



Proposal to AusAID

Citizen Engagement for Social Service Delivery Project

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Prepared by:

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ACRONYMS AND ABBREVIATIONS

ADO	Assistant District Officer
AusAID	Australian Agency for International Development
BGPS	Boys' Government Primary School
BHU	Basic Health Unit
CBIS	Computer-Based Information System
CD	Civil Dispensary
CDS	Comprehensive Development Strategy
CESSD	Citizen Engagement for Social Service Delivery
CIDA	Canadian International Development Agency
CLTS	Community-Led Total Sanitation
DC	District Coordinator
DCO	District Coordination Officer
DCTE	Directorate of Curriculum and Teacher Education
DDO	Deputy District Officer
DoH	Department of Health
DPO	District Program Officer
DSG	District Support Group
DSM	District Support Manager
EDO	Executive District Officer
E&SED	Elementary and Secondary Education Department
ESRU	Education Sector Reform Unit
Exen	Executive Engineer
FATA	Federally Administered Tribal Areas
FDP	Facility Development Plan (health sector)
GGPS	Girls' Government Primary School
GIZ	German Society for International Cooperation
GoKP	Government of Khyber Pakhtunkhwa
GPS	Government Primary School
HIMS	Health Information Management System
HSRU	Health Sector Reform Unit
IP	Implementing Partner
IQHCS	Improving Quality of Health Care Services
IR	Intermediate Result
KP	Khyber Pakhtunkhwa
LCO	Local Circle Office
LG&RDD	Local Government and Rural Development Department
LGA	Local Government Act 2012
LGS	Local Governance School
LM	Logic Model
M&R	Monitoring and Reporting
MDG	Millennium Development Goal

ODF	Open Defecation Free
OPD	Out Patient Diagnosis
P&D	Planning and Development Department
PARD	Pakistan Academy for Rural Development
PC1	Proforma for Development Projects (Social Sectors)
PCMC	Primary Care Management Committee
PCNA	Pakistan Post Crisis Needs Assessment for KP and FATA
PDHS	Pakistan Demographic and Health Survey
PFM	Project Field Manager
PHCU	Primary Health Care Unit
PHED	Public Health Engineering Department
PHSA	Provincial Health Services Academy
PITE	Provincial Institute for Teacher Education
PMF	Performance Measurement Framework
PPHI	People's Primary Healthcare Initiative
PRSP	Poverty Reduction Strategy Paper
PSC	Project Steering Committee
PTC	Parent Teacher Council
RHC	Rural Health Centre
RITE	Regional Institute of Teacher Education
SA	Social Accountability
SDO	Sector District Officer
SFC	Sector Field Coordinator
SIP	Scheme Improvement Plan (water sector)
SIP	School Improvement Plan (education sector)
SMU	Social Mobilization Unit
SOP	Standard Operating Procedure
SSC	Social Service Committee
TA	Technical Assistance
ToT	Training of Trainers
UC	Union Council
WSC	Women's Sub-Committee
WSP	Water and Sanitation Program (World Bank)
WUC	Water User Group

EXECUTIVE SUMMARY

Introduction and Context

Khyber Pakhtunkhwa (KP), home to over 22.5 million (2010) Pakistanis plus some 1.5 million Afghan refugees, is characterized by insecurity due to terrorist attacks and militant incursions from Afghanistan and the Federally Administered Tribal Areas, which undermines both good governance and citizen trust in the government's capacity to deliver social services. Poor achievements in health, education and drinking water provision make it improbable that KP will reach its Millennium Development Goal (MDG) targets in these sectors. KP is susceptible to natural disasters, including an earthquake in 2005 and major flooding in 2010, leading to destruction of social sector infrastructure, large numbers of internally displaced persons and massive human suffering. Major disparities between rural and urban areas and acute gender inequalities compound the disadvantages suffered by its citizens.

Priorities for community-based social service delivery and gender equality established by the Government of Khyber Pakhtunkhwa (GoKP) Comprehensive Development Strategy (2010 to 2017), along with the devolution of responsibility for education, health, drinking water and sanitation provision to the provincial and district levels by the Eighteenth Constitutional Amendment, establish a positive context for achievement of sustainable improvements in service delivery in the near to mid-term. The Local Government Act (LGA) passed in May 2012 defines the roles of elected local government councils in the management of service delivery, which also provides impetus to local ownership of service delivery. GoKP has requested the support of the Citizen Engagement for Social Service Delivery (CESSD) project implemented by Cowater International in improving service delivery in education, health and drinking water in 11 of the 25 districts. CESSD is an ongoing project funded by CIDA and, in 2011-2012 also by AusAID, working to improve the delivery of social services; instituting approaches for better government accountability; and building the capacity of civil society to participate in social service delivery through informed citizen involvement in monitoring and increasing accountability. CESSD works to build the capacity of local government officials to improve social service delivery, to institutionalize social accountability approaches, and to increase gender responsiveness.

Design and Expected Results

Goal: To improve primary education, basic health, and availability of drinking water in KP for both men and women

Objective: To enhance citizen engagement with government for effective delivery of gender responsive elementary education, basic health services, and drinking water in 11 districts of KP, and to improve the enabling environment

Expected Outcomes:

- 100: More effective citizen engagement with government for gender responsive and accountable delivery of primary education in an average of 55% of Government Primary Schools in Haripur, Kohat, Mardan, and Swabi
- 200: More effective citizen engagement with government for gender responsive and accountable delivery of primary health care in all rural primary health facilities in Charsadda, Kohat, Kohistan, Nowshera, and Peshawar
- 300: More effective citizen engagement with government for gender responsive and accountable delivery of drinking water in an average of 89% of functional rural schemes in Abbottabad, Chitral, Mansehra, and Nowshera
- 400: Improved enabling environment for gender responsive and accountable social service delivery

With respect to Outcome 100, 1,361 Parent Teacher Councils (PTCs) will be strengthened, adding to the present 849, making a total of 2,210 PTCs for the four education districts. CESSD will target an equal number of boys' and girls' schools. By project end, at least 70% of PTCs will be performing well according to the CESSD SSC Maturity Index. Primary Education Quality Standards will be developed and their implementation monitored. For Outcome 200, 107 additional rural Primary Care Management Committees (PCMCs) will be formed and strengthened in the five health districts, for a total of 219 PCMCs – 100% coverage. Women will constitute 35% of PCMC executive members. By project end, 70% of these PCMCs will be fully functional and able to implement eight key quality health standards. For Outcome 300, 577 additional Water User Committees (WUCs) will be formed and strengthened to improve the availability of safe drinking water through community-managed schemes. At project end, 703 WUCs will have been strengthened, representing an average of 89% coverage of the four water districts. Seventy per cent of these WUCs will be fully functional, 33% will have women on their executives, and 67% will have formed Women's Sub-Committees. Community-Led Total Sanitation (CLTS) will be piloted in 20 communities, and at least half will have sustainably eliminated open defecation by project end. CLTS promotion will be combined with sanitation monitoring and efforts to improve the enabling environment, specifically orientation of PHED at the provincial level and documenting good practices and success stories and PHED training at the district level. With respect to Outcome 400, sectoral policies will better integrate principles of citizen engagement, gender responsiveness, and social accountability. This integration will be facilitated through a combination of policy dialogue closely linked to the effective institutionalization of sectoral governance mechanisms being developed under Outcomes 100 to 300 and strategic sharing of evidence-based learning. Four government training institutes – the Pakistan Academy for Rural Development, the Local Governance School, the Provincial Institute of Teacher Education, and the Provincial Health Services Academy – will have integrated needs-based service delivery, gender responsiveness, and social accountability into their core curricula and their faculty will be capacitated to deliver this improved curriculum effectively. At least one social accountability mechanism, such as complaint centres, will be institutionalized in each sectoral department and their roll-out to non-CESSD districts facilitated, for example through the provision of materials and documentation.

Baselines and targets expected for selected indicators are presented in the table below.

Table 1: Results: baselines and expected targets for selected indicators

Indicator	Total			Male			Female			Male with disability	Female with disability
	Baseline	Actual	Target	Baseline	Actual	Target	Baseline	Actual	Target		
Number of people with improved water schemes	211,680 ¹		1, 181,040	103,723		578,710	107,957		602,330	TBD	TBD
Percentage of female members of WUCs	13% of 126 WUCs = 16 mixed WUCs		33% of 703 WUCs = 232 mixed WUCs								
Number of people who received basic health care on a monthly basis ²	120,960 960 OPDs per PHCU * 126 PHCUs		210,240 ³ 960 OPDs per PHCU * 219 PHCUs	48,258 383 OPDs per PHCU * 126 PHCUs		83,877 383 OPDs per PHCU * 219 PHCUs	72,702 577 OPDs per PHCU * 126		126,363 577 OPDs per PHCU * 219 PHCUs	TBD	TBD
Number of children enrolled in school	178,290 for 849 GPSs		944,642 for 2,210 GPSs	95,550 Average of 54% for 453 BGPSs		614,800 Average of 66% for 1105 BGPSs	82,740 Average of 38% of 396 GGPSs		329,842 50% for 1105 GGPSs	TBD	TBD
Number of public servants trained	759		1,943	584		1,360	175		583	TBD	TBD
Number of civil society organisations supported to track service provision ⁴	849 PTCs 112 PCMCs 126 WUCs =1,087		2,210 PTCs 219 PCMCs 703 WUCs = 3,132	453 PTCs ⁵		1,105 PTCs	396 PTCs		1,105		

¹ Calculated on the basis of an average of 240 households per water scheme and 7 persons per household.

² This indicator corresponds to the existing indicator used by the Department of Health, called monthly OPD: Out Patient Diagnosis

³ This number is based on current performance for already strengthened PCMCs and will be revised after the baseline is performed.

⁴ These are Social Services Committees

⁵ Only PTCs are gender disaggregated as there are boys' schools and girls' schools

Rationale for AusAID Support

In June 2011, AusAID provided one year's funding to CESSD to support intensification, as well as to rehabilitate facilities damaged by the 2010 flood. These funds have contributed to overall improvements in the quality of services in communities supported by CESSD. For example, teacher absenteeism has dropped by 24%, and school enrolment rates have increased by 37% for boys and 16% for girls in targeted schools. Patients consulting health facilities increased by 149% in CESSD-supported districts. Most of the existing 126 CESSD-supported water supply facilities are now completely functional. AusAID funds will be disbursed by 30 October 2012. The AusAID funding solicited by this proposal would support further intensification of CESSD efforts from 2012 to 2016, building on results to date and enhancing the scope and sustainability of outcomes.

KP is one of the provinces targeted for AusAID support. CESSD's focus on improving targeted services through significant community involvement and oversight through the government-mandated sectoral Social Service Committees (SSC) is aligned with a number of AusAID governance objectives, including strengthening participatory organisations to build the capacity of local community groups that promote democratic governance and social harmony. CESSD addresses the AusAID Pakistan program focus on access to and quality of basic education, particularly for girls, and improvement of health services. Donors increasingly recognize the crucial importance of rapidly improving basic social services in conflict-ridden and natural disaster prone KP to improve human development indicators, strengthen citizen trust in government, and promote stability. AusAID support will allow CESSD to: (1) intensify coverage in the existing districts in response to GoKP requests; (2) establish sustainable delivery mechanisms through empowering sectoral SSCs and strengthening support and monitoring mechanisms with the relevant line departments; (3) institutionalize gender responsiveness and social accountability mechanisms; and (4) foster a conducive environment by integrating citizen-centred social service delivery, gender responsiveness, and social accountability into sectoral policies and the curricula of government training institutes.

Support to CESSD:

- contributes to the achievement of one Government of Pakistan strategy to eradicate poverty (PRSP II 2008-2011), which is to create community-based committees;
- is aligned with AusAID programming priorities in Pakistan related to both democratic governance and social service delivery;
- contributes to the implementation of AusAID's development objectives as set out in *An Effective Aid Program for Australia: Making a real difference – Delivering real result*;
- would ensure the immediate achievement of results provided by an ongoing project and would contribute to the sustainability of these results by building on project achievements to date; and
- would provide AusAID with a substantial presence in KP, while enhancing participation in donor coordination and policy dialogue.

Key Parameters

Delivery Modality and Length of Assistance

The proposed delivery modality is project assistance through a Delivery Organisation, Cowater International (Cowater). The duration will be from 01 November 2012 to 30 June 2016, with a proposed overall budget of AUD 19,261,500. Cowater is a Canadian project management firm that has implemented more than 40 assignments in Pakistan over the last 25 years. It has implemented the current phase of CESSD in KP since 2008.

Partners

The KP Planning and Development Department (P&D) is the primary CESSD counterpart, serving as the project's overarching coordinator. The key government partners are the Elementary and Secondary Education Department (E&SED), the Department of Health (DoH), and the Public Health Engineering Department (PHED). E&SED and DoH have embedded community engagement in their policies, while PHED is in the process of doing so. All departments, including PHED, rely on CESSD to provide support to their efforts to institutionalize community engagement in their regular mechanisms. These departments provide the overall direction at the provincial level and ensure donor coordination, while district government drive the planning and monitoring of activities. The Local Government and Rural Development Department (LGRDD) will collaborate with CESSD on specific issues related to oversight of social service delivery at the local level and is responsible for the Local Governance School.

Local NGOs are contracted in each district to serve as Implementing Partners (IPs), particularly focusing on social mobilization and capacity building of government-mandated sectoral SSCs. Additional local CESSD and IP staff are required to achieve the scale of outcomes being proposed.

Gender Equality Policy

The Project Gender Policy requires the full integration or 'mainstreaming' of gender equality considerations and approaches in all aspects of project planning, management, implementation and monitoring. The CESSD gender strategy will build on the important gender equality lessons that the project has learned and results it has achieved through many years of implementation.

Sustainability

The CESSD approach to sustainability is focused on four core approaches outlined below.

Building on Government Priorities and Strengthening Government Systems

CESSD will address existing GoKP sectoral priorities and strengthen systems for service delivery and accountability, including policies, strategies, delivery mechanisms and monitoring tools, in response to specific requests received from GoKP. Government ownership of these priorities and enhanced systems will promote sustainability. This ownership extends to the SSCs, which are government-mandated mechanisms responsible for: (1) engaging with government authorities, on behalf of their communities, to demand gender responsive and accountable services; (2) overseeing service delivery and improving facility physical premises; and (3) undertaking dialogue with the community and reporting back on the use of funds.

Institutionalizing Effective Approaches and Processes

Project-supported mechanisms and processes, developed with and in response to requests from government will be institutionalized at the district and provincial levels. Institutionalization efforts will include SSC guidelines, accompanying training manuals and Master Trainers; sectoral policy standards, strategic frameworks and district strategies; monitoring and reporting systems for SSCs and facilities; and social accountability tools. Since institutionalization is closely related to institutional capacity development, there will be a clear link to efforts to strengthen the four government training institutes as well as strengthening of specific partners related to new or improved mechanisms and processes, including institutional strengthening of the new DoH Policy Planning and Reforms Wing and Quality Management Wing.

Strengthening Government-Civil Society Collaboration and Accountability

The division of responsibilities and accountability between government and civil society in the form of the SSCs constitutes a holistic system of checks and balances linking communities and facilities to government from the local to provincial levels. The collaboration and mutual accountability built into the system serve both to strengthen civil society trust in government, thus contributing to sustainability of the working relationship, and to improve the effectiveness and sustainability of service delivery by reducing the dependence on the integrity and capacity of just one party. For instance, education and health SSCs, the PTCs and PCMCs, have the right to receive government funding on the basis of Facility Development Plans. They are accountable to and monitored by both government and communities for the appropriate and effective use of these funds. At the same time, SSCs also monitor government provision of goods, services and funds directly to facilities in support of service delivery.

Fostering Sustainable Capacity to Build Skills and Knowledge

Providing sustainable capacity building is central to the CESSD approach and is essential to the sustainable implementation of the other two core approaches. Changing the culture of government service providers is important. This will be achieved through the integration of citizen-centered social service delivery, gender responsiveness, and social accountability into the training provided to government officials by four government training institutes. SSCs themselves are expected to develop their capacity to self-replicate, by self-training their members and their replacements as SSC membership is renewed every three years. The CESSD team will gradually cease to support SSC capacity building after an initial two to three years as the relevant district sectoral officials and SSCs themselves assume full responsibility.

Challenges to Success

A significant challenge is the security situation, which could undermine the effective implementation of activities and the full achievement of expected outcomes. Cowater has put in place mitigation measures that have proven effective in adapting to volatility and fluctuations in security conditions, while permitting operations to continue. These include a dedicated Senior Security Manager, assessing security risks before expanding operations into new communities, effective use of up-to-date local intelligence, maintaining a low profile, and building positive relationships with local communities and government. The project design spreads the risk over 11 districts and more than 550 Union Councils. Delivery approaches are customized to the specific conditions of each district, including security risks, and district teams draw on their local knowledge to maximize outcomes. These mitigation measures and design features allow Cowater to proceed with implementation and make progress toward outcomes under conditions that could threaten the success of other projects.

Another significant challenge is the availability of public resources to fund the mechanisms required to both support and monitor SSCs, as well as funding SSCs themselves. CESSD-supported approaches will be institutionalized in the government line departments over the next four years. In addition, there are indications that significant donor funding will become available, as well as additional funding from the federal government to the province as a consequence of the complete devolution of these sectoral responsibilities.

The framework for decentralized governance, including the parameters of devolved service delivery, is in a period of transition given that there will be general elections as well as local council elections in the coming year. As well, the specific parameters for implementation of the LGA are not yet defined, including the amount of funding that will be available to local councils for meeting their service delivery responsibilities. Achievement of expected results in this shifting environment requires a flexible approach to implementation. CESSD employs a results-based, iterative approach to work planning and implementation, highly responsive to both constraints and opportunities, that has proven effective in adapting to such contextual factors while maintaining progress toward the achievement of outcomes.

Conclusion

Cowater, with more than ten years' continuous experience in KP, has built a repertoire of knowledge sources, internal capacity, and key relationships with the KP government officials that facilitates rapid and effective responses to the evolving governance context.

The Government of KP requested CESSD to intensify its activities in the existing 11 districts of the province and their respective sectors during the 2010 Project Steering Committee (PSC) meeting, and in January 2012 discussed the options that formed the basis of this proposal. The Planning and Development Department has revised the PC-1 to include AusAID as a contributor and partner of CESSD. AusAID is officially recognized as a member of the PSC, which involves senior officials from eight KP ministries.

It is of great value to continue support to CESSD based on results achieved to date to generate further impact, and to institutionalize the project-supported approaches so that they can be sustained and replicated throughout the province.

