

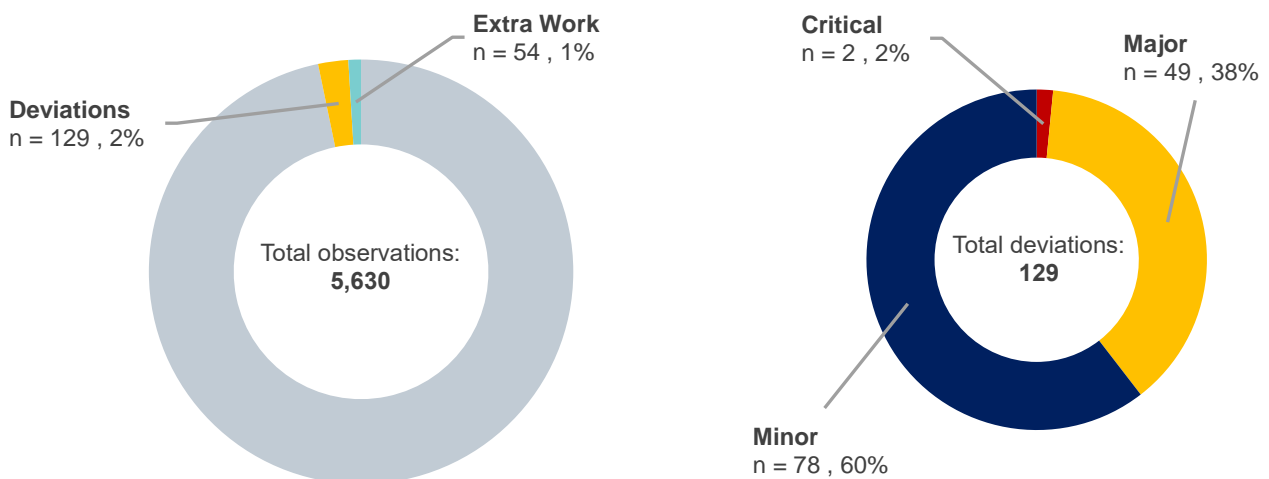
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Our engineers made 5,630 observations of sub-project elements, identifying 129 deviations (two Critical, 49 Major, 78 Minor) across 81 sub-projects. There were 198 sub-projects<sup>14</sup> with no deviations identified. Both Critical deviations were associated with projects rated as 'Below Average'.

**Table 10: Sub-projects with deviations**

	Sub-projects
Sub-projects with Critical and/or Major deviations	39
Sub-projects with only Minor deviations	42

**Figure 4: CRLP sub-project observations and deviations**



<sup>14</sup> We did not monitor for deviations at the 21 sub-projects where work had not yet begun.

## Sub-project documentation

Sub-project design drawings were available at most sub-project sites (82%, n=247), as were Environmental and Social Screening Forms (77%, n=230) and Form 3, the Eligible Beneficiary Household List (86%, n=257).

## Safety Management and Security

Of 279 sub-projects where work was ongoing or completed, 75% (n=209) had trained staff and workers in environmental health and safety, and 31% (n=86) had assigned a Safety, Health, and Environmental Officer.

Staff and workers were trained in first aid at almost two-thirds of sub-projects (64%, n=178). However, at sites where training had occurred, only 45% (n=80) kept training records. Of the 11 sub-projects where work was ongoing, none had a first aid kit on-site.

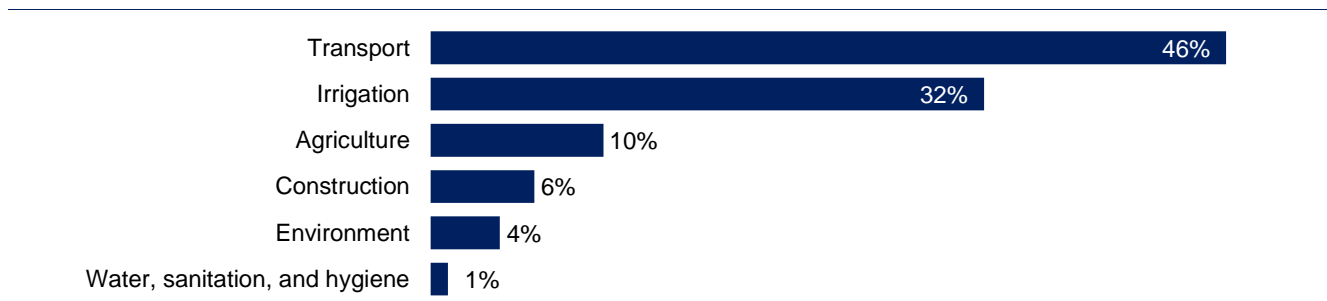
Only 47% (n=132) of ongoing or completed sub-projects had a system in place for reporting incidents or physical injuries. No security incidents were recorded at any of the sub-project sites.

## Post-distribution monitoring

We attempted to conduct 3,445 interviews in 12 provinces, of which we were able to complete 3,267 (95%). For the remaining 5% (n=178), the listed laborer was not available and when we attempted to interview a household member, the listed laborer was not known to them. Of the 3,267 completed interviews, 41% (n=1,331) were with CFW laborers and 59% (n=1,936) with their household members.

Almost all respondents (99%, n=3,239) confirmed that they or the laborer in their household had worked on the sub-projects. The laborers interviewed mainly reported working in the transport (46%, n=607) and irrigation (32%, n=416) sectors.

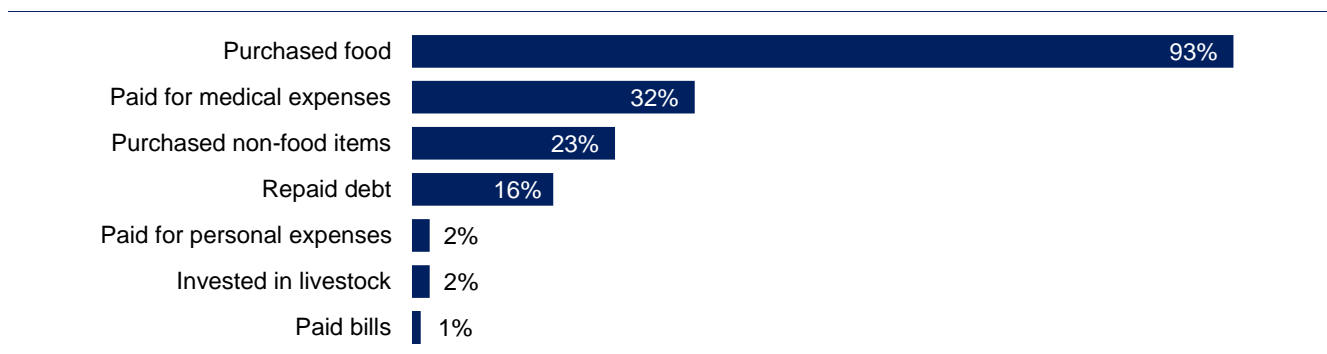
**Figure 5: Laborer sectors of work**



Where laborers confirmed working on sub-projects, 25% (n=335) of them said that someone else from their household was also working as a laborer. The average days each laborer worked was 25 days, paid at an average of AFN 452 per day.