1. INTRODUCTION

CESSD, now called “Citizen Engagement for Social Service Delivery,” is an ongoing project currently in its second phase, which began in 2008, being implemented in Khyber Pakhtunkhwa province of Pakistan (KP) by Cowater International (Cowater) with initial funding from CIDA. The first phase of CESSD worked with community-based organizations, Citizen Community Boards (CCBs), which constituted a prime service delivery instrument included in the Local Government Ordinance (LGO) 2001. When the LGO was put into abeyance in 2009, the CCB model was abandoned and CESSD reoriented its efforts toward Social Service Committees (SSCs). CESSD works to improve the delivery of social services through informed citizen involvement in monitoring and managing these services and to enhance government accountability.

CESSD recognizes the importance of strengthened collaboration between government and civil society in more effectively delivering better quality services in basic education, primary health care and water supply. The CIDA decision to fund the second phase of the Project responded to a request from the Government of KP (GoKP) pointing out the critical importance of strengthening service delivery in combating militancy and terrorism. With the addition of AusAID’s one-year support for 2011-2012, it was possible to add new districts to the project’s health and education sectors, and to intensify operations in the existing districts, to reach 20% coverage of the existing health, education and water facilities by March 2012.

Recently, the three sectoral line departments have emphasized the need to further intensify this coverage to achieve a critical mass in the 11 target districts and to institutionalize improved delivery mechanisms and the capacity to implement them. This proposal requests AusAID support for an extension of CESSD to 2016 to allow for intensification and sustainability of results.

The results on which AusAID funding would build are significant. CESSD exceeded its 2011-2012 Social Service Committee (SSC) formation targets by 11%, representing 511 SSCs. In CESSD-supported education districts, teacher absenteeism has dropped from 15% to 14% because Parent Teacher Councils (PTCs) report when teachers are not in classrooms. Between 2010 and 2012, the rate of enrolment increased from 26% to 38% for girls and from 35% to 54% for boys, because parents are better informed of the value of education and they realize that the Government Primary Schools are better maintained. In health, the implementation of eight quality service standards, developed with CESSD support, is now being facilitated by the Primary Care Management Committees (PCMCs) and implemented by 60% of the Basic Health Units that have a PCMC formed and trained by CESSD. Twenty-eight CESSD-supported PCMCs requested and received the first instalment of Department of Health (DoH) approved funds of PKR 5.6 million, the first time in the province that PCMCs have received government funding. Water User Committees (WUCs) have succeeded in eliminating illegal water connections, obtaining funding from the Public Health Engineering Department (PHED) to undertake needed repairs, or getting more major repairs done by PHED more quickly. Minimum service standards are being identified and will be printed on water bills. Women’s meaningful participation in Social Service Committees (SSCs) has increased and their capacity to participate effectively in facility management has been strengthened. For instance, in the water sector Women’s Sub-Committees of WUCs have been created and have demonstrated their effectiveness in discovering technical problems and fraudulent practices impeding the availability of water for all community members.

2. CONTEXT

Khyber Pakhtunkhwa (KP) Province, home to over 22 million people plus more than 1.5 million refugees, borders Afghanistan and the Federally Administered Tribal Areas (FATA) and is one of the most insecure areas of Pakistan, itself a fragile state lacking effective institutions, where insecurity and extremism compromise the rule of law and there is little accountability to citizens. KP and the neighbouring tribal areas bordering Afghanistan are home to several terrorist groups, principally the Taliban, who are Pashtuns, the dominant ethnic group in KP as well as South Afghanistan. The presence of the Taliban and other militant groups, both in KP and nearby, is significant for two reasons. First, they launch attacks on both government and civilian targets, which reached an unprecedented level in 2009, frequently targeting girls' schools, basic health facilities and other public facilities such as markets. Second, as noted in the Pakistan Post Crisis Needs Assessment for KP and FATA (PCNA), the Taliban in particular present themselves as an alternative governance structure, playing on the ineffectiveness of government in delivering services and justice, as well as the lack of trust between the civilian population and government. The security situation improved in 2011 with fewer casualties and a close to 50% decline in the number of deaths reported. The first half of 2012 has seen a rise in serious incidents related to events in Afghanistan and FATA, demonstrating how rapidly the security situation can change. Annex A provides snapshots of the security situation in each of the 11 CESSD districts. Both global analysts and senior Pakistani government officials agree that provision of adequate services to the population is a crucial factor in defeating militancy and building a strong secular democracy. Equally crucial, according to the PCNA, is building trust between citizens and government by improving accountability and transparency and reducing corruption.

Natural disasters are frequent in KP, particularly in the form of earthquakes and flooding. The province was particularly badly hit by extensive flooding in 2010, which damaged or destroyed a significant proportion of health, education and water supply facilities. Mansehra District was affected by the 2005 earthquake, in which many schools collapsed. The poor in the districts affected by natural disasters, exposed and without the means to protect their families and resuscitate their livelihoods, are particularly severely affected. The dependence of women and girls on men places them most at risk.

In 2008-2009, 38.1% of the population of KP was below the poverty line. Human development indicator scores are poorer in KP than in the country generally, while Pakistan has some of the lowest rankings in South Asia. According to the 2011 Millennium Development Goals (MDGs) report for KP, the age 10+ literacy rate is only 50%, with the rate for women estimated at 31%. The 2006-2007 maternal mortality rate was 275 deaths per 100,000 live births, compared to the MDG goal of 140 per 100,000. In 2008-2009 only 47% of the rural population had access to tap water. There are wide disparities not only between urban and rural areas, but also among districts. While 100% of children have been fully immunized in some urban areas, in the rural areas of Kohistan the rate is 33%. Female literacy is 61% in Abbottabad and 3% in Kohistan.

Challenges impeding the delivery of effective gender responsive basic social services in KP include the lack of good management approaches and systems, cultural barriers to women's participation and voice, and limitations on government capacity to reach citizens where they are and meet their needs. Communication and trust between the government and citizens are broken and the legitimacy of government is challenged by militant groups. The scarcity of resources is also a problem, with the limited amount of funding available often diverted from its original purpose. It is therefore important to empower citizens, particularly women, to voice their needs and concerns and participate in decision-making, and to strengthen government capacity and commitment to deliver citizen-centred services.

The Government of Pakistan (GoP) confirmed the complete devolution of responsibilities to the provinces for education (primary and secondary), primary health care, and drinking water and sanitation services by approving the 18th Constitutional Amendment in October 2010. The process of change necessary in the KP sectoral departments for health, education and water and sanitation to shoulder these responsibilities offers a strategic opportunity for supporting and institutionalizing more citizen-centred, gender responsive and socially accountable approaches to service delivery. On May 8th 2012, the KP Provincial Assembly adopted a new Local Government Act (LGA), replacing the Local Government Ordinance, which has been in abeyance since 2009. Local elections are scheduled around November 2012. CESSD is in the process of analysing the potential impact on project delivery. It appears that elected Union Councils will be responsible for the promotion of education, identifying deficiencies in service delivery and making recommendations. The elected District Councils would be responsible for the management of primary schools, rural health centres, water pumps, and other water supply works, as well as the promotion of sanitation.

One Government of Pakistan strategy to eradicate poverty (PRSP II 2008-2011) is to create community-based committees, generally called Social Service Committees (SSCs), to oversee the delivery of basic social services, share management responsibilities with government at the facility level, and bridge the communication gap between government and citizens. Thus SSCs are a cornerstone of the effort to foster greater accountability of government to citizens and to build citizens' trust in the efficacy and honesty of government, as well as its capacity to meet the basic needs of citizens. It is important to strengthen SSCs' capacity to manage service delivery facilities and to be the link between government and citizens. In KP SSCs are mandated in health (PCMCs) and education (PTC), while the role of WUCs in community management of water schemes is under consideration by PHED as a result of policy dialogue undertaken by CESSD, and expected to be approved in the near future.

GoKP has set ambitious targets toward achieving the MDGs by 2015, but the 2011 KP MDG report concludes that these cannot be achieved. GoKP's Comprehensive Development Strategy (CDS) 2010 to 2017 delineates clear medium term goals based on the vision of "Attainment of a secure, just and prosperous society through socioeconomic and human resource development, creation of equal opportunities, good governance and optimal utilization of resources in a sustainable manner." To achieve key development objectives of poverty reduction, good governance and employment creation, factors flagged as critical to reducing insecurity and extremism, the CDS presents strategies for, among others, the provision of basic public goods, including education, health and water and sanitation with greater accountability to citizens. It addresses gender equality through a cross-sectoral strategy.

3. OVERVIEW OF EXPECTED RESULTS

Goal: To improve primary education, basic health, and availability of drinking water in KP for both men and women

Objective: To enhance citizen engagement with government for effective delivery of gender responsive elementary education, basic health services, and drinking water in 11 districts of KP, and to improve the enabling environment

Expected Outcomes:

- 100: More effective citizen engagement with government for gender responsive and accountable delivery of primary education in an average of 55% of Government Primary Schools in Haripur, Kohat, Mardan, and Swabi
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- 300: More effective citizen engagement with government for gender responsive and accountable delivery of drinking water in an average of 89% of functional rural schemes in Abbottabad, Chitral, Mansehra, and Nowshera
- 400: Improved enabling environment for gender responsive and accountable social service delivery

Impact: CESSD will have contributed to the achievement of KP MDG targets for education (MDG 2), gender equality (MDG 3), health (MDGs 4 and 5), and availability of drinking water (MDG 7), by involving citizens in the delivery of these basic social services. The ambitious KP targets set out in the Comprehensive Development Strategy (CDS) include: (1) primary enrolment rate increased to 80%; (2) the ratio of boys and girls in primary schools improved to 1:1; (3) the infant mortality rate reduced to 40 per 1000 live births; and (4) 100% of the population, urban and rural, with access to an improved source of water.

Background analyses and the details of the expected Outcomes and Intermediate Results are presented in Sections 6 and 7 below.

4. RATIONALE FOR AUSAID INVOLVEMENT

CESSD is aligned with AusAID programming priorities in Pakistan related to both democratic governance and social services.

Pakistan is characterized by government and state structures lacking the capacity to provide public safety and security, good governance, and basic services. KP is notable for incursions, violent incidents, and terrorist attacks, even areas under insurgent control. Administrative systems are weak, and corruption is present at all levels of government. Both GoKP and AusAID recognize the crucial importance of rapidly improving basic social services in conflict-ridden and natural disaster prone KP to promote stability. GoPK sees in CESSD a way to build new trusting relationships between citizens and the government. Improving social service delivery and increasing trust between government and civil society

are key elements to reducing insecurity and fostering greater stability in the target districts. SSCs serve as a bridge between government and communities.

The overall objective of the AusAID program in Pakistan focuses on access to and quality of basic education, particularly for girls, and improvement of health services. KP is one of the targeted provinces for AusAID support. CESSD supports the empowerment of citizens to exercise oversight in the delivery of basic social services, while participating with government in their management. The focus is on improving primary education, basic health care and drinking water service and sanitation delivery in rural areas. Introducing and institutionalizing social accountability mechanisms for service delivery builds transparency of government and strengthens the trust of citizens in government. Making service delivery more gender responsive and lifting barriers to the full participation of women in decision-making are significant results of the Project, through both mainstreaming and gender-focused activities.

CESSD contributes to the implementation of AusAID's development objectives, as set out in "An Effective Aid Program for Australia: Making a real difference – Delivering real results."

Development of Civil Society: CESSD builds the capacity of civil society to participate in the planning, implementation, and monitoring of social service delivery by supporting the creation, reactivation, and strengthening of SSCs. It also builds SSC capacities to integrate gender equality considerations, and understand, participate in, and advocate for social accountability. Local NGOs are contracted as Implementing Partners (IPs) and strengthened to implement the project's approach, providing social mobilization of communities and training to SSCs.

Public Sector Effectiveness: CESSD capacity building of local officials is focused on helping them to understand their roles and responsibilities, and training and coaching them to provide more effective and accountable social services. CESSD is promoting and actively supporting the integration of community-based management in provincial sectoral policies, and the promotion of gender responsiveness and social accountability in departmental operations. Improving public sector effectiveness contributes to stability and citizen trust.

Tackling Corruption: CESSD enhances the accountability of government to health, education and water facility clientele, SSCs, and communities at large. It also enhances SSCs' accountability to the communities they represent and to the government, as they manage public funds. CESSD creates and strengthens social accountability mechanisms between government and citizens, ensuring that these mechanisms are effective and accessible to citizens, and that procedures and standards for government response are in place. Approaches to improving social accountability are fully in line with those of AusAID's "Anti-corruption for Development Policy."

Promoting Gender Equality: Gender equality is thoroughly mainstreamed in CESSD, which aims to ensure women's and girls' equitable access to social services and to build recognition of women's right to participate actively in decision making, at a pace that is culturally and socially acceptable. Strengthening the gender responsiveness of both government and SSC management of social service delivery is an important element in CESSD's approach.

AusAID's continued support for CESSD until 2016 would ensure the immediate achievement of results, and contribute to sustainability of these results.

CESSD, managed by Cowater, is on the ground in 11 districts, established, and ready to intensify its coverage for maximum impact, while ramping up sustainability measures. A successful project that directly supports AusAID's priorities in Pakistan and is already up and running will enable the AusAID expansion to get off the ground rapidly and effectively. AusAID can be assured of supporting a well-run operation, ensuring efficient and accountable management of funds. CESSD's approach is becoming more widely recognized; it is acknowledged as appropriate for KP and suitable for replication.

Cowater International has great depth of experience managing projects in the difficult security context of Pakistan, particularly in KP. Cowater has 25 years' experience managing 44 projects in Pakistan. This work has continued through a wide variety of political and security concerns including the nuclear standoff between India and Pakistan; two Gulf wars; the 2005 earthquake and 2010 floods; 9/11; military coups; widespread domestic terrorism; and the resulting military operations in KP.

Intensification supported by AusAID would enable CESSD to reach a critical mass of facilities, SSCs and government offices in its 11 districts. District and provincial level officials require more support to sustain this community-based management approach. The Elementary and Secondary Education Department (E&SED), DoH, and PHED have specifically requested that CESSD intensify its coverage in existing districts and sectors. Targets have been established taking into account both impact and feasibility, specifically: at least an average of 55% of Government Primary Schools (GPSs), 100% of primary health care units (PHCUs), and an average of 89% of functional water schemes. To achieve lasting results, the three line departments, with the concurrence of the Planning and Development Department (P&D), have requested that CESSD ensure that community-managed mechanisms are well integrated into the regular business processes of the concerned departments, and that CESSD assist with the preparation, implementation and monitoring of district level strategies.

Support to CESSD would provide AusAID with a substantial presence in KP, while enhancing its participation in donor coordination and policy dialogue.

Bilateral and multilateral donors, including Canada (CIDA), Germany (GIZ), Switzerland (SDC), the UK (DFID), the European Union (EU), and the World Bank (WB), are providing support to KP in the three target sectors, enhancing citizen empowerment to promote effective service delivery for the achievement of the MDGs by 2015. These donors also aim to enhance cohesiveness within society and to counteract terrorism. DFID, in particular, will provide significant resources for the education sector in the form of budget support, with some of these funds being directed to the PTCs. It is of prime importance to strengthen the capacity of these community-based organizations to manage these funds, and to hold their government to account, demanding transparency in its overall budget planning and management process. CESSD is already working with the relevant departments and liaising with the donors to ensure synergy between projects.

5. OVERALL APPROACH

Before presenting the specifics of the sectoral (100 to 300) and enabling environment (400) components (Sections 6 and 7 below), it is important to review the overall approach that applies to all components and knits the Project into a cohesive whole. This section presents the overall social mobilization and capacity building approach and key cross-cutting approaches to project implementation. It is followed by Section 6, which outlines the specific approaches and results for each of the three sectors, and Section 7, which provides the

bridge between implementation mechanisms at district and provincial levels and the overarching policy frameworks and institutionalization of capacity building at provincial level.

5.1 Social Mobilization and Capacity Building

CESSD anchors its work in existing policies and practices that provide a voice to citizens in the delivery of basic social services. CESSD builds the capacity of government-mandated community-based organizations (Social Service Committees or SSCs) that include Parent Teacher Committee (PTCs), Primary Care Management Committees (PCMCs) and Water User Committees (WUCs) to support and oversee the management of primary schools, primary health care units and water supply schemes. In doing so, the Project deepens citizen engagement in both decision-making and social service delivery.

Steps toward the creation of Social Services Committees (SSCs)

CESSD works in 11 districts and three sectors as follows:

Table 2: CESSD Districts and Sectors

Districts	Education	Health	Water
Abbottabad			X
Charsadda		X	
Chitral			X
Haripur	X		
Kohat	X	X	
Kohistan		X	
Mansehra			X
Mardan	X		
Nowshera		X	X
Peshawar		X	
Swabi	X		

The selection of districts was based on the following criteria: (1) security and the law and order situation; (2) the distance between districts (the closer the better, allowing existing staff to work in new areas); and (3) the willingness of the district government and communities to strengthen the involvement of communities in the management and oversight of basic social service delivery. Next came the selection of sectors, initially one sector per district. Sector selection was based on the identification by district officials and communities of their most pressing needs, and the capacity of district officials to engage in and support project activities.

To ensure the full participation of government and local civil society from the start, CESSD facilitated the creation of a District Support Group (DSG) in each selected district, chaired by the District Coordination Officer (DCO), who is the head of the district administration. DSGs have wide-ranging responsibility for overseeing, improving and directing the workplans developed with the district government. The DSGs also include community leaders. DSGs now represent an important part of CESSD's project management structure, being the main body involved in the planning and monitoring of project operations in the district, and providing high-level policy guidance. DSG meetings are convened on a quarterly basis. Following the selection of districts and sectors the next step is the identification under the

leadership of the DSG of participating Union Councils (UCs) in the district and of specific primary health care units (PHCUs), boys' and girls' government primary schools (GPSs), and water schemes.

Social Mobilization with Implementing Partners

With the identification of the specific GPS, PHCU or water scheme, social mobilization is initiated to: (1) raise the general interest of service users in the value-added of citizen involvement in service delivery and interaction with government; (2) conduct situational analysis, identify needs, set priorities and plan activities; and (3) identify potential candidates to participate in the General Body, which is the collective representation of the users of a facility, or even to become member of the Executive Body of the SSC. Social mobilization is achieved through various interventions: identification of champions, meetings with individuals, and focus group discussions. Specific efforts are made to actively elicit women's participation.

CESSD contracts Implementing Partners (IPs), which are local NGOs with a strong record in social mobilization and deep networks of local contacts, to conduct social mobilization as well as to assist with the implementation of SSC capacity building, along with CESSD staff and consultants. In that regard, IPs provide initial orientation training on roles and responsibilities, build capacity and assist SSCs in the preparation of facility improvement plans and accessing different sources of funding, facilitate and build the capacity of the selected SSCs to interface independently with local government in priority setting and improvement in social service delivery, and facilitate SSCs' networking and alliance building. IPs also support the introduction of social accountability mechanisms and are required to mainstream gender responsiveness throughout their work. IPs are selected on the basis of the following criteria: being established in the specific district at the grassroots level, proven expertise in social mobilization, organizational capacity, and credibility of networks.