Of those interviewed, 96% (n=1,271) of laborers confirmed they had been paid for all days worked, 2% (n=33) had been paid for some days worked, and 1% (n=16) had not been paid for any days worked. A large majority of laborers (93%, n=1,217) reported using some of the money received to buy food for the household, and almost one-third (32%, n=413) paid for medical expenses.

**Figure 6: Use of payments by laborers**



A large majority of laborers reported that their overall household income had increased (97%, n=1,265), that participation in projects had improved their overall wellbeing (98%, n=1,274) and that they were satisfied with their participation (99%, n=1,309).

Almost three-quarters of laborers (74%, n=981) reported that they were aware of the Grievance Redress Mechanism (GRM), and only 3% of laborers (n=45) reported having made a complaint.

### Social Grant beneficiary household profiles

We interviewed 988 SG beneficiary households listed on the MIS, covering 12 provinces.

Almost all respondents (94%, n=929) confirmed they had received either a cash grant or food package; the remainder (6%, n=59) reported receiving neither cash nor a food package at the time of monitoring. Of the six respondents who had received a cash grant, the average amount they reported receiving was AFN 9,183.

Of those interviewed, 47% (n=467) of beneficiary households were female-headed; in 93% (n=433) of these, the head of household was a widow. In all, 35% (n=344) of household heads were a person with a disability, and 2% (n=21) were internally-displaced-person-headed households. Overall, 48% (n=472) of these household heads were also elderly.

Almost all the cash and food package grant beneficiaries (98%, n=913) said that they were satisfied with the grant received. Only 2% (n=15) said they had complaints related to the sub-project, eight of whom had reported these complaints through the GRM.

### ECA compliance by CDCs

We monitored compliance by CDCs with ECA requirements as follows:

- **ECA 1** involved checking the membership of CDCs to assess whether at least 70% of members listed in the UNOPS Management Information System (MIS) were part of, and engaged with, a named CDC.
- **ECA 2** checked that women comprised at least 40% of a CDC's membership.

Only CDCs meeting both ECA 1 and 2 were considered to have met ECA requirements in full.



We monitored 256 CDCs (all rural) across 12 provinces. We found that 91% (n=234) of CDCs met ECA 1 and 92% (n=235) met ECA 2. A large majority of CDCs (88%, n=225) met both ECAs.

**Figure 7: CDCs meeting ECA requirements**

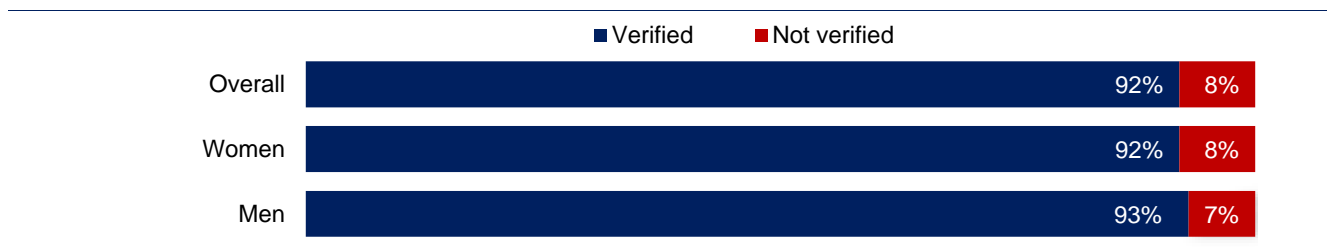


The 31 CDCs that did not meet one or both of ECAs came from nine provinces: 16 in Hilmand, 8 in Nimroz, three in Uruzgan, two in Paktika, and one in each of Ghazni and Kandahar.

### CDC member verification

The 256 CDCs sampled had a total of 4,158 CDC members listed on the MIS, of whom 44% (n=1,829) were women. We verified 3,830 (92%) members, 2,155 men and 1,675 women. Of the 328 members not verified (8%), 174 were men and 154 women.

**Figure 8: CDC members verified**



### Community mobilization

We interviewed 856 CDC members (88% men, 12% women) across 12 provinces as part of community mobilization monitoring.

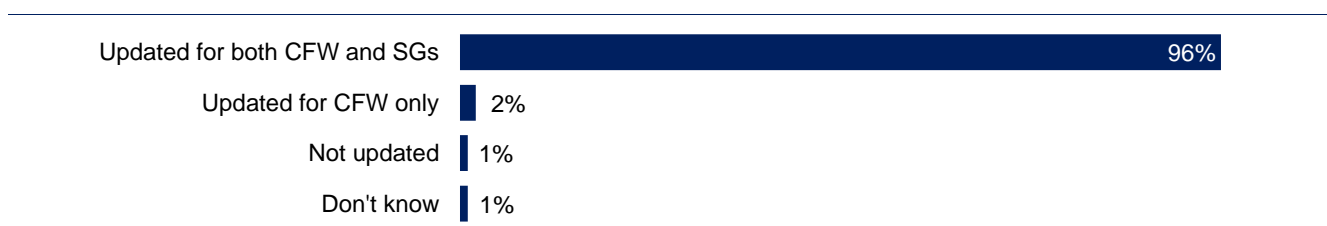
### Resource mapping

Almost all CDC members interviewed (94%, n=807) reported that their CDC's community resource mapping had been updated, of whom 93% (n=748) also said that all male members of the CDC had been involved in the revisions, compared to under half (53%, n=453) saying some or all female CDC members had been involved. When asked directly, 85% (89 out of 105) reported having participated in the resource mapping.

### Eligible beneficiary household lists and sub-project selection

A large majority of lists of eligible beneficiary households (96%, n=820) had been updated for both CFW and SGs. Where the eligible beneficiary households list had been updated, 96% of respondents reported that all male CDC members had been involved

**Figure 9: Updates to eligible beneficiary household list**



In all, 57% of respondents (n=477) reported that women CDC members had been involved in updating the eligible beneficiary lists. When asked directly, 85% (89 out of 105) reported having participated in this process.. The main reasons provided were family commitments (69%, n=240), and that they were prohibited by authorities (63%, n=221). 51 respondents (7%) stated that they had not been invited to participate, and 34 respondents (5%) indicated that women were unaware of the opportunity to take part. An additional 72 respondents (11%) cited other specific reasons for the lack of involvement.

Almost all respondents (99%, n=836) reported that male CDC members were involved in the selection of CFW sub-projects, while 55% (n=466) said that female members were. Out of the 105 female CDC members interviewed 90 confirmed having been involved in the selection of CFW sub-projects (85%). Of all those interviewed, 99% (n=461) said suggestions from women CDC members had been used in the selection of CFW projects.