Selected IPs typically provide a core team of four to six 'social organizers,' who are responsible for field activities in their district under the supervision of CESSD district staff. With further intensification, particularly in the education and water sectors, IPs will be required to increase their staff. In the future, IPs' management team will be more involved. Field teams are required to be gender balanced. One member of the IP's management team is designated as the focal person for CESSD and plays a liaison and oversight role in the IP's activities.

A list of IPs contracted by CESSD is provided in the table below.

Table 3: List of IPs by district and by sector

No.	IP/Consultant	District	Sector
1	SAIBAN Development Organization	Mansehra	Water
2	Meirman Women Development Center (MWDC)	Kohat	Health
3	Community Development Organization (CDO)	Swabi	Education
4	Integrated Rural Support Program (IRSP)	Mardan	Education
5	United Rural Development Organization (URDO)	Nowshera	Health
6	Social Action Bureau for Assistance in Welfare and Organization (SABAWON)	Peshawar	Health
7	Women Education Development (WEDEV)	Kohat	Education
8	Participatory Rural Development Society (PRDS)	Charsadda	Health
9	Sarhad Rural Support Programme (SRSP)	Kohistan	Health
10	Sarhad Rural Support Programme (SRSP)	Abbottabad	Water
11	Movement for Social Action, Human Rights and Leadership (MASHAL)	Nowshera	Water
12	Sarhad Rural Support Program (SRSP)	Haripur	Education
13	Young Star Development Organization (YSDO)	Chitral	Water

Capacity Building

SSC executive members are elected/selected for a three-year mandate. Once formed, SSC training needs are assessed and a training workplan is prepared with them. All SSC members participate in an initial orientation workshop on their roles and responsibilities. Then, standardized, but sector-specific one or two day training sessions are provided over a period of 12 to 18 months on the following topics: roles and responsibilities, financial management, record keeping, general SSC operations and elaboration of a Facility Development Plan. Gender responsiveness and social accountability are integrated into these training sessions. In the past there was an average of three SSC participants per training. CESSD, in consultation with project stakeholders, concluded that this number was insufficient to ensure that SSCs are really strong and well performing, and to ensure that some of the trained members will stay on board after the renewal process every three years. Starting this year, six participants per SSC will be trained. In the future, training sessions will be evaluated by participants. This feedback will inform the annual updating of the training plan by CESSD as part of the project performance monitoring function. Follow-up training includes, as required, gender responsiveness to address specific gender gaps and social accountability to implement tools agreed upon by the communities and the district government officials. SSCs can develop a Facility Development Plan and, potentially, access funds, for example from E&SED to implement their School Improvement Plan (SIP). In the past, there were no specific planning and reporting requirements from the SSCs to the corresponding departments. CESSD is assisting SSCs to develop and implement Facility Development Plans, and is planning to work with the corresponding departments to strengthen the monitoring of SSCs.

CESSD recently created a SSC Maturity Index including three categories (A, B and C) to measure SSC performance against criteria covering participation (voice/participation of members in decision-making and capacity to represent community interests to public officials), management and financial viability. A target of having 70% of strengthened SSCs rated as grade A by the end of the Project has been set. The SSC Maturity Index will be reviewed, including with government representatives from the three sectors, as they will gradually be taking over SSC monitoring (a system is already in place in education).

Government officials from the three departments (E&SED, DoH and PHED) are fully involved in project planning and monitoring. CESSD offices are housed in most districts in the government District Secretariat. Many of these officials receive training from CESSD in community-based management, record keeping, complaint management, computer operation, gender responsiveness and social accountability. The Project goes beyond such

individual training to work with the government at the institutional level, to analyze needs related to: fully implementing community-based social service delivery, improving transparency and accountability to citizens; identifying gender gaps; adjusting practices and processes to facilitate equitable access to services; and equal involvement of women in decision-making processes. Capacity building at the institutional level will be emphasized in CESSD 2012-16. Notably, CESSD intends to work closely with the three provincial departments to develop policies, district strategies, new or improved SSC guidelines and monitoring systems for SSCs and facilities.

Implementing Partners have a dedicated capacity building program. These organizations are at various levels of maturity and need to hire new staff to meet new CESSD workplan requirements. CESSD initially offers a four-day induction training program to each IP (typically including three to four field staff and one to two management staff per IP). Three days are spent at the CESSD office and one in the field to provide exposure to CESSD's ongoing activities in the sector, complemented by exposure visits and on-the-job coaching. Also provided are independent training sessions at CESSD's HQ in Peshawar, the Pakistan Academy for Rural Development (PARD) on participatory approaches, new trends in governance and report writing, or the Sustainable Development Policy Institute (SDPI) in Islamabad on the Citizen Charter as a social accountability tool. Other training focuses on SSC management and IP-level reporting procedures; gender mainstreaming focused on the development of internal gender policies and external gender strategies for each IP; and social accountability. These programs typically bring together several IPs at once. In the water sector, the World Bank Water and Sanitation Program (WSP) advises on technical training and community facilitation at the community and WUC level. IP staff also benefit from these inputs, which serve to build their sector-specific technical knowledge and facilitation skills.

CESSD monitors IP performance on a regular basis through the conduct of joint activities and the review of monthly IP reports. In addition, two performance reviews were conducted with each IP in 2011 and 2012. Such assessments will be conducted annually in the future. During these reviews discussions are held with IP management, staff and project beneficiaries to collect information on IP performance in relation to three main categories: (1) program (linkage between IP and CESSD goals and objectives, organizational experience, performance in CESSD activities, and quality of coordination with government institutions); (2) management (mechanisms, staff, administration and finance); and (3) community (mobilization and organization). These 2011 and 2012 assessments revealed that IPs have been able to achieve workplan targets and that coordination in the field was appropriate. Training was also considered appropriate. However, IP management teams are not sufficiently involved in project activities. IPs need to improve their expertise and ability to develop social accountability and gender strategies, as well as their ability to deliver CESSD approaches more independently, and to improve results-based reporting. IP capacity building will cease from Year 3, since IPs should have mastered approaches by then.

5.2 Building on Success and Lessons Learned

This proposal puts forward an overall approach that has been tested and is recognized as effective by GoKP. Key lessons derived from CESSD experience underlie this approach. Some of these key lessons are noted below.

1. *Working closely with both local government and communities, and planning activities together facilitates the building of stronger relationships and trust.*
2. *Islam is a pervasive framework at the community level. It is important to demonstrate how project objectives and activities are supportive of and compatible with Islamic principles, and to involve religious leaders in the communication of messages that will gradually facilitate the involvement of women and their acceptance as equal human beings.*
3. *Significant results in gender equality can be achieved in KP, despite the deeply conservative Islamic context. A proactive rights-based approach is less effective in this context than first establishing and building on men's acceptance of women's active participation, even if this indirectly implies acceptance of a paternalistic paradigm at the outset. The demonstration effect of this approach cannot be overestimated – whether of women's capability in undertaking roles and responsibilities in SSCs, or the positive impact on families and communities of better meeting women's and girls' needs.*
4. *Devolution in Pakistan has shifted toward greater provincial control, but social services will continue to be delivered at the local level whether under district or direct provincial control. Project support to provincial line departments strengthens and broadens their efforts at district level both within and outside CESSD districts.*
5. *New approaches have proven effective when first tested on a small scale, then reproduced on a larger scale before full-fledged intensification and replication.*
6. *General body meetings are crucial to ensuring strong SSC executive body representation, information sharing with communities, and accountability for the use of funds accessed by SSCs.*
7. *Strong SSCs being an important aspect of sustainability, it is necessary to train a critical mass of members, and to add networking activities so that they can share lessons learned and emulate each other.*
8. *Working in three sectors under a single project allows for inter-sectoral learning on approaches, which are applied when relevant from one sector to another.*
9. *Performance monitoring needs to gradually utilize government monitoring mechanisms as they are strengthened.*

5.3 Reaching a Critical Mass for Impact and Replication

“If the project can increase the number of communities in which it is active to the point where a “critical mass” is attained, the chances that the approaches being introduced will be sustained will be greatly increased. The likelihood of sustainability of results and the replication of CESSD's methods to other communities and districts would be greatly increased if CESSD was able to intensify its efforts in the districts and communities where it is working, and if the project was able to continue beyond its current five-year lifespan” (CIDA-commissioned Operational Review of CESSD, 2010).

Studies of the policy impact of development programming have shown that pilot or demonstration projects are not sufficient. Governments want to see that the approach can

be adapted to local conditions and brought up to scale before they commit to changing policies and rolling implementation out on a national or provincial canvas. As of April 2010, the Project was covering an average of 4.6% of the SSCs in the districts and sectors in which it was operating. The operational review commissioned by CIDA recommended a more intensive approach. Initial intensification has been undertaken successfully, with a reach of 12% in 2011, and 20% in 2012, covering 1,087 SSCs. However, this coverage has still not reached a critical mass, and provincial authorities have requested that CESSD aim for 100% coverage in existing districts to clearly demonstrate the impact. While it is not possible to reach 100% coverage of SSCs in all three sectors, it is feasible to reach a critical mass of SSCs in each sector in each district.

This level of intensification requires that CESSD expand from 511 new SSCs reached in 2011-2012 (the target was 459) to an average of 682 per year for the following three years. It is important to note that the level of effort required varies significantly from one sector to another. In education, PTCs have just been re-elected in 2011 and thus already exist and are 'notified' by E&SED. PTCs require much less social mobilization effort compared to water or health SSCs, which are non-existent and must be newly formed. However, they outnumber the SSCs in the other two sectors, so strengthening PTCs will require a significant effort. We will strive to reach 100% of SSCs in health, an average of 89% in water and an average of 55% in education.

5.4 Promoting Sustainability

GoKP sees CESSD as one means to build more trusting relationships between citizens and the government. Sustainably improving social service delivery and increasing trust between government and civil society are key elements to reducing insecurity and fostering greater stability in the target districts, which in turn contribute to sustainability since, without greater stability, gains can all too easily be lost.

Building on government priorities and strengthening government systems

The Project supports the effective implementation of government-owned policies, delivery mechanisms, and monitoring systems in a holistic and integrated manner. This approach encompasses: policy and strategy formulation, implementation mechanisms such as setting quality standards and working with SSCs, communicating effectively with citizens and demonstrating social accountability, promoting systematic monitoring, and strengthening the capacity of training institutes to build government officials' competence. This holistic approach fosters sustainability by strengthening all key aspects of the social service delivery system from the local to provincial levels.

CESSD strengthens the capacity of government-mandated SSCs to perform their roles and make effective, accountable use of government funds, while simultaneously strengthening government capacity to provide direction and oversight through tools such as guidebooks, training manuals and monitoring systems, particularly tools and mechanisms for monitoring the performance of SSCs and service facilities. At this point, E&SED channels some funds to PTCs but GoKP has signalled its intention to funnel more funds through SSCs in the future. CESSD is not funding SSCs, but rather is assisting SSCs to access government funding and assisting departments to channel more funds to strengthened SSCs.

Project sustainability is built upon congruence between provincial policies and CESSD efforts, and on the influence CESSD-funded interventions have on those policies, based on the demonstrated success of changes these interventions have fostered, including with respect to citizen participation. Selected CESSD interventions at the provincial level, particularly in policy development, support the achievement and sustainability of district-level

results. Ownership is already assured, since the government has begun to see the positive impact on service delivery. The district and provincial levels of government are closely involved in project planning, implementation, and monitoring activities. CESSD district offices are generally located in the district government secretariat headed by the District Coordination Officer, facilitating coaching and formal and informal exchange of ideas and lessons learned.

Institutionalizing effective approaches and processes

To complement the intensification of community outreach to reach a critical mass of sectoral SSCs per district, project-supported processes must be institutionalized with all partners – the SSCs themselves and the three concerned departments of Education, Health, and Public Health Engineering at the district and provincial levels. CESSD will focus on the consolidation and monitoring of SSCs, working more closely with government officials assigned to work with communities, building on the existing systems in the education department, and supporting their development in the health and water sectors.

Achieving sustainable results through building the institutional capacity of district and provincial governments takes time. Capacity development requires raising awareness of the need for change, developing the skills and knowledge to implement change, translating the skills and knowledge into practice, and consolidating these changes within the institution. CESSD has progressed far beyond awareness-raising and now seeks to deepen the institutionalization of project-supported approaches in government and non-government entities. The Elementary and Secondary Education Department (E&SED) has the structure in place to support these approaches, has already conducted PTC elections in 12 of the 24 districts, and commissioned a Third Party Validation of PTCs in 2011. Institutionalization in health and water will require more effort, as there is no operational backbone at the moment. However, DoH is restructuring and has requested CESSD to help put in place the unit that will be mandated to form and monitor PCMCs, and to provide support to the newly established Policy Planning and Reforms Wing and Quality Management Wing. CESSD will provide capacity building to a Social Mobilization Unit (SMU) in PHED, creation of which has already been approved. As the capacity of the three line departments is strengthened they will fully take over the support and monitoring of SSCs.

At their request, CESSD will also support the E&SED, DoH and PHED to build quality standards, collect performance data and build associated reporting systems to support realistic, evidence-based, planning and policy development based on gender responsive community management approaches.

The departments will be assisted to replicate community management approaches built around the government-mandated SSCs across the province. SSC guidebooks and training manuals, gender-specific and gender responsive tools and approaches, and social accountability measures will be documented to be applied throughout the province. CESSD will document project-funded approaches and better communicate and disseminate them for use by the government and other donors. Capacity development of district and provincial government stakeholders to promote gender responsiveness, social accountability and better governance will be intensified over the next four years. The sectoral provincial departments will be invited to approve a limited number of social accountability tools for implementation throughout the province, based on evidence collected at the district level. CESSD will provide the training material, Standard Operating Procedures (SOPs) for rolls out in the districts not currently supported by CESSD for each sector.

Fostering sustainable capacity to build skills and knowledge

Skills, attitudes towards gender equality, collaborative approaches, social accountability skills, and demand will remain among officials and communities, including through strengthened, government-mandated SSCs. Through CESSD capacity building and coaching, government officials will better understand their roles and responsibilities as ‘public servants’. Social accountability mechanisms such as complaint centres will be established and operated by government officials.

The Project builds the sustainable capacity of four key government training institutes to provide induction and in-service training to government officials in improved, citizen-centred social service delivery, social accountability, and gender responsive governance, so that training of government officials will carry on after the Project ends. The training institutes will review their curricula and train their trainers to integrate gender responsive, socially accountable and citizen-centred approaches in their programs.

Measures being taken to ensure that strengthening of SSCs is sustainable include: (1) encouraging the inclusion of more technical-government facility staff as members of SSC executive bodies to provide more continuity over time; (2) training a larger proportion of members of each SSC, as opposed to only three members; (3) providing more post-training coaching to consolidate skills and learning; (4) fostering networking among SSCs for peer-to-peer sharing and learning; and (5) training master trainers and encouraging government use of these trainers in SSC capacity building. SSCs that wish to do so will be supported in forming alliances on a sectoral or geographic basis, as deemed appropriate by communities. These alliances will facilitate peer-to-peer learning, sharing lessons learned, and advocacy for improved services. More active SSCs will also be supported to register as organizations. These measures will ensure that SSCs are strong and provide an independent voice to demand services from the government and exercise oversight over the delivery of these services. The master trainers will be selected from SSC members, Assistant District Officers (ADOs), teachers, medical staff, water technical staff, or even retired teachers and public servants. E&SED, DoH, PHED will be encouraged to use these trainers and gradually institutionalize training processes for SSCs.

Sharing costs

GoKP has demonstrated a real commitment toward CESSD by contributing both in kind and in cash. GoKP is hosting nine out of the eleven CESSD district offices. In addition, officials not only participate in many CESSD activities, but have already started taking charge of specific processes, such as complaint centres. When CESSD supports GoKP to review quality standards or develop a database, CESSD pays only for the initial development costs, while the running costs are paid for by the government. The Local Governance School building has been paid by the GoKP and staffed with faculty members while CESSD provides technical assistance to improve the curriculum and furniture to equip some class rooms. In addition, SSCs can seek funding from various sources, such as elected provincial officials’ discretionary funds, to implement their facility management development plans. E&SED provides funding to PTCs. In health, PCMC funding is provided by the Improving Quality Health Care Services (IQHCS) project, a government-funded project. Literacy training sessions for women participants in SSCs and Mother’s Groups will be co-funded by the government. In the future, CESSD will advocate for more systematic funding of SSCs in the health and water sectors and will discuss with the government the gradual funding of Master Trainers SSC training.

5.5 Exit Strategy

In its overall design and implementation approach, the CESSD project is focused on sustainability and transfer of knowledge to facilitate ownership of key activities by local partners, and by the Government in particular. The overall premise of CESSD's approach is to strengthen and build upon existing Government systems, strategies, policies and procedures both locally and provincially to ensure that results achieved are institutionalized by the Government as part of their social service delivery policy, programs, systems and poverty reduction plans. The exit strategy is therefore embedded into CESSD's implementation strategy.

The membership of the Project Steering Committee (PSC), which meets at least once annually, ensures that key synergies are maximized between the project activities. The PSC is a channel through which the project can verify the alignment of its activities with Government policies, plans and priorities.

At the district level, the project operates within Government offices so that project staff are co-located with their counterparts. This helps to facilitate strong working relationships and trust. Working together, project staff can provide direct technical support and coaching as their counterparts develop plans, standards, procedures, strategies and approaches for the implementation of effective social service delivery. The project's proximity to the Secretaries of Health, Education and Water allows the project to build strong relationships and trust at the senior levels of government (both provincial and local), which is key to the project's efforts in institutionalizing evidence-based local practices within existing Government systems. In terms of financial resources, CESSD does not provide money to the SSCs, but rather provides technical assistance and training to build their capacities. The SSCs receive funding from the Government; SCCs therefore do not depend on CESSD financially. The training provided by CESSD is included in the regular curriculum of Government training institutions such as PARD, PITE, and LGS in order to ensure that the training materials developed by CESSD remain available. Instead of working directly with communities, CESSD supports Implementing Partners (local NGOs) to strengthen the use of existing networks and local capabilities, ensuring the long-term availability of local knowledge after CESSD's assistance is phased out. Finally, by using evidence that is emerging from successful activities, the project is working to influence the local and provincial governments to adapt effective policies, strategies and budgets for improved social service delivery.

Throughout the life of the project, the staff will be working with their counterparts and stakeholders in a manner that will facilitate an appropriate 'exit' when the project comes to an end. The exit strategy will be closely linked to the key components of the sustainability strategy (section 5.4) which include:

1. Building on government priorities and strengthening government systems;
2. Institutionalizing effective approaches and processes; and
3. Fostering sustainable capacity to build skills and knowledge.