### **Grievance redress committees and mechanisms**

Of the 319 CDC members interviewed, 67% (n=214) said a Grievance Redress Committee (GRC) had been established for community members to lodge complaints or concerns regarding project activities, and 67% (n=213) said a Grievance Redress Mechanism (GRM) had also been set up. Where a GRM had been established, 97% (n=206) said that it was operational, and 96% (n=206) that it was accessible.

Of the 105 who said a GRC had not been established 58% (n=61) cited a "Lack of awareness about the need for and importance of a GRC" as a reason, while 25% (n=27) attributed it to "Lack of FP support". The remaining reasons account for less than 10%. According to these findings, both informational gaps and insufficient institutional support are key obstacles to the effective implementation of these measures.



## Emergency Food Security Project (EFSP)



### Physical and financial monitoring overview

For the FAO-implemented EFSP our remit is to **validate the findings of monitoring conducted by the FAO's contracted TPMA**. As such, our work commences once the FAO TPMA has completed its monitoring surveys, from which we sample a subset, using data collection tools and analysis techniques to allow for comparative analysis.



In Q2 2024, our monitoring of EFSP comprised validation of the findings of final-term construction monitoring for the CFW intervention. This data was collected through 173 location visits in 22 provinces.

Work to build irrigation assets had been finalized at all 173 sites, involving community work coordinated by non-governmental organizations (NGOs) hired by FAO as an IP. During their site visits, our engineers mostly relied on their own observations but also spoke with local community representatives, site engineers, and IP staff. In total, we interviewed 207 people (all men).

We collected data for mid-term construction monitoring for CFW in January and final-term construction monitoring for CFW during this quarter but have not been able to report on this data as FAO had yet to share monitoring findings from its own TPMA for these activities. We will only be able to finalize our reports once we can compare our findings with those of the FAO TPMA. As a result, the findings will be included in an upcoming quarterly report.

**Figure 10: Summary of EFSP monitoring completed in Q2 2024**



The total expenditure reported in Q1 2023 by the 15 IPs amounted to USD 3.09 million, and the FAO TPMA reviewed 38% (USD 1.18 million) of the expenditure. We sampled and reviewed 24% (USD 281,280) of the expenditure that the FAO TPMA reviewed. Questionable Expenditure amounted to 0.9% (USD 2,604) of the expenditure that we sampled.

## Health Emergency Response (HER)



### Physical and financial monitoring overview

We were tasked by the World Bank to monitor the following integral components of the UNICEF-implemented HER on a quarterly basis:

- **ESS monitoring** at health facility and community levels.
- **Construction assessment** of health facilities.

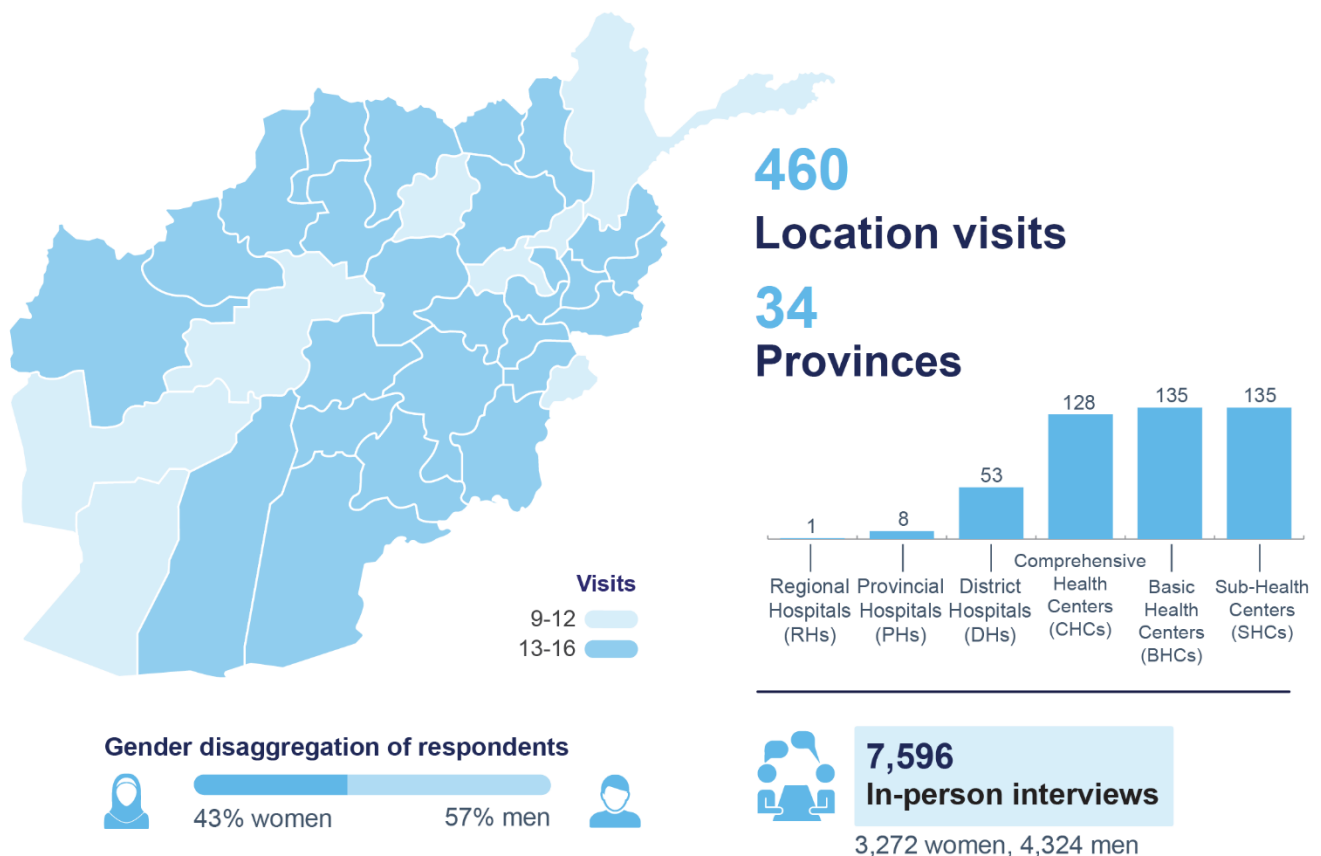
We were also asked to conduct **counter-verification of findings** from UNICEF's contracted TPMA on service volume and quality.

We visited different types of health facilities providing the Basic Package of Health Services and Essential Package of Hospital Services in all 34 provinces: Regional Hospitals, Provincial Hospitals, District Hospitals, Comprehensive Health Centers, Basic Health Centers, and Sub-Health Centers.



In Q2 2024, we completed monitoring for ESS at health facility (HF) and household level, visiting 218 HFs across all 34 provinces, and we counter-verified two rounds of UNICEF TPMA findings from 242 HFs. We completed a total of 7,596 in-person interviews (6,633 for ESS and 963 for counter-verification of UNICEF TPMA findings).