Developed collaboratively with stakeholders, the exit strategy will elaborate in more detail the following approaches:

1. The practice of 'Master Trainers', a concept already used by the Government to sustain the transfer of knowledge. Master Trainers will be identified jointly with the Government and trained for the purpose of institutionalizing training processes. The project ensures that Master Trainers will gradually develop the ability to provide capacity building support and training to SSCs, therefore reducing the use of external consultants or IPs;

2. The establishment of Government sectoral quality standards, performance data, and reporting. CESSD will assist, at their request, the relevant sectoral departments of the KP Government to develop and sustain these systems. No parallel systems outside of the government apparatus will be developed;
3. The SSCs are already recognized as important players in the delivery of social services by the KP Government. CESSD will continue lobbying for increased funding channelled to SSCs, without directly providing funding itself;
4. The design of the accountability systems will take into consideration the issue of sustainability. For example, complaint centres in the education sector will be established and managed by departmental government officials;
5. Evidence-based studies will serve as a tool to institutionalize community management approaches in government policies and practices.

A detailed exit strategy will be developed in full consultation with key project stakeholders (government, communities and implementing partners) to ensure sustainability of project impacts and activities upon completion of the project. The exit strategy will be reviewed annually during the life of the project with stakeholders, including PSC members and adapted to the evolving project context and results achievement. Information obtained from ongoing project monitoring and evaluation will be used to identify the activities that are generating results with the greatest impact and potential for sustainability, and adjustments will be made to the exit strategy as appropriate.

5.6 Gender Equality (MDG 3)

“The absence of educational and economic opportunities for women, as well as traditional reluctance to allow women to enter the public sphere, have left the women of KP and FATA far more marginalized than many of their Pakistani counterparts. The acute marginalization of women in the region is an essential part of the crisis environment, and has contributed to the persistence of violence – particularly through militant exploitation of women as a gateway to the radicalization of family and communities. Gender equity would serve as a vital plank of overall peace-building interventions and as a defence against radicalism.” (PCNA, p.4).

Fundamental to the successful implementation of this project and achievement of results is the Gender Policy of the project. This Policy requires the full integration or ‘mainstreaming’ of gender equality considerations and approaches in all aspects of project planning, management, implementation and monitoring. Building on the important gender equality lessons that the CESSD project has learned and results it has achieved through many years of implementation this project will apply the Gender Policy to its overall management and operations and its developmental activities.

Context

The 2011 UN Gender Inequality Index (GII) ranks Pakistan 115th of 146 countries, with a GII of 0.573. As noted by the PCNA, girls and women are particularly vulnerable in KP, where they are generally permitted little autonomy or mobility. Many live in both poverty and *purdah*, and they are often viewed as chattels. Access to even the poor quality health care and education available is often difficult or impossible and the delivery of community drinking water is completely controlled by men. This reality not only has an impact on the lives and

prospects of women and girls themselves, but also creates a major economic opportunity cost for families and communities, reduces the survival rates of children, perpetuates the cycle of ignorance and poverty into the next generation, and, as noted in the above quotation, contributes to instability and insecurity.

Gender gaps in almost all social indicators are a major problem in KP and are more acute than in every other province except Baluchistan. Specific gender gaps in the education and health sectors are reported in Section 6. Women's political representation is very weak, with only 22 women in the provincial assembly, all in reserved seats. This is a reflection of the severe underrepresentation of women in important decision-making positions. Women's lack of decision-making power also predominates in the household and the communities in which they live. Women's roles in society are generally confined to the household within which they are subject to the authority of both men and senior women. In the household and the community women are represented by men. There are very small numbers of women working as government officials, particularly at senior levels. In CESSD's three target sectors, E&SED, which has a gender-segregated approach to education delivery, currently has a significant number of women staff, DoH has fewer and PHED close to none at provincial level and only one at district level. Low educational participation rates, along with the limited mobility of women and strength of family control, make it difficult to recruit and retain qualified women staff in health and education facilities, particularly in rural and remote areas. In remote areas, even when women are officially appointed, they frequently are absent from their posts due to family pressure or lack of appropriate transportation or housing facilities, while their salaries continue to be collected by male relatives or patrons.

Additional challenges to women's participation, whether in mandated or unofficial roles, are numerous, including: early marriage, illiteracy and low educational attainment, acute poverty, competing domestic and farming duties, and religious and cultural barriers. The gender policy of the CESSD project takes all of these challenges into consideration in the design and implementation of its approach to advancing gender equality.

Improving access to and quality of social services is fundamental to closing gender gaps and enhancing women's participation in decision-making within households and communities. Increasing the gender responsiveness of governance mechanisms and institutions has been a critically important element in CESSD's efforts to strengthen the transparency, accountability, and effectiveness of district government line departments. In Cowater's experience, this is most effectively done through a process of engagement with provincial and local governments that focuses not only on the social development concerns and priorities of these governments but also on their explicit commitments to gender equality, as written in the Comprehensive Development Strategy as well as provincial education and health policies. While little has been done to directly reduce gender inequality by GoKP, the readiness in principle to undertake specific actions at the provincial level creates an opportunity for CESSD to share its good practices and lessons learned with the Planning and Development Department, E&SED, DoH and PHED.

CESSD's Gender Equality Results to Date

The Project has had a significant impact on local officials' and SSCs' capacity and willingness to address the needs and concerns of women in social service delivery through the integration of gender equality considerations and approaches in the project activities. CESSD has strengthened women's ability to carry out their duties more effectively, closing 'gender' capacity gaps by building their capacity to represent themselves within their communities. In addition, CESSD has strengthened sectoral departments' capacity to support and monitor women's mandated participation through training and coaching

provided by the Project directly and by ‘engendering’ training offered by government training institutes, providing exposure to successful models, facilitating officials’ engagement with community women and SSC Women’s Sub-Committees, and assisting the departments to develop and implement gender responsive SSC support and monitoring mechanisms.

From a situation where no women were involved in community water management, CESSD districts have progressed to a variety of forms of women’s participation including WUCs with WSCs performing recognized roles, full membership in mixed gender WUCs, and even female-headed WUCs. In all three sectors the project has achieved important gender equality results. Basic Health Units are beginning to take into account women-specific needs for medicines, private examination rooms, and separate toilet facilities and waiting rooms. These requirements have been built into the Quality Health Standards. Officials are giving greater priority to addressing the limitations of girls’ schools, including the lack of teachers. For the first time, women are being involved in community management of water supply schemes in KP. Women in the communities are participating more actively and their confidence and decision-making ability is increasing. Men in the communities are increasingly accepting women’s participation, including their meaningful participation in decision-making, and many more now understand the importance of such inclusion.

While CESSD has achieved considerable success in providing women with more opportunities to participate in decision-making and in ensuring that service delivery takes into consideration their specific needs, much remains to be done to overcome gender gaps and barriers and to ensure equitable opportunities for women and the gender responsiveness of service delivery systems. Sensitizing project stakeholders to gender responsiveness remains a challenge and gender still needs to be more effectively integrated into sectoral policies, strategies, standards and monitoring systems.

Gender Equality Approach

The CESSD project’s approach to implementation of the Gender Policy going forward will have both operational and developmental dimensions that are based on the integration or ‘mainstreaming’ of gender equality in project planning, management, implementation and monitoring. This Policy builds on the successful approach implemented in the last few years.

The operational dimensions of the Gender Policy will include the incorporation of gender equality measures in staff selection processes, encouraging women to apply, and being favoured should their competencies be equal to those of men. For instance, two out of the three Provincial Sector Program Managers are women. Implementing Partners (IPs) will be required to have an equal number of male and female Social Organizers. CESSD makes the implementation of the Gender Policy the responsibility of all project team members and IPs, while building their capacity to foster gender responsiveness, and empowering them to build comparable capacity in SSCs and government counterparts. Program staff are required to integrate gender responsiveness measures into their work practices. This includes ensuring that terms of reference for consultants take into consideration the Gender Policy of the project, that consultant selection criteria include experience in gender issues and analysis as a requirement, that staff performance measurement criteria include their capacity to implement the project’s Gender Policy, and that appropriate gender training is provided. IPs are also provided with capacity building and are required to incorporate gender equality approaches into their work. CESSD program staff and IPs will be supported with a senior gender team, including two full-time national specialists and a part-time international specialist.

The developmental dimension of CESSD’s Gender Policy will continue to focus on increasing women’s participation, including in decision-making, in the implementation and

improvement of social service delivery, as well as institutionalizing the gender responsiveness of government institutions to gender considerations in the delivery of social services. CESSD gender equality policy ensures that all planning, implementation and monitoring needs address gender issues and project activities will continue to be customized to each sector and to each type of social service facility, based on sector-specific and district-specific gender analyses. Drawing on these analyses and evidence-based research, strategies will be designed and implemented to address constraints to women's active participation, and entry points and opportunities for strengthening women's capacity and confidence within their communities have been optimized. This will be done through an approach that builds on lessons learned including, among other things, the importance of gaining family and community acceptance through practical demonstrations of how women's meaningful participation contributes to service delivery improvements.

The priorities identified by sectoral departments at the provincial and district levels are the practical starting points for the process of increasing gender responsiveness. The project will focus on the development of gender-responsive sectoral mechanisms, procedures and systems that can be institutionalized at provincial level and implemented at district level (e.g. sectoral SSC guidelines/guidebooks and related training manuals, sector quality standards, SSC and facility monitoring mechanisms, databases, and strategies at the district level). The Project will propose concrete, practical steps to making these mechanisms, procedures and systems gender responsive, linking these steps to ground realities and documented gender gaps. The process of dialogue around these practical steps and the ground realities to which they respond will help to build provincial and district government understanding of and buy-in to these gender responsive approaches to service delivery. Gender responsiveness will also continue to be integrated into social accountability tools and mechanisms.

To improve women's participation as executive members of SSCs where it is not mandated, strategic use will continue to be made of unofficial Women's Sub-Committees (WSCs) as venues for building women's capacity and demonstrating to families and communities the feasibility and value of women's participation. This approach varies by sector. In the water sector, WSCs are already demonstrating their value as a stepping stone to full participation in Water User Committees (WUCs). It has been possible to identify a niche role for WSCs (e.g. promoting payment of water tariffs, monitoring of illegal connections) that legitimizes their existence and demonstrates their value to WUCs and PHED. The draft water sector policy currently under consideration by PHED will recognize not just WUCs but also WSCs. In the health sector, General Bodies are currently in the process of being formed for the first time. Women's Sub-Committees of these General Bodies offer an opportunity for women's collective voice to be heard in a context where otherwise they would, practically speaking, be silenced or heard primarily through male representatives. These WSCs will also provide a pool of women candidates for PCMC Executive Bodies; PCMC women executive members currently tend to be service providers, rather than representing primary health care facility users.

In the education sector, schools are gender-segregated and Parent Teacher Council (PTC) members are usually male or female. Female PTCs being less literate, special measures will be put in place to enhance their capacities to participate PTCs and school management effectively. However, it is felt that women may have a significant role to play in the education of their sons and allowing girls to study in boys' schools where there is no other option, opens the door to mixed PTCs. Building on the water and health experience with WSCs, Mothers' Groups are being formed in some boys' schools with two purposes. First, they will afford mothers a voice in the management of boys' schools – not formally, but through implementing functions that male PTCs find difficult to carry out due to male absence during school hours, such as monitoring teacher attendance. Second, while mothers' membership

on male PTCs for boys' schools is officially endorsed by E&SED, this practice is not being implemented. The experience gained by participating in Mothers' Groups is expected to encourage women to run for election as members of PTCs for boys' schools, while also encouraging acceptance of women in this role by communities and male PTC members.

This approach to the developmental dimension of Gender Policy that includes both institutionalizing gender responsiveness and approaches within the work of provincial and government stakeholders, will ensure the sustainability of the gender results of the project. This approach includes the delivery of social services in the three sectors, as well as promoting the participation and inclusion of women in the community level engagement activities of the project.

5.7 Social Accountability

“Systematic extirpation of corruption and the creation of new mechanisms for transparency and accountability will be essential to restoring the effectiveness of the state.” (PCNA, p.2).

CESSD is tackling corruption indirectly by strengthening social accountability, a dimension interwoven into all project components, mainly through integration into activities, outputs and results, rather than as a standalone element. Social accountability will have two faces, the accountability of government to SSCs and communities and the accountability of SSCs to government and communities.

The project's social accountability approach relies on SSCs themselves, and the role they play in holding government accountable for effective and efficient service delivery. The division of responsibilities and accountability between government and SSCs constitutes a system of checks and balances linking communities and facilities to government from the local to provincial levels. The collaboration and mutual accountability built into the system strengthen civil society trust in government, thus contributing to the transparency and sustainability of service delivery by reducing the dependence on the integrity and capacity of just one party.

The Project will assist government to strengthen existing social accountability mechanisms, for example monitoring systems and quality standards, and build capacity to properly implement them. Where sectors currently lack quality standards, SSC guidelines and monitoring systems for service facilities and SSCs, CESSD will support their development.

Social accountability by the sectoral departments to users of their facilities is promoted by the adoption of specific measures such as public information boards, complaint boxes and centres, public forums with citizens, and citizen report cards. Some of these tools have already been piloted and others will be piloted in Phase III and their impact assessed. The most effective gender responsive tool for each sector will be translated into a full-fledged social accountability mechanism, institutionalized and implemented across the sector-specific districts. Innovative approaches will also be explored.

The Project will strengthen the social accountability of SSCs to government by operationalizing existing and potential new mechanisms for government oversight and monitoring and building the management capacities of SSCs, for example, ensuring that funds provided by government are appropriately and effectively used and accounted for to government.

CESSD will support the enhancement of SSC accountability toward communities, particularly in the form of convening and reporting to General Body meetings. Such general bodies already exist in the education sector and the Project is encouraging their formation and their inclusion in sectoral guidelines for health and water. CESSD will promote SSCs' convening at least two General Body meetings per year which, apart from offering a forum for dialogue between the Executive and General Body members, will provide a venue for accounting to facility users for the effective use of funds provided by government and other sources.

5.8 Communication

Communication will be a key activity within each of the components. Communication products, tools, mechanisms and platforms will support the achievement of sectoral and enabling environment results, provide media for social accountability, strengthen gender responsiveness and enhance sustainability.

Within each sector, government departments will be supported to develop gender sensitive communication products, for example messages on radio, public information boards, or bills informing facility clients about minimum service standards the government is responsible for meeting. These products will contribute to building both government accountability and citizen trust.

Included under component 400 is evidence-based research contributing to learning and feeding into policy dialogue, which will be communicated both during meetings and consultations with provincial government departments and through knowledge-sharing workshops.

In addition, communication activities will include packaging and sharing knowledge products with key stakeholders and other donors/projects. These could include 'insight stories,' case studies, tools, and approaches.

5.9 Donor Synergy

CESSD has always encouraged donor coordination and has convinced DoH to institute a donor coordination forum involving all health-related projects operating in KP, either government or donor-funded. However, a project has very limited influence over government initiatives on this front and does not have the status to trigger government-led donor coordination and support it. This should be the responsibility of donors, who have far greater leverage with the provincial government.

That being said, CESSD recognizes that donor influence on government willingness to lead coordination is not always sufficient, and engages directly with donors and projects on the ground to share practices and materials and to ensure that there is no overlap. There are several donors providing support in KP, particularly in the education and health sectors. In education, the most important donor is DFID, but unfortunately it has been very difficult to meet with their staff. The World Bank manages a Multi Donor Trust Fund (MDTF) for the reconstruction and development of KP and a few other provinces. The CESSD team has met with both their Islamabad and Peshawar teams. MDTF just started a project in the health sector in six districts, of which Kohistan, where CESSD works in the health sector, is one. The fact that HSRU, with which CESSD already works, is the implementing agency should facilitate coordination. GIZ works in both health and education and close collaboration has been initiated on specific issues, such as the elaboration of district level education strategies. GIZ will provide the primary support to E&SED in elaborating these strategies, while CESSD will support community consultations in its target education districts. In the water sector, the World Bank WSP collaborates in providing support to CESSD's input into sector policy reform.

The multiplicity of donors in KP and the Project's presence in 11 districts provides considerable scope for collaboration. The government Project Steering Committee (PSC) members also assist CESSD to identify and coordinate our efforts with other current or proposed initiatives in our focus sectors. To ensure that donor synergy is regularly included in CESSD activities and reported on, a specific donor coordination activity has been included for each sector.

6. SECTORAL ANALYSIS AND RESULTS

“Improving health care access, availability of clean drinking water, sanitation systems and access to education will first work against the militant narrative that the state is unable or uninterested in providing for the basic needs of communities.”
(PCNA, p.3).

Each of the sector-specific sections below incorporates and fosters synergies between both government and SSC-focused activities and ranges from facility/community to district to provincial level in scope.

6.1 Education (MDG 2)

CESSD Outcome related to MDG 2:

Outcome 100: More effective citizen engagement with government for gender responsive and accountable delivery of primary education in an average of 55% of Government Primary Schools in Haripur, Kohat, Mardan, and Swabi

In December 2011, and again in January 2012, the E&SED Secretary stressed the importance of CESSD covering all PTCs in the four CESSD education districts to improve significantly the quality of education offered in the Government Primary Schools (GPSs). He also requested that CESSD revise the content of the School Improvement Plan to make it more service and results oriented, and that support be provided for the preparation of district level education strategies.

The KP educational situation is worse than the national average, itself very poor. The October 2011 KP MDG report estimates that the gross literacy rate of the province is just 50%, with a significant gender gap. Female literacy is estimated at 31%, significantly behind the national average of 45%. There are great differences in education indicators between districts, between urban and rural areas, as well as between women and men.

There is a wide gap in each district between school enrolment rates and completion rates indicating a need for policy reform to narrow this gap. The enrolment-completion rate gap is one of the greatest problems in the achievement of universal primary education, attributable to a number of factors, including: the very poor quality of education children receive, particularly in government schools; teacher vacancies and absenteeism; rote learning; high student-teacher ratios; gender biases; and poor or no school facilities, particularly for girls. The low quality of government schools, the only alternative for poor parents, contributes to the popularity of religious schools (*madrassas*), which do not follow standard curriculum. Those *madrassas* dedicated to the indoctrination and recruitment of militants, in particular, may attract poor students by offering free education. Students of both *madrassas* and government schools generally emerge with few skills and poor economic prospects.

The objectives of the GoKP education sector reform strategy (2006 to 2014), and the education sector strategy (2009 to 2014), currently under revision, include building community confidence in the goal of universal primary education and promoting gender equality. To properly deliver quality education, the Elementary and Secondary Education Department (E&SED) requires strengthening at both provincial and district levels. Specific needs that could be met with CESSD support include: development of quality standards,

strengthening the school and PTC monitoring system, finalizing the revised PTC guidebook and associated training manuals, and conducting community consultations supporting the development of district education strategies.

The 2009 National Education Policy highlights the role of communities in overseeing the functioning of educational institutions. The underlying belief is that formal education at school level becomes more meaningful if parental involvement is ensured, and that school infrastructure and environments can be strengthened if parents are involved in ensuring effective service delivery. One objective is to maximize enrolment and minimize dropouts by involving parents through PTCs to mobilize the public to educate their children. Another objective is to minimize the distance between parents and teachers by providing them a space to share their views and opinions, directly or indirectly, for effective management of the problems faced by schools. PTCs have been empowered to utilize the school funds at their discretion on a need basis, and they are expected to exhibit extreme efficiency, effectiveness, honesty, and transparency.

The 2010-2015 KP Education Sector Plan, updated in April 2012, puts a strong emphasis on the role of PTCs in the management of schools, to include assessing the learning needs of the pupils, identifying gaps related to teacher presence, new teaching standards, as well as improving the physical environment. To that effect, PTCs are now authorized to manage up to PRs 1M per school and the School Improvement Plans (SIPs) developed by CESSD, is recognized as the planning tool for the use of these funds. The KP Education Sector Plan also calls for new monitoring and evaluation mechanisms to be put in place, such as student and teacher's monthly assessments, and the establishment of Monitoring and Evaluation Cells at the provincial and district levels. Currently, E&SED, with its district and Local Circle Offices (LCOs), each responsible for approximately 100 schools, has put in place the basic infrastructure to support and monitor schools and their PTCs. *Up until recently, CESSD has been the only project providing capacity development support to PTCs, while they are at the core of the education delivery system.* PTCs are composed of nine members, including the school's Head Teacher, four parents, one religious leader, one retired government officer and two other local leaders. The chair is one of the parents.

The Third Party Validation of PTCs, issued by E&SED in December 2011, confirms the necessity of having well-functioning PTCs to improve the quality of education services. The study recognizes that, although different forms of parent-teacher involvement have existed since 1998, these community-based organizations did not receive adequate capacity building support and therefore were not performing their responsibilities adequately. Thus, the validation exercise confirms the need to strengthen PTC capacities to better understand their roles and to undertake activities to increase boys' and girls' enrolment, reduce teacher absenteeism, improve the physical maintenance of schools, and so on. These areas are all covered by CESSD training and coaching. PTCs trained by CESSD now use the existing mandated government funds more effectively. In the past, these funds were not utilized in a transparent way, and used for whitewashing walls rather than providing teaching aids.

CESSD is currently working with 849 PTCs in four districts: Haripur, Kohat, Mardan, and Swabi, which represents 20% coverage of existing PTCs in those districts. In 2011, for the first time, credible elections were conducted in 10 districts with CESSD support, and replicated in two additional districts with GIZ support using the CESSD materials and approaches. Parent turnout, through the PTC General Body, was very high, and members were elected according to the PTC guidelines. Primary school enrolment rates have increased from 35% to 54% for boys and 26% to 38% for girls in schools where CESSD has strengthened PTCs for the last two to three years. Completion rates have increased from 44% to 95% for boys and from 54% to 87% for girls. These increases are better than average for the same districts in non-CESSD schools, according to data collected in the

2008/09 Pakistan Social and Living Standard Measurement (PSLM) survey. Moreover, the regularity of pupils' school attendance in CESSD-supported schools increased from 72% to 94% for girls and from 75% to 85% for boys between 2010 and 2012. In addition to attendance improvements, teacher absenteeism was reduced to 14% between 2010 and 2012, compared to 17% in 2008. Working closely with government staff responsible for service delivery, CESSD support contributed to E&SED officials participating in 100% of CESSD-supported PTC meetings and to doubling the number of issues resolved at these meetings. Congruent with these results, the user satisfaction survey conducted by CESSD in February 2012 concluded that 83% of parents were satisfied with the standard of education, compared to only 63% two years ago. It is interesting that women's satisfaction increased more substantially than men's according to this survey. These results indicate the effectiveness of the project's efforts in empowering communities and PTCs (including teachers) and in strengthening the capacity of E&SED officials to improve primary education service delivery.

From 2012 to 2016 CESSD will continue to support greater accountability of E&SED and its district offices to PTCs and communities and of PTCs to their General Bodies.

The education sector is highly gender-segregated, including the schools, the PTCs, the frontline officials such as Assistant District Officers (ADOs), and Local Circle Offices (LCOs). The number of girls' schools is significantly smaller than that of boys' schools – in the four CESSD education districts, for example there are 1,563 girls' and 2,465 boys' GPSs. Facilities in girls' schools tend to be poorer; even when the deficiencies are the same, the implications for girls' schools are different. For example, the lack of latrines or a boundary wall can inhibit the attendance of both women teachers and girl students, whereas they would not pose a major constraint in boys' schools.

It is impossible to close this educational gender gap unless women's participation in the management of girls' schools is strengthened and innovative approaches are introduced. CESSD will continue to strengthen the capacity of female PTCs responsible for girls' schools, including identifying practical workaround strategies where local values prevent women from directly executing PTC responsibilities such as opening bank accounts or procuring equipment and supplies. One practical approach to the dearth of girls' schools and constraints on their mobility is the gradual integration of girls in boys' schools, where necessary and acceptable to parents. The gender implications of girls' acceptance into boys' schools have not been analysed, but preliminary observations suggest that the quality of girls' educational experience is being affected by the masculine environment dominated by an all-male teaching staff and a majority of male students. This is a policy issue on which CESSD could provide well-documented input to E&SED. CESSD is advocating for the introduction of Mothers' Groups for boys' schools, which have male PTCs, to ensure mothers' perspectives are taken into consideration, since they are responsible for their sons' education at home. The ultimate aim is have mothers represented on the PTCs for boys' schools, as already mandated by E&SED. Tasks that can be assumed by Mothers' Groups include monitoring teacher attendance. Contact with boys' schools also allows mothers to identify schools willing to accept girls. The introduction of Mothers' Groups has been successfully tested in eight schools, and can be scaled up between 2012 and 2016.

CESSD is working with district education officers and PTCs to solve supply-side gender gaps, most significantly difficulties in recruiting and retaining women teachers and logistical difficulties faced by female ADOs in carrying out key duties such as monitoring schools and managing LCOs.

In addition to efforts to increase women's meaningful participation on both the demand and supply sides, CESSD will work with government and PTCs to build gender responsiveness into mechanisms and systems such as: the district education strategies, the primary education quality standards, and education monitoring system, SIPs, and the revised PTC Guidebook and training manuals.

Outcome 100: *More effective citizen engagement with government for gender responsive and accountable delivery of primary education in an average of 55% of Government Primary Schools in Haripur, Kohat, Mardan and Swabi*

Expected Results

The Project will have a direct impact on over 900,000 children (boys and girls) of primary school age, i.e. grade one to five. Strengthened PTCs will result in specific actions to improve facilities, increase the enrolment rate as well as students and teachers' attendance. PTCs will also assist in implementing and monitoring the proposed education quality standards. These actions will have some impact on the quality of education, but other highly significant factors such as curriculum development, revision of textbooks and teacher training need to be addressed separately.

In addition to accessing government funding, PTCs will be able to source funding from a variety of sources, including donors, members of parliament, and NGOs which will allow them to strengthen their independence. CESSD will also support the formation of alliances of PTCs, as mentioned in section 5.4 on sustainability. Specific attention will be provided to increase girls' access to primary education. PTCs will have better knowledge of basic education standards that will be developed by ESED and be in a position to engage in constructive dialogue with E&SED staff at the LCO, district and, eventually, provincial level. Schools will be better managed and the population more interested in sending their children to government schools and engaging with the government to improve service delivery. Overall, there will be closer collaboration between government and citizens, better communication, and actual results. The trust gap will be reduced.

General Approach

Intermediate Result (IR) 110 aims at having a critical mass of well performing PTCs. IR 120 addresses the institutionalization of PTC strengthening and monitoring, building on existing E&SED systems, as well PTCs' own capacity to share lessons learned and form alliances. IR 130 addresses the improvement of social accountability in a gender responsive fashion. IR 140 responds to specific demands from the provincial level, although implementation of these activities/systems will be undertaken at the district, LCO and UC levels. The last intermediate result (IR 150) addresses the strengthening of Implementing Partners, which are local NGOs providing social mobilization and SSC capacity development. The following sub-sections briefly describe results achieved so far, the expected results and how they will be achieved. When the result areas are new to the Project, the 'results achieved' sub-section is omitted. E&SED specifically requested that CESSD continue its work to strengthen PTCs in the existing four education districts. Communities from these districts identified that improving primary education was their greatest need. With the exception of Haripur, selected districts have a lower literacy rate than the provincial average and again, with the exception of Haripur, all have lower net enrolment rates than the district of Peshawar.

Intermediate Results

110 2,210 PTCs (1105 M/1105 F) strengthened

Results Achieved

In early 2012, the CESSD monitoring team surveyed a sample of PTCs that had been strengthened since 2009. It was observed that 92% of the PTCs are now holding regular meetings. Most PTC members are fully aware of their roles and responsibilities, with 94% of PTCs showing good understanding. Eighty-four per cent of the PTCs are managing their funds according to the plans and keeping records of expenses with cash books, vouchers and receipts, and the meeting minutes reported decisions concerning fund utilization. Thirty-eight per cent of the sampled male PTCs have accessed additional funds from members of the provincial assembly, community contributions, and non-governmental organizations, indicating increased initiative on their part. A commendable 75% of the girls' school PTCs have made efforts to increase enrolment by arranging community meetings, door-to-door campaigns, distribution of printed materials about the importance of girls' education and utilizing other awareness raising tools. PTCs engage with education officials to resolve issues directly, such as getting the sectoral Executive District Officers (EDOs) to re-open ghost schools, to modify the location of a new school to be built, and so on.

Expected Results

The 100% coverage of PTCs in the four districts requested by the E&SED Secretary is not feasible, but it is possible to strengthen a critical mass of PTCs in each district. Of the 4,028 PTCs in the four districts, fifty per cent of the PTCs in Haripur, Mardan and Swabi will be strengthened and 80% of PTCs in Kohat. Of the 2,210 PTCs strengthened, half will be women's PTCs for girls' schools. An additional 1,361 PTCs will be strengthened within the first three years of the Project, leaving the last year for consolidation (i.e. 454 new PTCs per year). All strengthened PTCs will be in a position to exercise their mandate more effectively. Seventy per cent of these PTCs will be well performing according to standards and indicators developed with E&SED and the SSC Maturity Index. ADOs will be monitoring PTCs' ability to engage with the population through the General Body, PTCs will prepare annual results-based SIPs, implement them responsively, and present financial records and reports to the ADOs. Mothers' Groups will have been formed in 15% of boys' schools. Women will constitute 5% of executive members of PTCs for boys' schools. Mothers' Group participants will have been offered functional literacy training.

Process

The general process of forming and strengthening SSCs has been described in section 5.1. PTCs in all government schools in the four education districts covered by CESSD have already been formed through elections in 2011. In accordance with E&SED wishes, the number of teachers will be increased among PTC executive members and this policy change will be reflected in the revised PTC Guidebook. E&SED's rationale is that this change will contribute to PTC capacity, since teachers are more knowledgeable about the education sector. Six members of the selected PTCs will be trained, instead of the previous three members. Initial systematic training sessions will cover: roles and responsibilities; PTC structure; the process of establishing a constitution; procedures for PTC meetings and agenda items; recordkeeping of PTC meetings, income and expenditures; school environment; student and teacher attendance, gender gaps; how to identify problems and develop a SIP; and how to reduce the dropout rate, increase enrolment, undertake infrastructure improvement and improve communication with E&SED. PTC performance will be assessed annually, and more specific training and coaching will be identified and provided accordingly.

The content of the SIPs will be modified to be more result-oriented and to include measures related to the improvement of enrolment rates, the reduction of drop-out rates, and so on.

120 Sustainable gender responsive mechanisms to train and monitor PTCs institutionalized

Results Achieved

During FY 2011-12, CESSD developed a PTC Guidebook and training manuals to anchor PTC roles and responsibilities, their membership, and the elaboration and management of SIPs in E&SED policies and to standardize the approaches. Currently, out of the 56 LCOs in the CESSD education districts, 93% are now functional, meaning that they are staffed and ADOs are undertaking their assigned duties, such as providing more support to GPSs and PTCs, working from their assigned LCO. ADOs prepare and implement monthly school monitoring programs, provide regular coaching and mentoring to teachers and PTC members, and encourage feedback to Deputy District Officer (DDO) offices for support and necessary action.

Expected Results and Process

PTC strengthening and monitoring approaches will be institutionalized through existing processes involving LCOs. This existing system will be enhanced through CESSD providing relevant training and equipment, including additional training where necessary to female ADOs to compensate for gender gaps in ADO capacity. Lobbying will be conducted to ensure that transportation logistics enabling regular ADO monitoring and supervision of schools and PTCs are budgeted for in new district strategies. The CESSD Monitoring and Reporting team will work very closely with ADOs and DDO offices to establish commonly agreed PTC performance criteria, and will gradually rely on ADOs' reports to measure the performance of PTCs.

Sustainable PTC training will be facilitated by the training of 200 master trainers, 50 per district, a concept that already exists in the education sector. This concept will be strengthened, with government gradually providing funding to pay for master trainer services for PTC strengthening in the future. Master trainers will be working from Local Training Resource Centres (LTRCs). Experiences and lessons learned, especially with regard to social accountability and gender responsiveness, will be shared by PTCs through networking.

Further revision to the PTC Guidebook will be required, including more systematic efforts to ensure that the guidebook and training manuals are gender responsive. It is expected that the revised manuals will be approved early on in the implementation of this project, and will be disseminated for use throughout KP and by other donors as well.

130 Gender responsive social accountability and communication mechanisms implemented

Results achieved

In the last year eight suggestion boxes were installed in three districts. Sixty-seven per cent of the resulting 271 complaints were addressed by E&SED district officials. The system is currently entirely operated by district officials.

Expected results and process

By June 2016, at least two social accountability (SA) measures will be operationalized throughout the each of the four education districts, one SA measure strengthening government accountability to citizens and the other strengthening PTC accountability to the community. These SA measures will address the right to information, the right to be heard,

and the right to negotiate and will generate tangible results such as improved teacher attendance, the provision of textbooks, or improved PTC accountability to their General Body. To achieve these results, tools such as complaint centres, community forums and community score cards will be introduced and tested for effectiveness, user-friendliness and gender responsiveness. CESSD's approach is to first pilot a tool, then develop Standard Operating Procedures (SOPs) for its use and train an initial core of PTC members and government officials. The performance of each tool will be measured and a decision will be taken with E&SED officials to modify or abandon each tool and to expand the use of appropriate SA measures in all four education CESSD districts.

E&SED, with CESSD support, will produce specific communication products, such as radio messages, text messages, or illustrative posters, aimed at raising awareness concerning social accountability measures, as well as service delivery in general and gender responsiveness in particular.

140 E&SED management systems strengthened to promote citizen-centred and gender responsive service delivery

Expected results

Primary education quality standards will be developed, disseminated, and monitored at the primary school level, contributing significantly to the improvement of service delivery. Preparation of district level education strategies will be enhanced through a citizen consultation process. Finally, synergies with other donor projects will be enhanced through sharing practices and material, ensuring that there is no overlap between CESSD and other projects.

Process

E&SED has requested several types of support from CESSD in congruence with CESSD objectives. This demand offers a unique opportunity to improve the quality of primary education, and further institutionalize the role of PTCs. The most significant activity area under this intermediate result is the development of primary level education quality standards. CESSD will work very closely with the Education Sector Reform Unit (ESRU) to initiate a participatory approach to the development of quality standards. CESSD will organize community consultation meetings, assist with the drafting of these standards and provide training to E&SED staff, mainly at the district and circle levels. The implementation of these standards will be integrated into monitoring by ADOs and PTCs of the delivery of primary education. CESSD will concentrate its efforts in its four education districts, but these standards are expected to be applied throughout the province and other donors may provide support for their implementation.

E&SED now wants to bring the implementation of the education sector plan to the district and union council levels. Since GIZ will provide a significant support to E&SED in the development of the district strategies, CESSD has been requested to complement this process through the organization of community consultations.

Since donor coordination is essential, a specific activity has been identified under this result. There are several donors in KP for the primary education sector, the largest of which are DFID and GIZ. DFID has identified priority districts for their Education Program-Based Approach, targeting districts with the lowest literacy rates, which does not include the CESSD education districts. As noted above, it has proven challenging to engage with DFID but CESSD will continue its efforts. CESSD will be working very closely with GIZ, which will support the elaboration of district level education strategies. GIZ is also considering supporting PTCs and would use CESSD training materials. CIDA provides teacher training support in KP through their debt swap relief project.

150 Implementing Partners strengthened to effectively undertake social mobilization and provide gender responsive training and coaching to PTCs

Existing Results

IPs in the education sector have successfully supported the strengthening of a cumulative number of 849 PTCs (data as of March 2012). Two assessments were conducted with three of the four education sector Implementing Partners (IPs). These assessments revealed that in most cases, their management was not sufficiently involved in project activities.

Expected Results

Strengthened IP expertise in gender responsiveness, social accountability and PTC training will be demonstrated by their ability to provide high quality training to PTCs and to replicate CESSD approach using different sources of funding.

Process

During the first year of the Project, they will need to hire additional staff to meet the demand and over the first two years participating IP staff will be trained to improve their performance, particularly in the areas of gender responsiveness and social accountability. Their overall performance will be measured annually till the end of the project.

6.2 Health (MDGs 4 and 5)

CESSD Outcome related to MDGs 4 and 5:

Outcome 200: More effective citizen engagement with government for gender responsive and accountable delivery of primary health care in all rural primary health facilities in Charsadda, Kohat, Kohistan, Nowshera, and Peshawar

DoH has requested that CESSD reach 100% coverage in the existing five districts, provide support to develop district-specific strategies, and improve its Health Information Management System (HIMS), which is a well demonstrated need, since it is difficult to get reliable basic information on health indicators. DoH has also requested support for its reorganization, now necessary to meet its new mandate with the full implementation of the 18th Constitutional Amendment.

The Post Conflict Needs Assessment (PCNA) notes the importance of improvements in health systems and emphasizes universal access to basic health care through rehabilitation of basic health units, extension of community health worker training, and provision of water and sanitation facilities. In conflict-affected areas, nearly a third of health facilities including hospitals, Rural Health Centres (RHCs) and Basic Health Units (BHUs) are damaged with an estimated reconstruction cost of PKR 942.4 million.