Figure 11: Summary of HER monitoring completed in Q2 2024



Our financial monitoring comprised four completed HACT audit reports for expenditure incurred between 1 January and 30 June 2023. We audited USD 12,120,693 of expenditure, finding USD 135,151 (1.12%) of QE.

During Q2, we developed data collection tools for three monitoring activities under the Maternal and Child Benefit Program (MCBP), a component of HER2. These comprised a beneficiary verification tool, a direct observation tool for cash disbursements, and a PDM tool. By the end of this quarter, we were awaiting a formal access letter from the Interim Taliban Administration before launching data collection.

This report summarizes findings from our construction and ESS monitoring in Q2 2024, providing a detailed overview of the environmental and social compliance status of HFs at an aggregate level, as well as the accessibility of health services. Our approach is detailed in the table below.

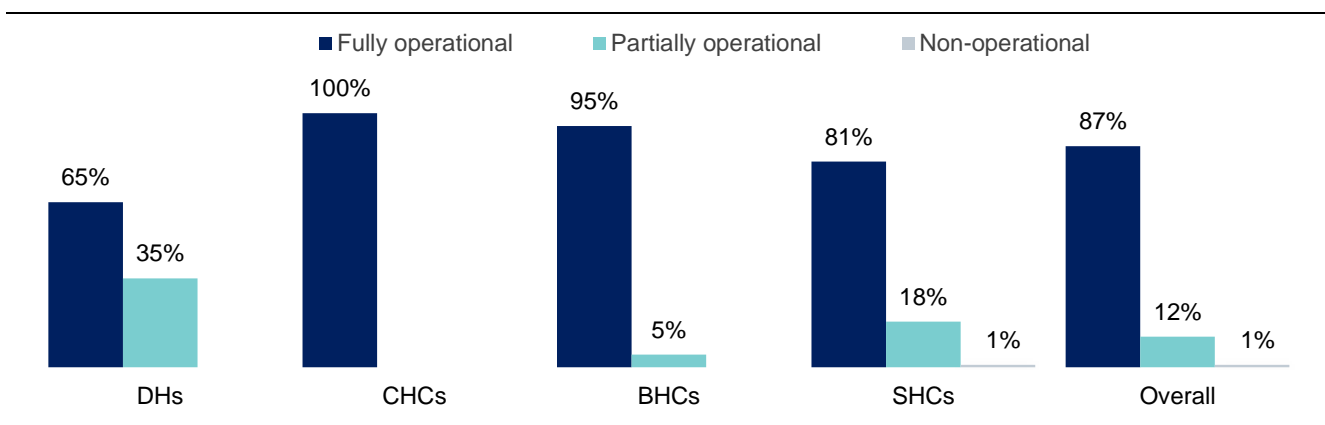
**Table 11: HER ESS monitoring approach**

Monitoring Level	Summarized Approach
<b>Health facilities</b>	At HF level, we conducted direct observations of facilities and semi-structured interviews with healthcare workers. We conducted these interviews with HF heads and at least one female healthcare worker per facility. We aimed to capture a well-rounded view of each facility's functions, operationality, and challenges.
<b>Households and communities</b>	We interviewed both male and female household members, as well as community actors in the HF catchment area, aiming to gauge how local populations interact with and perceive the healthcare services provided.
<b>Construction assessment</b>	We assessed the physical status of each HF through visual inspections, engineering observations, document verification, and inquiries from accompanying HF staff, as well as those from SPs and UNICEF.

## Construction assessment

We collected construction data from 217 HFs<sup>15</sup> through observations, finding that all but one HFs were either fully operational<sup>16</sup> (87%, n=189) or partially operational (12%, n=27), the exception being one non-operational SHC in Parwan. However, a lower proportion of DHs were operational, on average (65%, n=15).

**Figure 12: Health facility operationality**

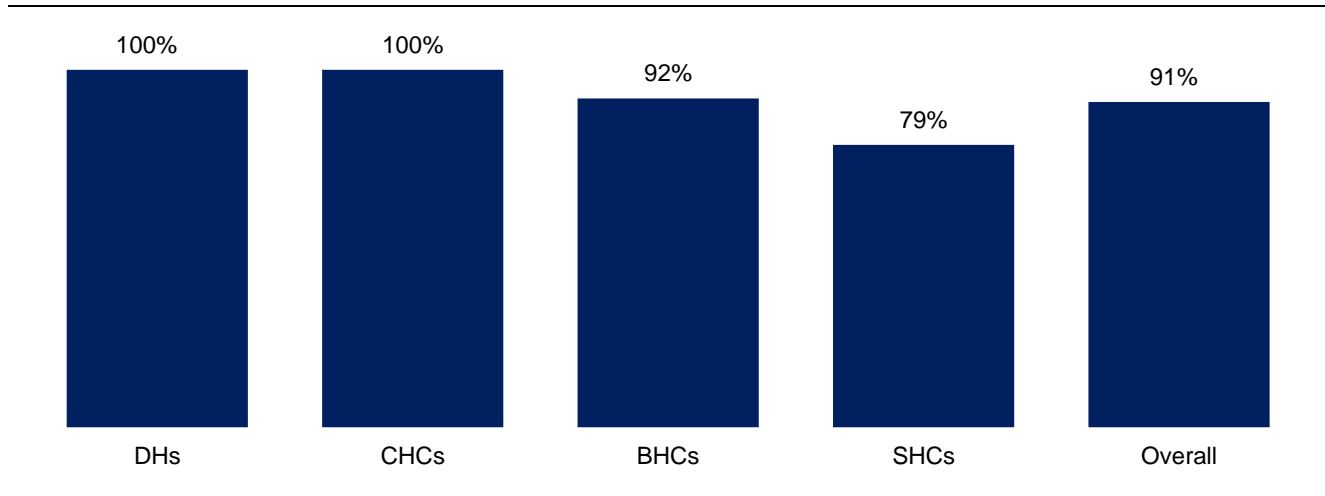


<sup>15</sup> The road to one BHC located in Ghazni was blocked during the construction data collection; as such, we visited 217 HFs for construction monitoring.