Only 30% of women and children, who rely heavily on nearby basic health facilities due to mobility issues, have access to medical care. Given the size of the rural population in Khyber Pakhtunkhwa, there should be over 380 RHCs and over 1280 BHUs, but there are only 86 RHCs and 784 BHUs. According to the Pakistan Demographic and Health Survey (PDHS) 2006/07, the maternal mortality rate for KP was 275 deaths per 100,000 live births for that year. Most of the problems affecting child and maternal health and the provision of health services are the result of the social determinants of health. These include illiteracy, unemployment, gender inequality, social exclusion, lack of access to safe drinking water, inadequate sanitation and food insecurity, combined with the slashing of funds to the health sector due to the prevailing fiscal crisis. The health sector also suffers from:

- weak management and governance systems,
- partially functional logistics and supply systems,
- poorly motivated and inadequately compensated staff,
- lack of female health workers,
- lack of adequate supportive supervision,
- lack of evidence-based planning and decision-making, and
- low levels of public sector expenditures and their inequitable distribution.

These problems have major implications for any government health program. Problems specific to child and maternal health are closely interlinked with some of the other targets set by the MDGs, such as lack of awareness due to low educational attainment. When combined with the absence of integrated management of childhood illnesses, this lack of awareness has major consequences for the spread of childhood diseases. Problems of access to healthcare – both the availability and affordability of health services – the population growth rate and inadequate allocation of budget to the health sector are also challenges that GoKP needs to overcome.

GoKP claims not to have sufficient control over its health system, as many programs are vertical federal-led programs. This should be resolved in the future as health is now solely under the jurisdiction of provinces, however this jurisdiction needs to be translated into human and financial resources, organized under a new Department of Health organization chart.

DoH has adopted a Health Strategy (2010-2017) that provides a framework for the achievement of objectives set out in the CDS, PRSP II, the Medium Term Development Framework (MTDF), and the Post Crisis Needs Assessment (PCNA). The implementation of the health strategy relies on domestic funding that benefits from an increased share and the devolution of resources from the federal level to the province, as well as donor support. The strategy has five outcomes. CESSD is aligned with the Health Strategy and contributes directly to first, fourth and fifth outcomes. The first outcome calls for improved access of the population, particularly women and children, to a Minimum Health Service Package (MHSP), which is the primary objective of Primary Health Care Units (PHCUs); improved communication with citizens is also an important aspect of this outcome. The fourth outcome aims at improving accountability and transparency through several measures, including enabling community and stakeholder participation in decision-making processes, budget preparation and strategic review processes. It also calls for alignment of donor support with policy outcomes and improved donor coordination. The fifth and last outcome institutionalizes quality control mechanisms based on quality health standards. CESSD already provides training to PCMC members to understand these standards and oversee their implementation.

A national survey conducted in 2008-09 found that 38% of citizens felt their opinions were not considered by any level of government. Health providers find that a lack of engagement by community leaders can lead to problems in promoting positive health practices such as prenatal visits and vaccinations. The establishment of Primary Care Management Committees (PCMCs) tasked with community-based management of basic health care facilities was a provision of the health policy, but was not implemented. CESSD convinced DoH of PCMCs' importance in improving service delivery and bridging the gap between citizens and service providers. The existence of a functional PCMC is now the first of 33 basic health standards, developed in 2009 with CESSD advocacy, based on the initial piloting undertaken in 2008. PCMCs are composed of 12 to 14 members, including community representatives and service providers, with a target to include five women; their existence is formalized by DoH through notification.

Two government-funded projects, the federal People's Primary Healthcare Initiative (PPHI) and KP's Improving Quality of Health Care Services (IQHCS) project, are working in eight districts to form PCMCs, using material developed with CESSD support. However, these projects have not undertaken significant social mobilization or training, which leads to mixed results. Social mobilization raises communities' understanding of the potential benefits to them, and increases their interest in participating in PCMC elections, as voters, and as candidates for executive posts on the PCMC. This cannot happen without proactive engagement, which is being undertaken with CESSD support.

The concept of the General Body, constituted of 100 to 200 community members, has yet to be formally put in place. The General Body would be a very important group to strengthen the accountability of PCMCs towards the population using the facility and to obtain feedback from citizens.

Needs related to strengthening the management of primary health care and the PCMCs identified for CESSD support include: development of a framework for district health strategy (which could guide expenditure planning), creation of a PCMC monitoring mechanism, and finalizing the PCMC guidebook and training manuals.

Although women are major users of PHCUs in rural areas, they face challenges as clients, staff and PCMC members. It is difficult to recruit female staff and to ensure they report for work. PHCUs often lack facilities required by women patients, such as separate examination areas. Men are not always willing to accept women's presence on PCMC executive bodies as their colleagues or to work together to manage the facility. CESSD is now working toward increasing women's membership in the executive bodies of the PCMCs. This requires capacity building to ensure that this mixed gender SSC functions so as to meaningfully involve both women and men members in facility management. Recognizing that this approach will take time to materialize in exceptionally conservative areas, Women's Sub-Committees (WSCs) have been successfully introduced as part of the General Bodies being gradually formed with CESSD facilitation. Even where some women are accepted as members of PCMCs, WSCs can serve to draw a broader range of women into working together to improve health services, as well as providing a voice for women with the General Body. Cultural and religious acceptance of women's active engagement along with men is introduced gradually, and women build their confidence in their own capacities, benefitting from specific training. Significant sensitization is also required for PCMCs to introduce measures into their Facility Development Plans (FDPs) to accommodate women's special needs, such as separate waiting rooms and latrines.

The Project is currently working with 112 PCMCs out of a potential 219 rural PCMCs in five districts. There is one PCMC per Primary Health Care Unit (PHCU), which in rural areas are either BHUs, Civil Dispensaries (CDs), or RHCs. Results demonstrated in a sample of PHCUs surveyed show that during FY 2012 the average number of child immunization cases dealt with was 667 per facility per month compared to FY 2010's 453. The average monthly number of maternal health cases dealt with was 20, compared to 15 in 2010. Similarly, the average number of neonatal health cases dealt with was 15 per facility per month compared to 10 in 2010. In addition, the average monthly attendance of women and girls receiving outpatient diagnostic services in surveyed health facilities increased to 577 patients. Moreover, collaboration between DoH staff and PCMCs is improving and meetings are being held more regularly.

Outcome 200: *More effective citizen engagement with government for gender responsive and accountable delivery of primary health care in all primary health care facilities in Charsadda, Kohat, Kohistan, Nowshera and Peshawar*

Expected Results

Eighty per cent of PHCUs will meet the Health Quality Standards, providing improved basic health care to a population of nearly 3.5 million citizens in Charsadda, Kohat, Kohistan, Nowshera and Peshawar. There will be an increased number of Out Patients Diagnoses (OPDs), particularly women and children. Citizens will be more involved in decision-making processes, and better informed on the actual performance of primary health service delivery. There will be an increased level of trust between citizens and government.

General Approach

The first intermediate result (IR 210) aims at generating a critical mass of well performing PCMCs. While 100%, or 219 PCMCs will be strengthened, the Project will aim to ensure that 70% are well performing, getting an A rating on the SSC maturity index. IR 220 addresses the institutionalization of PCMC strengthening and monitoring, developing new systems with DoH, which already has the basic infrastructure in place with the health quality standards and the requirement that PCMCs report back on them regularly. IR 230 addresses the improvement of social accountability in a gender responsive fashion and the institutionalization of two mechanisms in the five CESSD supported health districts. IR 240 responds to a specific request from DoH to support the elaboration of district level health strategies, consistent with the quality standards and the provincial strategy. IR 250 responds to specific demands from the provincial level to strengthen the PCMC and facility monitoring systems, although most of the implementation of these activities/systems will be undertaken at the district, UC, and facility levels. The last intermediate result (IR 260) addresses the strengthening of Implementing Partners, which are local NGOs providing social mobilization and SSC capacity development. The following sub-sections describe briefly results achieved so far, the expected results and how they will be achieved. When the result areas are new to the Project, the 'results achieved' section is omitted.

Intermediate Results

210 219 PCMCs formed, notified, and strengthened, with 35% women's participation

Results Achieved

A random sample survey of PCMC performance was conducted in February 2012 in the three districts that were surveyed in 2010. It was observed that 74% of the PCMCs are holding regular meetings; PCMC members are fully aware of their roles and responsibilities, with 96% of PCMCs on average showing good understanding. About 85% of the sampled PCMCs have accessed funds from IQHCS and other sources for facility improvements (100% in Charsada and Peshawar districts), and 82% of the PCMCs are maintaining satisfactory financial records. Similarly, 82% of PCMCs are able to resolve an issue with which they are confronted, an encouraging performance level since most of the PCMCs are relatively new. It is important to note that all 112 PCMCs have women executive body members, a major gender equality achievement.

Expected Results

By June 2016, PCMCs will be formed for all 219 PHCUs. Seventy per cent of these PCMCs will be performing well according to the SSC Maturity Index. The delivery of services will be monitored in accordance with the health quality standards. Two social accountability measures will be implemented in each health district. Effective consultations will be

conducted with the community through the General Bodies and with district government officials. PCMCs will be meeting regularly, at least every quarter, maintaining records of their meetings, and providing financial reports to the district health officials. Women will constitute 35% overall of the PCMC executive body members. Women's Sub-Committees will have been formed and strengthened as a pool of potential PCMC executive body members and as influential participants in the General Body.

The composition of PCMCs will have been reviewed with DoH to make them more representative of the communities that they are serving. There will be improved community involvement with the effective implementation of the general body concept. The Executive District Officer (EDO) of Health in each district will be committed to ensuring that each PCMC is officially 'notified.'

Process

In the health sector, the concept of General Body is relatively new and is viewed as very important to improve communication between communities and PCMCs. General Bodies will be composed of 150 to 200 people, from a population of approximately 4,000 people. Their formation will require significant social mobilization. Women's Sub-Committees (WSCs) will be formed as informal committees to strengthen women's participation in the General Bodies and provide them with a collective voice, with the added objective of ensuring a more gender responsive PCMC election process. Once PCMCs are formed, all members will receive general orientation. Then approximately six members per PCMC will participate in the standard SSC training sessions. In addition, there will be specific training on the Quality Health Standards. Women members of PCMCs and WSCs will be offered literacy courses and training on assertiveness and basic sectoral knowledge to address specific barriers to their participation. As with the education sector SIP, the Facility Development Plan (FDP) will be revised to become more result-oriented and training will be provided for its implementation. PCMCs' capacity to develop a good quality FDP, obtain funding and implement it effectively and transparently is probably the best performance indicator.

220 Sustainable gender responsive mechanisms to train and monitor PCMCs institutionalized

Results Achieved

DoH staff have been trained by CESSD on quality health standards and they now interact more frequently with PCMCs. We believe that the increased level of satisfaction among users sampled in a recent CESSD survey, can be explained partially by these new attitudes and knowledge. CESSD started the preparation of the PCMC Guidebook and training manual during FY 2012.

Expected Results

A PCMC monitoring mechanism will be designed and approved by DoH, and it will be operationalized by the end of 2013. In 2014 DoH will be conducting monitoring of PCMCs formed in 2011. Strengthened PCMC members will be able to coach each other and train new members. One hundred master trainers, at least 35% of them women, will be available, with DoH gradually making use of their services. Informal networking will be functioning at district level and will be formalized, dependent on sufficient interest and capacity. The PCMC Guidebook and training material will be accessible to government projects, such as PPHI and IQHCS, and other donors, such as GIZ and the World Bank Multi Donor Trust Fund (MDTF) for use in other districts.

Process

This intermediate result includes several measures to promote the sustainability of results, aiming to ensure that support to PCMCs and their monitoring is integrated into DoH systems and processes and that PCMCs are strong enough to undertake initiatives and share lessons. CESSD will work very closely with the DoH Quality Management Wing and the districts to develop a PCMC monitoring system, which will be consistent with the Quality Health Standards and PCMC roles and responsibilities in the continuum of players in the delivery of primary health care. CESSD will proceed responsively, which means that communities will be consulted and that the proposed system will be aligned with DoH strategies and resources. Full implementation of the monitoring mechanism in the five CESSD health districts will require capacity building of DoH officials. Their training will include gender equality and responsiveness.

Having strong PCMCs that can learn from each other, train their new members, and take initiatives is an important part of the sustainability strategy. As such, networking, leading to possible alliances, will be supported, should it be demanded.

230 Gender responsive social accountability and communication mechanisms implemented

Results Achieved

CESSD has been instrumental in convincing district and provincial level health stakeholders to agree on the information to be displayed on public information boards at PHCUs as well as standard operating procedures for complaint handling at the facility and district levels.

Expected Results

Two social accountability mechanisms will be implemented in all five health districts; results will be monitored and reported. Communication between citizens and DoH will be enhanced through community fora, particularly the General Bodies supported under 210, and the elaboration of communication products.

Process

Based on experience so far, CESSD will support the extensive use of social accountability mechanisms by providing training to DoH district officials and PCMCs. New mechanisms, such as text messages, will be explored and lessons learned will be shared. Specific attention will be devoted to ensuring that SA mechanisms are accessible to women. Dialogue between communities and government officials will be enhanced by first having strong PCMCs that conduct dialogue well with their General Bodies, and, second, by having community fora with government officials on specific topics. CESSD will prepare communication products at the request of DoH. Their impact on communities will be assessed.

240 Gender responsive district health strategies developed with strong community involvement

Expected Results

Gender responsive district health strategies aligned with the 2010-17 KP Health Strategy and consistent with available resources will be formulated in the five CESSD health districts by 2014, and their implementation will be monitored by DoH.

Process

The implementation of the provincial health strategy requires that districts prepare their own strategies. CESSD will support DoH by facilitating consultations with communities, assisting in the development of a framework, and providing training and on-the-job coaching at the district level in the five CESSD health districts. The elaboration of the district health strategies will be a golden opportunity to ensure that gender responsiveness and social accountability are integrated into the strategies, as well as the role and responsibilities of PCMCs as key stakeholders.

250 DoH management and information systems strengthened to promote and capture citizen-centred and gender responsive service delivery

Expected Results

The existing Health Information Management System will be benefiting from standardized monitoring at the facility level. The roles and responsibilities of health service providers at the facility level will be clearly defined. The newly established Policy Planning and Reforms Wing (former HSRU), and Quality Management Wing of DoH will be able to support and monitor citizen engagement, PCMC performance, and the implementation of quality health standards.

Process

CESSD will provide support to the newly established Policy Planning and Reforms (former HSRU) Wing and Quality Management Wing of DoH on specific aspects of their mandates related to implementation of the health strategy and the role of PCMCs, support and monitoring of PCMCs, and the implementation of primary health quality standards. The first step will be a training needs assessment (TNA) related to citizen engagement in service delivery, gender responsiveness and social accountability. Then a specific training program, including expected results and indicators to measure performance, will be developed.

As part of its existing information system, DoH wants to improve reporting from the facility level on health results and quality standards. CESSD will support the development of a framework to collect the desired information and will provide training to PCMCs to improve data collection according to the approved framework.

Consultations will be held at the health facility level to gather information for the development of standardized job descriptions. Fifteen consultation meetings are planned with health facility staff and two with DoH to seek approval.

CESSD staff will participate in regular coordination meetings conducted by the Policy Planning and Reforms Wing with government and donor projects, such as PPHI, IQHCS, TRF (Technical Resource Facility) and GIZ. In addition, informal consultations will be initiated to ensure that projects are complementary in terms of both geographic coverage and approaches.

260 Implementing Partners strengthened to effectively undertake social mobilization and provide gender responsive training and coaching to PCMCs

Results Achieved

CESSD works currently with five IPs in the health sector. These IPs successfully partnered with CESSD in the formation and strengthening of 112 PCMCs by the end of March 2012. Workplan targets, including PCMC initial training, were exceeded.

Expected Results

Strengthened IP expertise in gender responsiveness, social accountability and PCMC training will be demonstrated by their ability to provide high quality training to PCMCs and to replicate the CESSD approach through different sources of funding.

Process

It may be necessary to increase IP staff in the second year of the Project to provide coaching to more PCMCs, but not at the moment, since the currently projected PCMC formation does not exceed 2012 achievements. However, the volume of work is increasing with the labour intensive formation of general bodies and more systematic support and coaching to existing PCMCs, to be based on PCMCs' specific needs. IP training will be provided for the first two years of the Project, based on the specific needs identified in assessments conducted in 2011. The role of the IP focal point will be enhanced to ensure better coordination and internalization of the CESSD approach.

6.3 Water (MDG 7)

CESSD Outcome related to MDG 7:

Outcome 300: More effective citizen engagement with government for gender responsive and accountable delivery of drinking water in an average of 89% of functional rural schemes in Abbottabad, Chitral, Mansehra and Nowshera

PHED has requested that CESSD intensify its work to reach 100% coverage in the existing four water districts, to strengthen the capacity of PHED staff to improve service delivery, in collaboration with WUCs, to systematize the community-based management approach, and help with the establishment of a computerized tariff collection mechanism (computer-based information system – CBIS), and information management system (Google Earth Mapper).

In 2008/09, 71% (91% urban and 69% rural) of the population of KP had access to improved sources of drinking water. A substantial proportion (50%) of the population had access to tap water supplied by the local government as a main source of drinking water, 66% for urban areas and 47% for rural areas.

KP does not yet have its own water policy and relies on the national water policy, which establishes a number of principles, including that: water is a basic human right; domestic water takes precedence over other uses of water; existing disparities in access to water needs to be addressed; and women, as the main users of water, need special roles in planning water supply. The KP Comprehensive Development Strategy (CDS) recognizes the need to undertake regular maintenance to ensure ongoing availability of good quality drinking water, and notes the success of community-based management when given adequate support by NGOs and government. Water priorities identified in the CDS include: providing new access to safe drinking water and improving maintenance and reliability of existing supplies; rehabilitating the existing non-functional water supply schemes; promoting new arrangements for collaboration with communities; rationalizing user charges for water supplies; promoting water saving measures; reducing unaccounted for water and promoting metering; and preparing the provincial Drinking Water Supply Strategy.

The Public Health and Engineering Department (PHED) is responsible for the provision and management of drinking water in rural areas as well as for sanitation. In November 2010, PHED removed the management of water schemes from the Village Development Organizations (VDOs), as community management was deemed to be a failure. CESSD is

working with PHED to demonstrate how community participation in the management of water schemes can work and to assist them in ensuring the delivery of sustainable water supply services in CESSD districts and beyond. CESSD builds on Cowater's successful introduction of water user committees in the province of Punjab over 15 years ago, still operating without external support for scheme management, operation, maintenance and repairs. There are numerous aspects of water scheme management which CESSD, its IPs, communities, and PHED are trying to jointly introduce and improve. These include rapid assessments, transferring technical and managerial capacity to the WUCs, scheme repairs, tariff collection, conflict resolution, and regular monitoring and support that will enable systems to run effectively. CESSD's approach will enable supported communities, in partnership with PHED, to take on joint responsibility for the maintenance of their systems, with PHED providing support for community involvement in management of water systems.