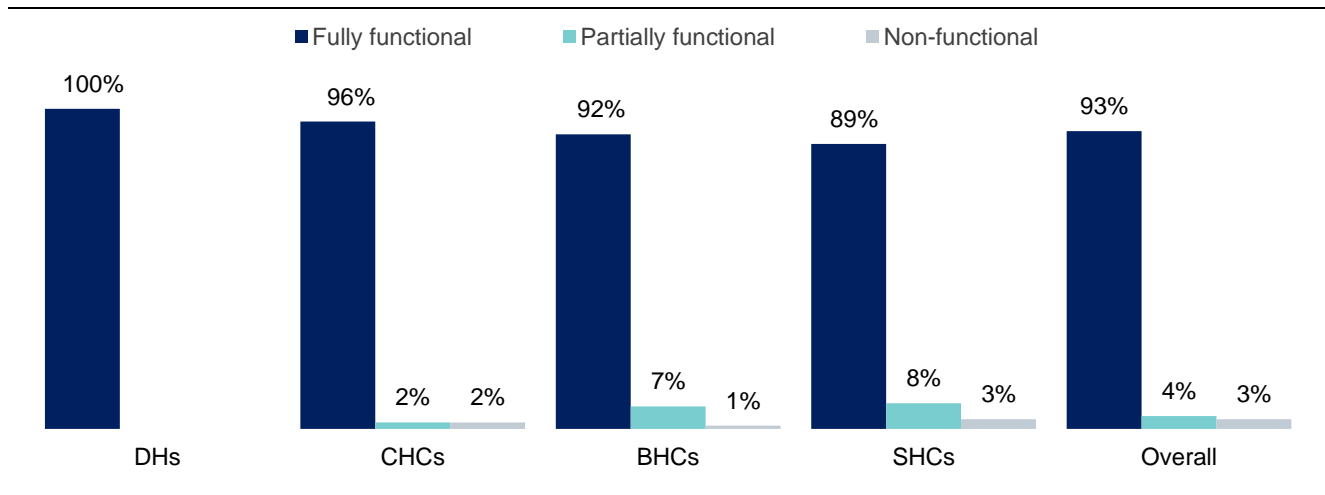
<sup>16</sup> A 'fully operational' HF is one where all departments and wards are actively operational, equipped with the necessary medical equipment and adequate personnel. It also has enough medical supplies and a capable infrastructure to provide a wide range of treatments and care to patients.

Most HFs had water and power supplies in place (91%, n=198 and 98%, n=213, respectively), the majority of which were fully or partially operational (97% and 99% respectively). A smaller proportion of SHCs had a water supply system in place (79%, n=53).

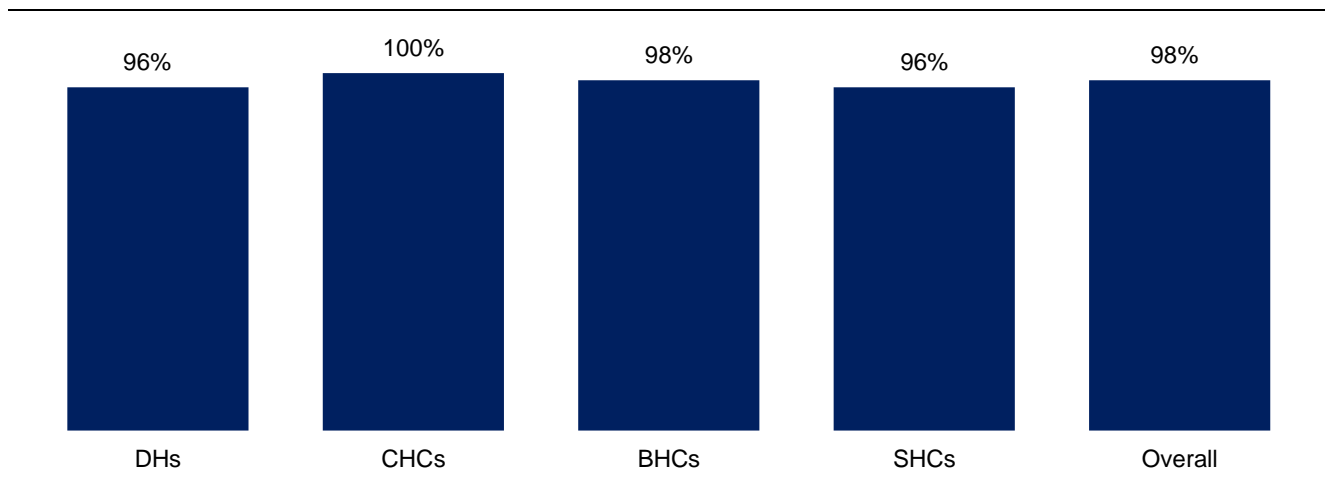
**Figure 13: Presence of water supply at HFs**



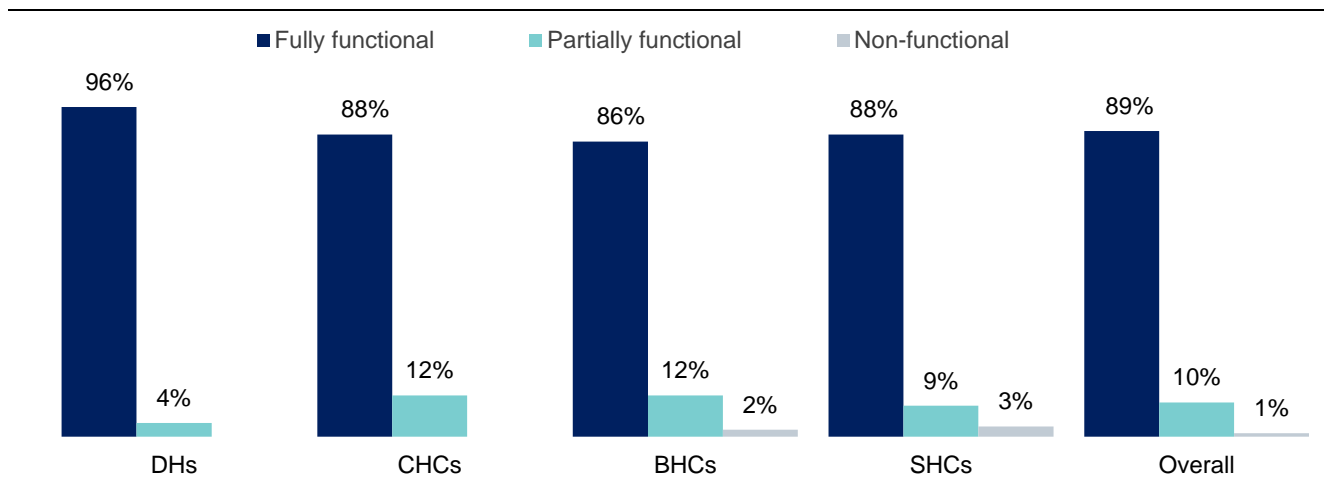
**Figure 14: Functionality of water supply at HFs**



**Figure 15: Presence of power supply at HFs**



**Figure 16: Functionality of power supply at HFs**



## Environmental and Social Standards

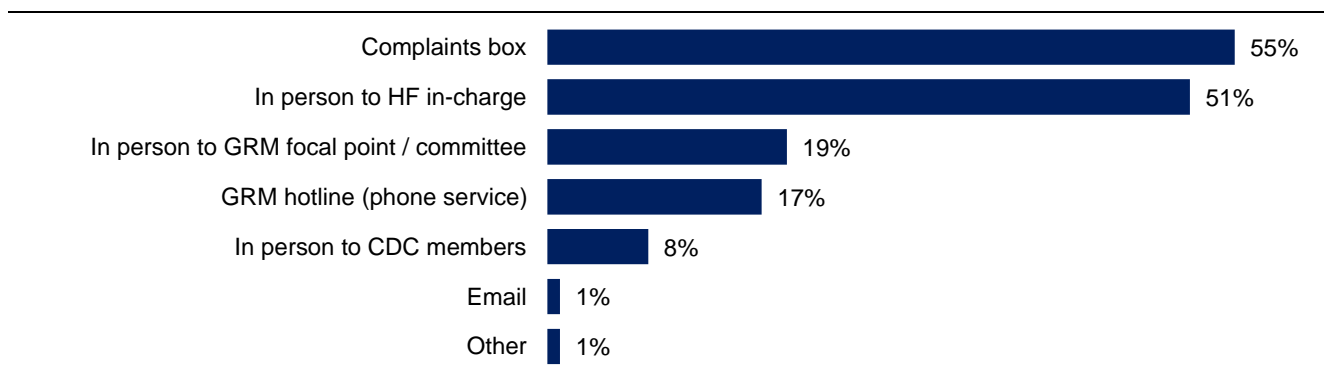
### Grievance redress mechanism

To assess the operationality of GRMs, we interviewed HF heads and household respondents about their awareness and usage of GRM. Our enumerators conducted direct observations and took photos where applicable.



We found that 91% (n=199) of HFs had some form of complaints channel in place. Of facilities with a complaints channel, 73% (n=153) had a focal point assigned, and 73% (n=153) were confidential. The most commonly reported channels used were complaints boxes (55%, n=116) and in-person to a responsible HF staff member (51%, n=107). 51% of HFs had more than one complaints channel.

**Figure 17: Complaints channels used at HFs**



Only 16% (n=768) of household respondents were aware of the GRM for health services provided at their nearest HF, regardless of whether the HF head reported having a GRM in place or not. Of 59 household respondents in the catchment areas of an HF with a GRM who were aware of the GRM and had issues, 31% (n=18) said they had lodged their complaint, while others chose not to share lodge their complaint.

### Occupational Health and Safety

Of the 218 HFs visited, 40% (n=87) of HFs had established an Occupational Health and Safety (OHS) incident reporting system; 44% (n=38) of these kept an OHS incident logbook. However, only 6 of these HFs could show

evidence of the OHS logbook. Of the 45 incidents recorded in those logbooks, we found 7 security incidents, 26 cases of Covid-19, 11 cases of injuries, and one fatality, recorded in Samangan.

Of 63 HF's whose construction status was classed as completed, suspended, or ongoing, 44% (n=28) had OHS and community health and safety standards in their bid documents. Of those who had done so, two-thirds (68%, n=19) had set aside budgetary allocations for the execution of OHS and community health and safety initiatives, as evidenced in their bills of quantities. Almost half of those HF's where construction had been completed, suspended, or was ongoing had included an Environmental and Social Management Plan in their bid documents (38%, n=24); and half of these had implementation costs allocated (50%, n=12).

## Waste management and infection prevention

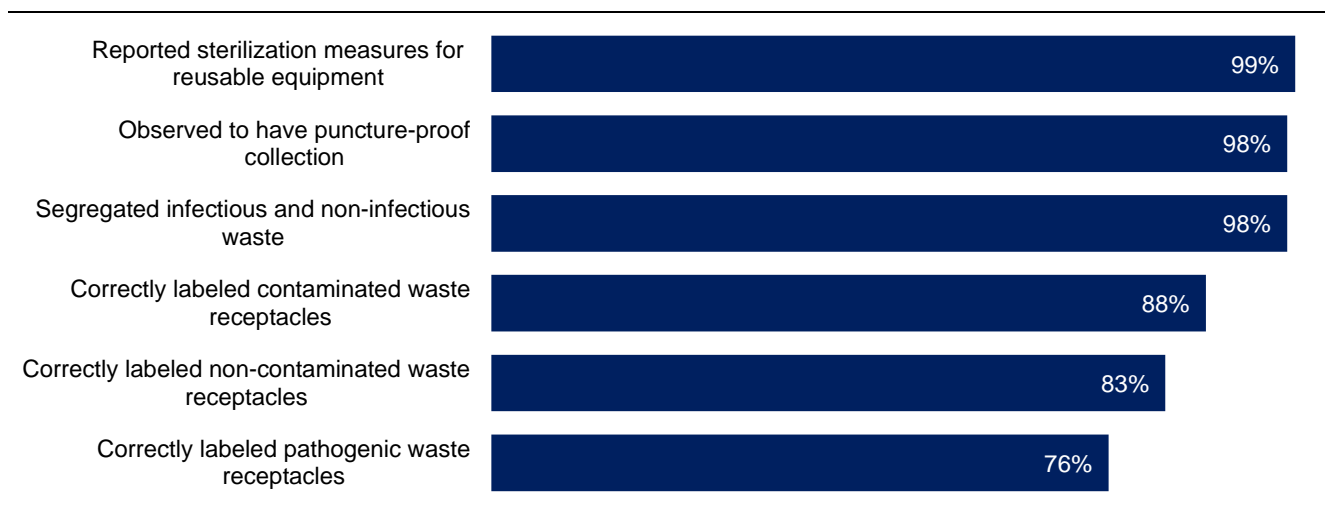
Almost all HF's (98%, n=213) had puncture-resistant containers in place for the safe collection of sharps.

All but one of the HF's visited (99%, n=217) had appropriate sterilization practices for reusable equipment in place. We observed autoclaving as the predominant sterilization technique, used in all HF's (n=217).

Almost all HF's (98%, n=213) had protocols in place to segregate infectious from non-infectious waste. Of these, 88% (n=187) properly labelled contaminated material waste containers, 83% (n=176), properly labelled non-contaminated material waste containers, and 76% (n=161) properly labelled pathogenic waste containers.

Of these same 213 HF's, 40% (n=85) used on-site incinerators for non-contaminated waste and 33% (n=71) used on-site incinerators for contaminated waste. 16% (n=35) of these HF's used on-site burial pits for non-contaminated waste disposal, 31% (n=66) were using them for contaminated waste and 55% (n=117) were using them for pathogenic waste.

**Figure 18: HF waste management and infection prevention practices**



## Gender-based violence, sexual exploitation and abuse, and sexual harassment

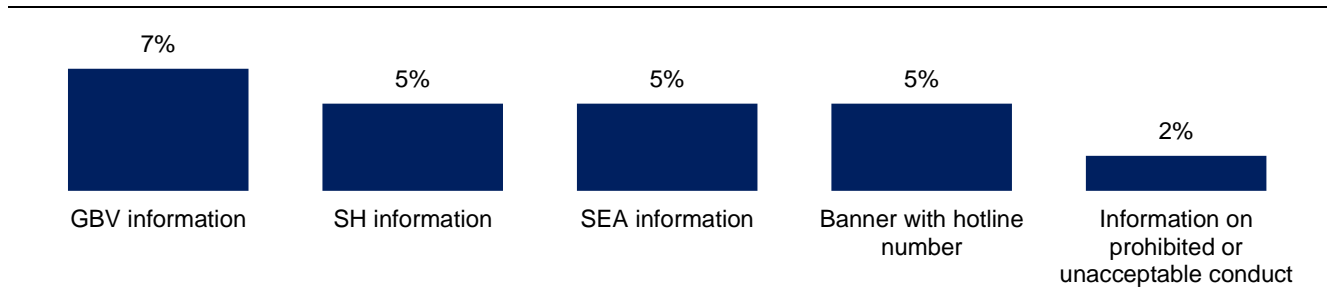
Almost half of HF's (43%, n=94) reported that either the head or another female staff member had received training on how to handle Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), or Sexual Harassment (SH) in the previous six months.