With CESSD support, including exposure to Punjab practices, PHED has reconsidered its approach and, on a case by case basis, started to share the management of water schemes with Water User Committees (WUCs – replacing VDOS) formed and trained with CESSD support. A revised PHED policy awaiting final approval recognizes the role of communities, including the importance of women's participation. CESSD is in regular contact with PHED and recent consultations suggest that the policy will be approved. Obtaining formal PHED endorsement and notification of water scheme community management, and minimum resources to support the concept will require continued advocacy based on evidence that it is working. Allocating resources to create the Social Mobilization Unit (SMU) would be a good basis for institutionalizing community-based management in the department. In the meantime, CESSD is working with PHED and WUCs to have agreements signed with each WUC to delineate the division of responsibilities between PHED and WUCs. These agreements do not replace notification of the WUCs, which is necessary to officially recognize WUCs and institutionalize the community-based management policy. In the event that notification of WUCs does not become PHED policy during Phase III, CESSD will continue to promote the formation and strengthening of WUCs and the signature of agreements with PHED for two reasons. First, the demonstration effect provided by a critical mass of functioning WUCs will serve to support a change in PHED policy. Second, even without notification, the process serves to improve the quality, quantity and coverage of drinking water in the CESSD-supported schemes. Without a SMU, CESSD could advocate that PHED to contract out mobilization to local NGOs. WUCs are usually composed of 15 members originating from the community and one or two PHED scheme operational staff (tube well operator or valve man).

Being also responsible for rural sanitation, PHED has drafted a policy which is being reviewed by the Provincial Working Group for eventual passage by the provincial assembly. The current policy focuses on sewerage, drainage and solid waste management in urban areas, providing little guidance on strategy and in particular omitting Community-Led Total Sanitation (CLTS) as a methodology for rural sanitation program implementation. CLTS is accepted world-wide as the most effective rural sanitation methodology, and it has already been proven effective in KP. Since sanitation is critical for improving health, CESSD will pilot Community Led Total Sanitation (CLTS) through WUCs.

So far, CESSD has formed 126 WUCs out of a total of 841 in the four water districts. The current 15% project coverage is clearly insufficient to generate impact. CESSD works at both the provincial and district levels with PHED. This includes working with senior provincial officials on policy reform supporting community participation in the management of rural water supply schemes and working with district PHED officials to train and coach them in providing support to the WUCs. PHED support includes undertaking major repairs to get the schemes operational. In many cases, there are difficulties related to arrears in payment of electricity bills as a result of excessively high rates being charged. CESSD facilitates

resolution of these problems and organizes the WUCs to raise the funding necessary to reduce any arrears. CESSD has also contracted a technical specialist who trains WUC members in minor repairs and in maintenance of their schemes, thus reducing PHED's workload. By assisting the community to create more representative and responsive WUCs, and by providing WUCs with social, management, financial, and technical training, these schemes become financially, socially, and technically viable, and successful in providing more and safer water to communities.

Community members are often reluctant to become members of WUCs as they are required to promote collection of water tariff. Community participation in water service delivery will be achieved through extensive community mobilization, the formation of representative general bodies, the selection of executive members and the addition of technical training to the regular set of training modules.

PHED aims to provide water for a minimum of two hours per day to each household as a minimum standard. In many schemes for various reasons this is not achieved. Efforts will be needed by IPs and WUCs to reach this minimal target, and improve it by the end of the Project. PHED has committed to forming a Social Mobilization Unit (SMU). Although the requisite positions have been approved, funding for these positions has not yet been allocated. CESSD will continue to assist PHED in advocating to the Department of Finance for the necessary funding. Subject to approval of funding and staffing of the SMU positions, the Project will provide capacity building support. CESSD will be piloting the adaptation of a simple mapping system and database using Excel and Google Earth Mapper and collecting baseline data on water supply facilities to assist PHED in policy development, planning, and budgeting. It will also support PHED in the development of a WUC monitoring mechanism and guidelines for community-based water management, and assist WUCs/WSCs to develop Scheme Management Improvement Plans (SIPs).

Women play a significant role in household use and management of drinking water, but have had no role in community participation of water supply in KP. In some cases WUCs are willing to accept women as members, but generally an intermediary step is required. Building on community recognition that women are managers of water at household level, Women's Sub-Committees (WSCs) have been introduced to improve the participation of women in water scheme management, while the ultimate goal remains mixed-gender WUCs, rather than separate WSCs. Recognizing that women have easier access to households, WUCs have been willing to assign certain management tasks to WSCs, such as promoting tariff collection and monitoring for illegal connections. Another innovative measure has been involving selected women WUC or WSC members in technical training, to facilitate their participation in scheme management through improved understanding. CESSD will maintain this approach to fostering women's participation and also continue to facilitate meetings between WSCs and the all-male PHED district-level staff (the exception is Mansehra, where one woman has now been appointed).

In addition to efforts in improving the quantity and quality of women's involvement in community water scheme management, CESSD will facilitate the integration of gender dimensions into key capacity building and monitoring mechanisms and plans such as the WUC monitoring system, the guidelines and training manuals for community-based water management, and SIPs.

Outcome 300: *More effective citizen engagement with government for gender responsive and accountable delivery of drinking water in an average of 89% of functional rural schemes in Abbottabad, Chitral, Mansehra and Nowshera*

Expected Results

More reliable drinking water will be provided to approximately one million people in Abbottabad, Chitral, Mansehra and Nowshera through improved functionality of water facilities resulting from engaging citizens in water supply scheme operation. CESSD indirectly contributes to increased access to water by supporting WUCs to improve their schemes and by reducing illegal connections and wastage, which allows for additional formal connections. The availability of water should be increased at minimum to two hours per day per scheme, but we should aim at increasing this further. However, achieving this target also depends on the availability of electricity, which is often beyond the control of the Project.

General Approach

The first intermediate result (IR 310) aims at generating a critical mass of well performing WUCs. IR 320 addresses the institutionalization of WUC strengthening and monitoring. IR 330 addresses the improvement of social accountability in a gender responsive fashion. IR 340 responds to specific demands from PHED to improve tariff collection and to collect timely information on water schemes. The last intermediate result (IR 350) addresses the strengthening of Implementing Partners, which are local NGOs providing social mobilization and SSC capacity development. The following sub-sections describe briefly results achieved so far, the expected results and how they will be achieved. When the result areas are new to the Project, the 'results achieved' sub-section is omitted.

Intermediate Results

310 703 WUCs formed, notified, and strengthened, with 33% having women as members

Results Achieved

Results so far are encouraging. Eighty-four per cent of the schemes managed by the 126 activated WUCs in CESSD's water districts are functioning, compared to 81% of schemes associated with only 21 activated WUCs in 2010. Moreover, substantial progress was made on the gender equality front, with 67 WUCs (53%) having a WSC (with a total of 330 members), and 16 mixed WUCs, which include 72 female members. Support from PHED for community-based management of water schemes is also improving. Sixty-four per cent of respondents in the 2012 user satisfaction survey were satisfied with the daily supply of water. Seventy-six per cent of respondents felt that their WUCs are sharing information with them, which is evidence of CESSD progress in building WUC capacities and community-driven social accountability.

Expected results

PHED requested 100% coverage of functional water schemes, which is not a feasible target. CESSD will strengthen an average of 89% of WUCs per district, more than a critical mass in each. Seven hundred and three WUCs in the target districts will be strengthened by 2016, representing 100% coverage in Chitral and 85% coverage in the other three districts, for an average of 89% coverage. Based on the SSC Maturity Index, we expect that 70% of the strengthened WUCs will be very well-functioning, with an A grade. Those WUCs will be effectively communicating with the community through the General Body meetings. They will have fully developed Scheme Improvement Plans (SIPs) and will have sought funding for them. WUCs will be providing basic scheme maintenance and reporting major repair

requirements, illegal connections, and any other problems. Thirty-three per cent of WUCs will have women as members of the executive bodies, while 67% will have formed Women's Sub-Committees (WSCs). At least half of the twenty sensitized water user communities will achieve Open Defecation Free (ODF) status.

Process

An average of 192 new WUCs will be formed per year for the next three years. Community participation in water service delivery will be achieved through extensive community mobilization, the formation of representative General Bodies, and the selection of executive members. Technical training will have been added to the regular set of training modules. In the absence of an approved PHED policy institutionalizing the role of communities in the management of water schemes and enabling notification of WUCs, agreements will be signed with each WUC delineating the division of responsibilities between PHED and WUCs.

General Bodies, composed of approximately 100 beneficiaries, are required to represent all water users for each scheme. The first step will be to create strong and representative General Bodies, through significant social mobilization. Special attention will be provided to ensure support women's participation. By the end of the third year of implementation, General Bodies will be formed for all 703 WUCs. Additional social mobilization will be necessary to select the executive members from the General Body participants, and support will be provided to PHED to notify WUCs, or to initiate the signing of Memoranda of Agreement between PHED and WUCs. In addition to regular SSC training, WUCs require training in a wide range of topics, since they need to provide basic technical repairs.

Consultations will take place with WUCs and district-level PHED staff to review the content of the Scheme Improvement Plans (SIPs) to ensure that they are result-oriented and cover all WUC roles and responsibilities, including the promotion of water tariff collection. WUCs will be trained to prepare SIPs. Additional sessions specific to Women Sub Committees (WSCs) will be provided to build their capacity to prepare inputs to the plans that take into consideration women-specific needs; these WSC inputs will be integrated into the formal WUC SIP. It is expected that up to 80% of trained WUCs will succeed in preparing their SIP. CESSD will support dialogue with PHED district and provincial officials to identify appropriate funding for the implementation of these SIPs. CESSD will also support dialogue between WSCs and PHED to ensure that women-specific needs are properly addressed.

Following orientation and training of its staff and IPs, CESSD will pilot CLTS with four of its WUCs in its water supply districts during the first year. This coverage will expand to eight to ten in the second year, and twenty in the third year. CLTS will be combined with sanitation monitoring and enabling environment strengthening, which will include demonstrations and training targeting PHED at district level and orientation of the provincial officials. CLTS will be introduced by an experienced IP. First community sensitization will be conducted, followed by marketing activities to encourage latrine construction. WUCs/WSCs will be encouraged to include sanitation monitoring as part of their regular activities. Evidence-based action research will demonstrate the improvements in those communities to PHED and will inform the elaboration of the WUC guidebook.

320 Sustainable gender responsive mechanisms to train and monitor WUCs institutionalized

Results Achieved

So far, there is no organized support to sustain and institutionalize WUC strengthening and monitoring. However, PHED officials' awareness of the benefits of well-functioning WUCs has been increased and their support is significantly improving. They are now participating in some WUC meetings.

Expected results

A WUC monitoring mechanism will be developed with PHED. Support by PHED to CLTS will be enhanced. Contingent on budget approval by the Department of Finance and recruitment of staff, the capacity of the PHED SMU will have been strengthened. Strengthened WUCs will themselves be sharing lessons learned and providing peer-to-peer coaching. One hundred sixty capable master trainers (107 M/53 F) selected from WUC champion-members will be used by PHED to train and coach WUCs.

Process

CESSD will work closely with PHED to establish a WUC monitoring mechanism, to be defined through a participatory process involving WUCs and PHED staff at the district and provincial levels. Roles and responsibilities and SOPs will be elaborated and staff will be trained once PHED approves the monitoring mechanism. PHED staff will also be trained on community-based management, gender responsiveness, social accountability and technical issues, including CLTS. WUC exchange visits will be organized in Pakistan, particularly in the province of Punjab, to learn from successful community-managed water scheme experiences. These visits will also include PHED staff. WUC networking will be initiated and alliances will be developed should there be interest.

330 Gender responsive social accountability and communication mechanisms implemented

Results Achieved

With CESSD support in FY 2012, WUCs in Nowshera installed public information boards carrying information on PHED and WUC roles and responsibilities. These boards also provide information about complaint registration and PHED contact details. They are intended to improve citizens' access to PHED district offices and to clarify the role and responsibilities of PHED and communities alike in water scheme management. A complaint and suggestion centre established by PHED in Nowshera with support from CESSD continues to receive complaints not only from CESSD-supported WUCs but also from the general community, which is an encouraging sustainability indicator.

Expected Results and Process

With these encouraging results, social accountability mechanisms will be implemented in all four water districts with results being monitored and reported. The selection of mechanisms to be implemented in the four CESSD-supported water districts will follow a meticulous process based on evidence that SA tools are cost-effective; achieve the intended results, which are the improvement of water availability and quality; are gender responsive; and support the elimination of fraudulent behaviour on the part of both service users and service providers. PHED capacity to sustain these mechanisms will be a very important criterion. CESSD will support the elaboration of communication products at the request of PHED, which could be in various formats, such as radio messages, text messages and newsletters.

340 PHED management and information management systems strengthened to capture citizen-centred and gender responsive service delivery

Results achieved

During FY2012, a computer-based tariff collection system has been tested in two districts and was quite successful in computerizing household water bills and automating water billing and payment. Results are encouraging, with tariff collection increasing. Google Earth Mapper which provides simultaneous spatial, geo-referenced and technical information on each scheme has also been tested with 100 water schemes in collaboration with PHED. PHED wants to use the Google Earth Mapper database as a planning and monitoring tool.

Expected Results

By June 2016, PHED will be able to collect the appropriate level of tariffs in line with service delivery and will have access to up-to-date information on the coverage of water schemes through implementation of the water bill computer-based information system (CBIS) and Google Earth Mapper in the existing four water districts.

Process

The CBIS software will be installed in the remaining two CESSD-supported water districts and PHED staff will be trained to use this system, which includes the issuance of a printed bill, which households pay directly to the bank. Communities are being sensitized to the relationship between service delivery and payment for services rendered.

Google Earth Mapper is a user-friendly system that facilitates the collection of basic information on water schemes. It has been tested and its full implementation requires that SOPs be approved and applied by PHED staff. Since the required software, Google Earth and Excel, are widely known, PHED staff should learn how to operate the system easily. CESSD is the only project operating at the rural community level in the water sector. However, it does collaborate with the World Bank WSP on technical, community mobilization and policy matters and will continue to do so.

350 Implementing Partners strengthened to effectively undertake social mobilization and provide gender responsive training and coaching to WUCs

Results Achieved

The five IPs (one per district with the exception of Chitral which has two, due to its vast territory) operating in the water sector have successfully supported community mobilization and the formation and strengthening of 126 WUCs (16 mixed) and 67 WSCs.

Expected Results

Strengthened IP expertise in gender responsiveness, social accountability and WUC training will be demonstrated by their ability to provide high quality training to WUCs and to replicate the CESSD approach through different sources of funding.

Process

More IP staff will be required to assist CESSD with the formation of General Bodies, and the formation and training of a much larger number of WUCs and WSCs. In addition to initial induction training to the new staff, a capacity development plan to address the specific issues identified in the 2011 assessment will be prepared and training and coaching provided accordingly. IP management teams will be more involved and IPs will be monitored closely. Although it is expected that training will no longer be required after two years, IPs performance will be assessed annually.

7. ENABLING ENVIRONMENT: ANALYSIS AND RESULTS

Outcome 400: Improved enabling environment for gender responsive and accountable social service delivery

This component contributes to the relevance, effectiveness and sustainability of the three sectoral components by strengthening key systemic factors at the provincial level. A significant number of processes, mechanisms and strategic frameworks are being developed and institutionalized under components 100 to 300, largely at the provincial level, for implementation at district level. The expectation is that the resulting institutionalized elements will be replicated in other districts throughout KP. The environment within which CESSD operates is a changing one. Given the 18th Constitutional Amendment and devolution to the provincial level of responsibility for service delivery in education, health and water and sanitation, the sectoral department partners CESSD works with are putting in place new structures and mechanisms for management of service delivery that will affect the environment within which SSCs and district sectoral departments function. One example is the emerging development of mechanisms by DoH for privatization of basic health service delivery. Now, with the very recent adoption of the Local Government Act, CESSD could be in a position to train elected officials at the Union Council and District Council levels. Ongoing consultation, dialogue and advocacy with provincial level partners will be essential to ensure that results achieved through sectoral interventions are optimized and sustainable.

Outcome 400 addresses three needs in terms of the enabling environment with respect to citizen-centred, socially accountable and gender responsive service delivery. These are: (1) sectoral policy – and the related provincial regulations, procedures and frameworks – more explicitly and systematically recognizing and mandating these three approaches and ensuring that they remain relevant to emerging sectoral policy; (2) production and sharing of evidence demonstrating the efficacy of wholesale adoption of these three approaches in districts as a basis for securing stakeholder buy-in and the support required from oversight departments for replication in other districts; and (3) greater government training institute capability to support sustainable replication among officials of skills and knowledge required to plan, implement, and monitor in a citizen-centred, socially accountable and gender responsive manner. In addition, achievement of Outcome support is supported by two activities specifically focused on gender equality and social accountability. These focus on: (1) promoting an environment more supportive to the participation of women by sensitizing and involving religious leaders in the identification of and support to measures to remove barriers followed by policy dialogue with the provincial sectoral departments; and (2) supplementary support to social accountability by strengthening existing NGO networks on Social Accountability to improve their expertise and share lessons.

Policy Dialogue

Direction by the provincial line departments is critical in ensuring that specific requirements are communicated to and followed by officials at district level. Current policies in the three focal sectors vary in the degree to and effectiveness with which they mandate and require service delivery planning, budgeting, implementation, and monitoring to be citizen-centred, socially accountable and gender responsive. Furthermore, policies and implementation mechanisms are going through a process of change in each of the core CESSD sectors, as adjustments are made to accommodate full provincial responsibility for service delivery. These changes both offer opportunities for strengthening gender responsiveness and social accountability as new policy frameworks and implementation mechanisms are put in place

and offer challenges in terms of strengthening and clarifying the place of community-based management structures such as SSCs that offer a clear locus for citizen engagement.

PHED is in the final stage of adopting broad policy changes that would adopt these approaches and address the need to establish a framework for implementation. While E&SED and DoH have made strides in these directions, both need to more fully integrate these dimensions into policy, as well as to roll out and perfect mechanisms and procedures to close the gap between policy and implementation at district level. As noted above, DoH is introducing privatization of primary health care delivery; these new service providers will be required to implement the health quality standards, the first being the necessity to have a well-functioning PCMC. Hence, consultation and advocacy on the place of PCMCs within this emerging system are critically important. As well, under component 200, CESSD will be working with DoH on developing a framework for district health strategies, developing a monitoring mechanism for PHCUs and PCMCs, and other gender responsive, socially accountable implementation mechanisms, all of which will require some dedicated dialogue and advocacy at provincial level to ensure that approaches are relevant and to build ownership and an enabling environment. Policy dialogue with all three departments will aim to strengthen synergy between the overall policy and specific initiatives under components 100 to 300 to build or improve mechanisms such as quality standards and monitoring systems.