In 9% of HF's (n=19), the head reported that an SEA safety audit had taken place at the HF, but even where this had occurred, 84% (n=16) stated that the findings were not available to photograph as evidence, mostly citing that the findings had not been shared with the facility (n=12).

There was an overall lack of information on display regarding GBV, SEA, and SH. Only 7% of HF's had information on GBV visually displayed, while 5% or fewer had information on display either about SEA

prevention, SH, or prohibited conduct. Only 5% of the HFs had visible information regarding a reporting hotline (phone number).

**Figure 19: Visibility of information at HFs**



Overall, only 1% of household respondents (n=48) had heard of U-Report, the free SMS platform developed by UNICEF to send messages to young people about health, education, and employment. Of these, just under two-fifths (38%, n=18) had made use of it.

Fewer than one in ten household respondents (8%, n=185) had received information on women's or family health and well-being in the form of literature or SMS.

## Security challenges

Security issues were rare, with 6 HFs (3%) reporting one or more safety or security incidents in the previous six months, while 18 HF heads (8%) raised concerns about potential safety or security risks linked to their roles.

## Assessing the inclusion/exclusion of vulnerable groups

In the household level sampling, a random walk protocol was used to select households within each of the randomly chosen clusters in the catchment area of an HF. Beginning at a central point in each community, where a random direction was chosen, the data collection team selected the first household encountered and continued in the same direction to select a total of six households. This method ensured an unbiased and representative sample of households in each community.



To establish patterns of exclusion from health services, we asked household respondents about access to health services in the previous six months, interviewing 4,943 respondents (47% women, 53% men) from 2,700 households within the catchment areas of 218 HFs.

Overall, 88% of households sampled were in rural areas, and 12% in urban ones. Elderly individuals headed 14% of households sampled, those headed by children too young to work constituted 2%, while female-headed households accounted for 5%. A quarter of households (24%) included at least one person with a physical disability.

The table below shows results on HF use by either household respondents or another household member who experienced health issues in the previous six months. Most respondents sought medical assistance for serious illnesses (92%, n=3,068 of 3,341 where a household member had suffered from a serious illness) and injuries (83%, n=311 of 374 where a household member had suffered from an injury). Respondents also reported that female household members also mostly went for reasons related to pregnancy: for ante-natal care (86%, n=1,413 of 1,648 where a household member required ante-natal care) and to give birth (78%, n=787 of 1,005 where a household member had given birth).

**Table 12: Respondents<sup>17</sup> reporting a household member sought medical care in the past six months**

Respondents	Serious <sup>18</sup> illness	Injury	Ante-natal care	Giving birth	Post-natal care	Vaccination
<b>Total respondents<sup>19</sup></b>	<b>3,341</b>	<b>374</b>	<b>1,648</b>	<b>1,005</b>	<b>1,005</b>	<b>4,943</b>
% of all respondents who visited any HF	92%	83%	N/A	N/A	N/A	48%
% of female respondents	92%	79%	86%	78%	64%	54%
% of male respondents	91%	85%	N/A	N/A	N/A	39%

## Perceptions regarding access to health services

Three-quarters of respondents (73%, n=3,608) reported no challenges in accessing healthcare, with a lower proportion of female respondents (69%) reporting as such, compared to male respondents (76%). The most commonly reported challenge was poverty (10%, n=494).

**Table 13: Reported challenges in accessing health services**

Reasons	% of female respondents	% of male respondents	% of respondents
<b>Total respondents</b>	<b>2,321</b>	<b>2,622</b>	<b>4,943</b>
No challenges	69%	76%	73%
Poverty	7%	14%	10%
Ethnicity	3%	4%	4%
Disability	1%	3%	2%
Being a female-headed household	1%	1%	1%
Do not know	11%	2%	6%

We asked community respondents if they felt their household members had the same access to health services as other households using the HF nearest to where they lived. Nearly three-quarters (74%, n=3,650) answered affirmatively, with no significant difference in responses between men and women (74% and 75% respectively).

## Community engagement in health service delivery

To assess community engagement in health service delivery, we conducted interviews with 967 community actors, of whom 24% (n=233) were women.

**Table 14: Community actors interviewed**

Type of interview	Female respondents	Male respondents	Total respondents
Community Health Worker (CHW)	166	168	334
Community elder	4	379	383

<sup>17</sup> In this and subsequent tables, the term "respondent" refers either to the individual answering the survey (household respondent) or to another member of the household who experienced the medical conditions.

<sup>18</sup> A serious illness may encompass a wide range of conditions, including high fever, acute diarrhea, allergies, serious cough/sore throat, pneumonia, lung disease, breathing issues, heart/liver/kidney diseases, serious stomach disease, appendicitis, orthopedic illnesses, cancer, stroke, acute malnutrition, serious skin diseases, and neurological illnesses.

<sup>19</sup> These denominators are based on the number of respondents who reported that a household member experienced a specific condition. All 4,943 respondents were asked about vaccinations.

Type of interview	Female respondents	Male respondents	Total respondents
Local Health Committee (LHC) member	63	187	250
<b>Total</b>	<b>233</b>	<b>734</b>	<b>967</b>

Community actors were asked about the presence of CHWs, LHCs, and Family Health Action Groups (FHAGs)<sup>20</sup> in their communities. The table below summarizes responses by community actors and household respondents, indicating generally low awareness of the presence of these different groups within communities.

**Table 15: Community actors versus household respondents confirming presence of CHWs, LHCs, and FHAGs in communities**

Respondent types	CHW	LHC member	FHAG
Community actors	38%	39%	N/A <sup>21</sup>
Household respondents	35%	N/A <sup>22</sup>	10%

## Local Health Committee members

Of 250 LHC members interviewed, a large majority reported that their shuras were actively functioning (96%, n=239). Of those that were active, 93% (n=223) reported that they met regularly, often on a monthly basis at HF (64%).

More than two-thirds of interviewed LHC members who were part of active LHCs (70%, n=172) reported that they had strategies to engage women on health issues, most commonly door-to-door visits (65%), referral to HF (48%), and advocacy during visits to HF (44%).

**Table 16: Strategies to engage women on health issues**

Strategies (multi-choice)	% of responses
Door-to-door visits	65%
Referral to HF	48%
Advocacy when women visit HF	44%
Checking their complaints and advocating	27%
Approaching through a female LHC member or female CHW	22%
Approaching through madrassa/mosque	21%
Female LHC member meeting with women	20%
Approaching through their husband/a male member of the family	16%
Neighborhood meetings with women	14%
Approaching through FHAG	13%
Approaching through in-laws	12%
Encouraging education on key topics	10%

<sup>20</sup> The Family Health Action Group is a support group for female CHWs whose aim is to improve the lifestyle of and appropriate use of health services by mothers and children with a view to reducing mortality rates.

<sup>21</sup> We did not ask household respondents if they were aware of the presence of LHC members in their communities.

<sup>22</sup> We did not ask community actors if they were aware of the presence of FHAGs in their communities.

A slightly lower percentage of LHCs (62%, n=152) reported having strategies to connect with vulnerable members of the community. Here, the most commonly reported strategies included door-to-door visits (63%) and informing health centers about vulnerable people's needs (52%).

**Table 17: Strategies to engage with vulnerable members of the community**

Strategies (multi-choice)	% of responses
Door-to-door visits	63%
Informing health centers about vulnerable people's needs	52%
Conducting meeting in shura	39%
Conducting assessments to advocate for support	34%
Providing awareness sessions	31%
Approaching through CHW to find out their needs	24%
Approaching through madrassa/mosque	17%
Approaching through community members	15%
Registration of their children at school/madrassa	11%
They come to meet us	11%
Approaching through FHAG to find out their needs	8%



## NGO / CSO Capacity Support Project (NCCSP)



For the UNDP-implemented NCCSP, we:

- Monitored the **quality of training and capacity building** provided to NGOs and civil society organizations (CSOs), completed in 2023;
- Verified that NGOs selected to receive Low Value Grants **met the eligibility criteria** for the project and assessed exclusions in Q1 2024; and
- We began to develop our approach for the **usage of Low Value Grants** by recipient organizations (for reporting in Q3).



## Water Emergency Relief Project (WERP)



During Q2 2024, we finalized planning to launch data collection related to monitoring of ECA compliance by CDCs and project implementation. We will roll out monitoring alongside the launch of project activities, including of training provided.

# MA Digital Platform

The table below details major development updates related to the MA Digital Platform for Q2 2024.











**Table 18: Digital Platform development updates**

Activity	Updates
<b>Platform accreditation</b>	<p>We worked closely with the World Bank's Office of Information Security (OIS) to update the Digital Platform's password policy to follow the World Bank Group's standard password policy. We also worked with the OIS to the review of the Platform's architecture and artifacts.</p> <p>The Platform moved to the final testing phase in the accreditation process. The Certification and Accreditation phase, which took place during the first week of May, is now complete. The World Bank's is reviewing its final approval and is expected in July 2024.</p>
<b>ARTF Partner space</b>	<p>We await Country Management Unit feedback on the draft dashboards in preparation for publishing.</p>
<b>Improvements in the User Interface/User Experience UI/UX</b>	<p>We updated the top menu tabs to improve user experience.</p> <p>We also made improvements to dashboard access: the Platform now directs project teams to their dashboards by default after login; and we added a new section in the project-specific space that displays all relevant dashboards.</p>
<b>Red Flag Reporting</b>	<p>To provide more flexibility in notifying users instantly via email, the Platform now includes a new functionality to instantly share and notify relevant users when non-sensitive Red Flags are logged on the Platform.</p>
<b>Responding to UN inquiries</b>	<p>Based on UNOPS feedback for CRLP, we enhanced filtering and exporting of deviations by area type (rural/urban).</p>
<b>Training sessions</b>	<p><b>UNICEF (HER):</b> We provided Platform access and held a training session to 13 HER SPs. SP users can access only their own customized HER dashboard.</p> <p><b>UNOPS (CRLP):</b> We held a Platform session with the World Bank Task Team to walk through the construction and ECA dashboards, deviations, and report downloads.</p>






# Looking ahead

In Q3 2024, we plan to continue financial monitoring reviews for both legacy and current projects, while conducting both in-person and remote physical monitoring activities. Our workplan includes continued support for Digital Platform users.



## Financial monitoring

	<b>DA reconciliation</b> We plan to continue with DA reconciliation of projects with World Bank client connection balances.		<b>Liabilities review</b> We will coordinate with the World Bank and Ministry of Finance and continue certification of payments against salaries, non-consulting services, and operating expenses for project liabilities.		<b>Statement of Cash Receipt and Payment (SCRП) reviews</b> We plan to continue with SCRП reviews and plan to issue the one remaining Cover Letter.
	<b>CRLP</b> We will submit a financial monitoring report of project expenditure for Q2 and Q3 2023. We plan to commence testing for expenditure of Q4 2023.		<b>EERA</b> We plan to commence HACT audits of expenditure, covering 1 July to 31 December 2023.		<b>EFSP</b> We plan to submit a financial report of expenditure for the period ended 31 March 2023.
	<b>HER</b> We will commence audits of expenditure incurred in the period 1 July to 31 December 2023.  Under MCBP (HER 2), we will additionally commence monitoring transactions reported by partners under sub-component 3.2 (Social and Behavioral Change Communication).		<b>NCCSP</b> We plan to commence planning and review of grant expenditure of selected CSOs together with physical monitoring.		<b>WERP</b> We will issue a Cover Letter for review of SoEs under the component managed by AKF for the period up to December 2023. We will commence review of SoE covering expenditure for the period Q1 2024.
	<b>Review of pre-August 2021 Questionable Expenditure</b> We will review additional documents and recommend for documentation resolved expenditure as agreed in the Islamabad workshop.				

## Physical monitoring

	<p><b>CRLP</b></p> <p>We will continue to liaise with the CRLP Task Team to plan further monitoring activities for the additional financing for the project.</p>		<p><b>EFSP</b></p> <p>We will finalise in-person data collection for validation of the PDM survey for the 2023 wheat production package distribution</p> <p>In addition, we plan to collect data in-person for validation of:</p> <ul style="list-style-type: none"> <li>i) the PDM survey for Home Gardening;</li> <li>ii) the PDM survey for Cash For Work; and</li> <li>iii) the post-harvest outcome monitoring survey for the 2023 wheat production package distribution.</li> </ul>
	<p><b>HER</b></p> <p>We will continue to conduct data collection to verify UNICEF TPMA findings.</p> <p>Under the WFP-implemented MCBP component of HER2, we will launch monitoring activities related to beneficiary verification, direct observation of cash distributions, and PDM, once we receive formal access permissions.</p>		<p><b>NCCSP</b></p> <p>We will finalise data collection and reporting for monitoring of Low Value Grant usage by recipient organizations.</p>
	<p><b>WERP</b></p> <p>We plan to launch a first round of quarterly data collection and reporting related to monitoring ECA compliance, training provided, and project implementation as project activities commence.</p>		

## Digital Platform

	<p><b>Hosting and accreditation</b></p> <p>We expect to receive approval of the Platform's accreditation in July.</p>
	<p><b>User engagement and support</b></p> <p>We will continue to support Platform users across the World Bank, UN agencies, and SPs, managing user access and providing walk-throughs, training sessions, and technical support.</p>

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