Evidence-based Learning

The Secretaries of the focal sectoral departments have asked that CESSD intensify its efforts in the existing 11 districts to ensure broad coverage of the relevant SSCs and district line department officials. The value of this approach would be to provide a demonstration effect of the benefits to the population of target districts from achieving this critical mass of functional SSCs and supportive officialdom. The evidence might focus on specific dimensions of SSC mandates (e.g. the effectiveness of WUCs and WSCs in promoting tariff payment or of female PTCs in reducing teacher absenteeism in girls' schools) or might demonstrate the overall benefits to populations of community management of facilities such as PHCUs. The documentation of this evidence will feed back into efforts by the provincial line departments to fully roll out implementation of the models, mechanisms and good practices for citizen-centred, socially accountable, gender responsive service delivery in the remaining districts of KP.

Other evidence-based learning exercises might focus on issues such as the effectiveness of social accountability mechanisms or good practices for building capacity in gender responsiveness. Such instances of evidence-based learning will document the demonstrated feasibility and effectiveness of particular practices or models that sectoral departments might find it useful to adopt.

The documentation process for the most part will not entail labour intensive special efforts but rather will draw on data being routinely collected by either the sectoral departments or CESSD. The compiled data will be analysed and the resulting evidence presented to policy- and decision-makers in the sectoral departments in the course of ongoing collaboration, dialogue or advocacy or, if deemed more effective in specific cases, through knowledge-sharing workshops.

Government Institute Training Capacity

The improved quality of induction and in-service training offered by government training institutions will contribute to sustainable improvement in the capacity of government officials to plan, deliver and monitor citizen-centred, socially accountable, gender responsive

services. Two general and two sectoral training institutes will be strengthened, building on results already achieved. The Pakistan Academy for Rural Development (PARAD) is a federal training institute based in Peshawar offering a wide range of in-service courses to government officials, as well as some training for civil society organizations. The Local Governance School (LGS) is a relatively new training institute under the aegis of the provincial Local Government and Rural Development Department (LG&RDD) offering induction and in-service training to government officials operating at the local and sometime district levels. CESSD has been involved in the development of LGS from the beginning, having been approached by the Secretary LG&RDD to assist the Government of KP in developing this provincial training institution. Thus the work with LGS represents an opportunity to 'get it right' from the outset, rather than retrofitting existing curriculum and retraining existing faculty. The Provincial Health Services Academy (PHSA) manages six Divisional Health Development Centres (DHDCs), a nursing college, 10 schools of nursing, six paramedic institutes and four public health schools. The Provincial Institute for Teacher Education (PITE) is a local teacher training institute forming part of a nationwide network.

Previous support provided to PARAD by various donor-funded initiatives to prepare and deliver courses on gender equality and mainstreaming has not proven to be sustainable. With CESSD support considerable progress has been made, particularly at PARAD, but also at LGS and PITE, in effectively integrating gender equality into existing core curriculum and in building the capacity of faculty to deliver this gender mainstreamed curriculum. Similar support is about to be initiated with PHSA. Additional training will be provided to trainers and the four government training institutes will have fully integrated gender responsiveness into their core curricula, thus ensuring that government service providers become fully sensitized to women's rights to participate in community management of service delivery and the need to close gender gaps in service delivery.

CESSD has supported the development of curriculum at PARAD specifically addressing social accountability. From 2012-2016 a mainstreaming effort similar to that already initiated for gender equality will be applied to social accountability and needs-based service delivery to ensure that these dimensions are integrated into the core curriculum of the four training institutes and that faculty are capable of delivery this curriculum effectively in a sustainable fashion. Citizen-centred service delivery is a key dimension of social accountability mechanisms and tools as well as curriculum specifically addressing the formation of and support to SSCs. Existing PITE curriculum on PTCs will be reviewed and improved based on CESSD experience and new E&SED guidelines and quality standards. Opportunities will be identified for incorporating modules on PCMCs and community management of PHCUs into the curriculum at PHSA.

Civil Society Contributions to the Enabling Environment

CESSD has begun engagement with religious leaders on how Islamic texts support women's active engagement in and right to equitable benefits from the water sector. After introductory sessions at the district level for the relevant target sector and the implementation of action plans at community level, the participating religious leaders from each of the sectors will draw on their experience to engage in policy dialogue with sectoral decision-makers on gender responsive service delivery. The KP chapter of the South Asia Accountability Network will be strengthened through activities such as exposure visits, peer-to-peer learning and sharing of good models and best practices. The aim will be to strengthen the enabling environment among KP CSOs and also to enable the KP network to engage in productive policy dialogue with the government on social accountability.

Outcome 400: Improved enabling environment for gender responsive and accountable social service delivery

Results will include more visible and official support from stakeholders at various levels, including provincial government departments and their officials, for more citizen-centred, gender responsive, and socially accountable practices, supported by more informed civil society stakeholders, specifically religious leaders targeted by CESSD and the SA chapter of the South Asia Accountability Network. These results will facilitate the institutionalization at provincial level of effective, relevant sectoral mechanisms, procedures, and policy frameworks that are simultaneously citizen-centred, gender responsive and socially accountable and will facilitate their roll out at district level across KP.

Intermediate Results

410 Citizen-centred, socially accountable, and gender responsive service delivery integrated into sectoral policy

Results Achieved

In the education sector, the PTC Guidebook has been approved and its use is mandatory in all 25 KP districts. The importance of General Bodies to enhance the accountability of SSCs to communities has been recognized and will become more systematic throughout the three sectors. In the water sector, PHED support to community-based water scheme management is now stronger and the new policy is in the final stage of approval. A social accountability NGO network has been established at the provincial level, with CESSD support. CESSD has successfully tested a new approach to encourage dialogue with decision-makers on religious bases for women's participation in decision-making based on communication with communities by religious leaders, starting with the water sector.

Expected Results

Sectoral policies and related implementation mechanisms in primary education, primary health care, and water and sanitation will be more citizen-centred and gender responsive, informed by evidence that citizens can become a partner in improving services while exercising oversight. Examples of such policy changes would be that the new district education strategies support the crucial role of PTCs and ADOs; notification of WUCS; and government-mandated funding to PCMCs and WUCs. E&SED, DoH and PHED will be consulting citizens regularly when formulating policies. Learning and knowledge-sharing with regard to community-based management, gender responsiveness and social accountability will be enhanced through evidence-based research studies and networking. Support for gender responsiveness will be enhanced by dialogue with religious leaders and for social accountability by dialogue with the KP chapter of the South Asia Accountability Network. Institutionalization of at least one social accountability mechanism throughout the province will be facilitated.

Process

CESSD will hold consultations with each of the sectoral provincial authorities to understand better the opportunities for supporting and institutionalizing community-based management in a gender responsive and socially accountable way. Advocacy will be required with PHED to adopt strategies that will be aligned with the soon to be approved water and sanitation policies.

Building on the successful experience in the water sector, religious leaders will be sensitized in all three sectors and will be invited to develop and implement specific community sensitization plans and to engage in effective dialogue with provincial sectoral departments.

Topics for evidence-based learning will be identified in collaboration with each department, taking into account their policy relevance. Data collected on the identified topics through routine monitoring will be analysed and the resulting knowledge products disseminated in the form of policy dialogue workshops, etc. An evidence-based research of results achieved from the social accountability mechanisms implemented so far will be undertaken; lessons learned and impact will be shared with the three sectoral line departments in order for them to adopt the most cost-effective mechanism. CESSD will then provide SOPs, training manuals, and sensitization workshops to district and provincial officials throughout KP.

420 Provincial training institutions – LGS, PITE, PHSA, and PARD (federal) – have integrated needs-based service delivery, gender responsiveness, and social accountability into curriculum and pedagogy.

Results Achieved.

PARD has integrated social accountability basic concepts and approaches into 20% of its 43 courses, and gender responsiveness into 33% of its courses. LGS has ‘engendered’ eight courses and worked on a specific course to introduce gender responsiveness in budget preparation. Twenty-three senior staff (20 men and three women) from PARD, PITE and LGS have improved their capacity to adapt training delivery to include gender responsiveness.

Results Expected

Core induction and in-service training modules delivered by these four institutions will have effectively integrated these citizen engagement, social accountability and gender-responsiveness.

Process

Building on success achieved with PARD, CESSD will continue to provide support to all four institutions, through consultants, to analyse their curricula, identify and review improvements needed to integrate social accountability and gender responsiveness. Equipment will be provided to LGS. CESSD will continue to work very closely with GIZ, which also supports LGS, and will approach the European Cooperation program and other donors that provide support to PITE to ensure that there is no duplication of effort and that material and approaches are shared.

8. CRITICAL RISKS AND RISK MANAGEMENT STRATEGIES

The project risk matrix is attached as Annex F. It outlines the risks and mitigation strategies for the Project.

Development Risks

The main risk to achievement of project development results relates to security. The intensity of this risk varies, with a rise in 2009 in militant incursions and terrorist attacks then a decline in 2011. Lately, police stations and army buildings have been the favourite targets, as insurgents react to military interventions to combat militancy, but schools, particularly girls' schools, and some health facilities continue to be targets. As the analysis in Annex A notes, the levels and types of security risk vary among the 11 CESSD districts, and the potential impact will be mitigated by the spread of CESSD operations over these 11 districts. CESSD will have a general impact of building trust between citizens and government, which will contribute to reducing support for terrorist groups. CESSD will undertake policy dialogue to ensure GoKP allocates funds to rehabilitate damaged facilities.

The political situation is tense and general elections are anticipated in 2012, some months earlier than the mandated early 2013 timing. The elections should not have a major impact on the Project, other than perhaps delaying certain decisions, as decision-makers, both elected and appointed, will likely be replaced post-election. District Council and Union Council elections are also anticipated, but are expected to offer new opportunities, rather than posing a risk.

Although KP is always at risk of earthquakes or flooding, major disasters are not frequent. During previous disasters, particularly the 2010 flooding, government resources were diverted from social service delivery to relief and rehabilitation. Should there be another major natural disaster, CESSD will lobby the GoKP to continue funding the increasing needs for social service delivery, while rebuilding damaged infrastructure. CESSD now has the expertise and systems in place to rapidly undertake relief and rehabilitation, should this be requested by the GoKP and approved by AusAID.

Intervention Risks

GoKP commitment toward community-based engagement in service delivery and the ability to resource SSC strengthening and monitoring are crucial to the sustainability of results. The likelihood of under-resourcing is low to moderate with E&SED and DoH, since additional funding is becoming available from the federal government with the devolution of responsibility for all three target sectors, in addition to significant new funding from donors. PHED is still in the process of confirming its political will to institutionalize community-based management of water schemes and does not have dedicated funds for WUCs similar to the funds available to SSCs in education and health. Funding has not yet been confirmed for the approved PHED Social Mobilization Unit positions. CESSD will advocate to ensure minimum funding for WUCs. CESSD will support PHED advocacy to secure Department of Finance approval of funding for the SMU staff positions.

Government openness to gender equality, social accountability, and citizen needs based service provision is fundamental to the implementation approach. Indications from sectoral policies/strategies, commitments from the sectoral Secretaries, and the CDS among other sources are very encouraging, so this risk is considered low. The level of planned CESSD support to government implementation of their commitments to gender equality,

transparency and accountability, and citizen engagement serve to mitigate this low risk. Sensitization of religious groups on gender responsiveness and of NGOs on social accountability also mitigates potential risks.

Security threats can also affect SSC and government staff ability to exercise their responsibilities. Strengthening trust and cohesiveness within communities and between government and communities will mitigate this risk. CESSD's overall approach toward citizen engagement should help build more trusting relationships and undermine support for insurgents.

Following the 2010 flooding, CESSD built the capacity of SSCs and district government officials to respond effectively to disaster-related needs in a manner that remains relevant to its mandate, i.e. building government and community-based management capacity related to social service delivery. Disasters do not unduly affect the Project's ability to conduct approved activities or achieve expected results.

Management Risks

Management risks relate to effective, accountable management to achieve results of this complex, multi-sector, multi-location project, operating in a country generally recognized as corrupt. Small-scale corruption is possible since there are many stakeholders involved in the Project. It is all too easy to add non-existent participants to a workshop or to produce a receipt for a car rental that never existed. The CESSD team on the ground in the 11 districts, which has already proven its capacity to implement the Project and deliver results, is implementing new methods to ensure that such petty corruption is eliminated. Apart from having already demonstrated its capacity to manage the Project, Cowater-Ottawa has in place excellent project administration and financial management systems and is experienced in results-based management. AusAID funds would be managed by Cowater, which has strong financial accountability procedures in place in the field and oversight measures in place at headquarters. To meet the challenge of intensification and the need to work much more closely with government at the district and provincial levels, some additional staff along with some reorganization are proposed (see the field team organizational structure chart in Annex C). These measures will strengthen the management and delivery of sectoral programming and enhance capacity for financial and administration management.

Security can also have an impact on project operations. The number and geographic distribution of CESSD target districts and the large number of Union Councils in these districts (over 550) serves to mitigate the impact of security disturbances on project operations by allowing the Project to refocus operations temporarily or permanently on more secure locations while still achieving the expected degree of overall coverage. CESSD personnel are at risk, more specifically expatriate personnel, with an increasing number of kidnappings and increased resentment against the presence of foreigners, but these risks also wax and wane. CESSD has demonstrated its ability to mitigate security risks and has been one of the few development projects (aside from humanitarian aid initiatives) continuing to operate effectively KP over the past five years. The Project has a full-time Senior Security Manager and has put in place security Standard Operating Procedures (SOPs) that are rigorously followed by all staff and consultants, including international advisors who are given security briefings on arrival. District staff members are recruited from the districts where they are posted and IPs are selected from among NGOs in their target districts. Staff maintain a low profile, work within cultural norms, and build positive working relationships with communities. CESSD and Cowater are highly responsive to, and strongly supported by, local government.

9. IMPLEMENTATION ARRANGEMENTS

9.1 Delivery Modality and Delivery Organization

CESSD is implemented by Cowater, the Implementing Organization. CESSD is a multi-sector project involving three major provincial line departments: education (E&SED), health (DoH), and public health engineering (PHED) at provincial and district levels. It is implemented in eleven districts as a capacity development project, mainly providing technical assistance in various forms, including training, workshops, coaching, and consultant services to both government and SSCs/communities. It involves extensive financial management, which would be difficult to handle through government systems. Cowater has received funding under an AusAID Deed Agreement for 2011-2012 and has demonstrated its ability to manage the Project in an effective, result-based and accountable manner in close cooperation with its government partners. Cowater proposes extending this arrangement from 2012 to 2016.

9.2 Management and Governance Arrangements and Structures

Cowater has strong financial oversight mechanisms in place to ensure transparent, accountable use of project funds. This involves having a strong financial and administration team on the ground to manage the numerous transactions resulting from the intensive community mobilization and training activities. In addition, a thorough review of supporting documents is routinely conducted at Cowater HQ.

Detailed annual workplans are prepared by Cowater and submitted to AusAID, CIDA (while co-funding continues) and the Planning and Development Department (P&D) for formal approval by the Project Steering Committee (PSC). The PSC government members are: P&D as Chair, LG&RDD, Finance, Social Welfare, E&SED, DoH and PHED. The PSC also reviews performance against targets and results for the previous year and considers challenges and risks. Annual workplans are based on the project Logic Model (see Annex B). Planning, implementation, and monitoring of project activities involve the government very closely at both the district, and provincial levels. At the district level, the District Support Group (DSG), chaired by the district DCO and composed of the CESSD District Program Officer and the IP, meets quarterly to plan and review project activities. At the provincial level, semi-annual meetings take place chaired by P&D, with the participation of technical staff from the three line departments and CESSD staff.

Current CESSD Staffing

The CESSD project field team is headed by an international Project Field Manager (PFM), who is responsible for the conduct of project operations in the field and supervision of a local team composed of three sector field teams headed by the Provincial Coordinator who reports to the Deputy Project Field Manager; a financial and administration team; a pool of technical staff in gender equality, governance/social accountability and capacity development; a monitoring and reporting team; a Communication Specialist; and a Security Manager. The field staff is supported by a strong team at Cowater headquarters, including a Program Director providing overall quality control; a Project Manager providing support to the field team, managing international short term consultants, and finalizing workplans and reports; a Water Specialist, a Gender Advisor, financial specialists, and administrative support.

Proposed CESSD Staffing

With the significant intensification of activities to strengthen a critical mass of SSCs and to support more significantly the provincial, district and local government officials and service providers, the need for resources for Phase III was scrutinized. The corruption level prevailing in KP was also taken into consideration. At the district level, CESSD staff will remain the same, since we will rely more on IPs. In the Peshawar office, there will now be three sector teams, each headed by a Provincial Sector Manager, who will liaise more regularly with the provincial departments and a Governance and Capacity Building team, all reporting to the Deputy Field Project Manager. This modification entails the addition of two positions. In addition, given that the education sector is gender-segregated and that we will be working with a very high number of PTCs, we will add a female Field Education Manager to better access female PTCs, and ADOs and be able to better understand and address their specific problems. There is no modification to the Monitoring and Reporting team, and the Gender team.

A more robust finance and administration team is proposed, headed by a more senior Finance and Administration Manager. He will be supported by the existing team, with the addition of assistant finance and admin officers, junior positions much-needed to process and thoroughly check timesheets from staff and consultants, workshop participant lists, and all related costs. The work volume on this front will increase significantly. A Senior IT specialist is now necessary to support the Peshawar and district office use of computers. In addition, this person will support development activities, such as the Google Earth Mapper, and will be assisted by a senior data systems officer for up to three years. This function should be covered by sectoral departments during the last year of the Project. We expect that the new Finance and Administration Manager will review work processes to ensure efficiency and an adequate split of responsibilities as per generally recognized financial standards. This may result in the elimination of one position.

Finally, a second international long-term position, Program Advisor, is suggested for a three-year period to assist the PFM in overall project implementation control, quality control over the performance monitoring and reporting of activities, improving sequencing of activities and cross-sharing between all sectors, and between project delivery staff and advisors. We believe this new team will meet the increased volume of work, will work more closely with government departments and other projects and will ensure that the Project is implemented more strategically, and reporting on results is improved.

Please see Annex C for the new organizational structure of the CESSD field team.

Project Stakeholder Responsibilities

Donors:

AusAID⁶

- Approving annual workplans and progress reports.
- Disbursing funds based upon approved annual workplans and review of progress and financial reporting.
- Issuing routine approvals, as required.
- Reviewing any proposals for changes to the Project and approving such changes, as deemed appropriate.
- Participating in PSC meetings annually, or as required.
- Monitoring the implementation of the Project and auditing.
- Conducting the final evaluation.

⁶ For the period of overlapping funding, CIDA roles and responsibilities will be the same as AusAID's.

Government of Khyber Pakhtunkhwa:

The Government of Pakhtunkhwa, represented by the Planning and Development Department, requested support for the strengthening of Social Services Committees (SSCs) as organizations mandated to participate in the management of their facilities, exercise oversight and strengthen relationships between communities and government. Sectoral departments, such as Education, Health, and Public Health and Engineering departments at the provincial level provide the overall direction to ensure that the Project is delivered coherently, in support to their sector policies and strategies. The government officials in these departments work closely with CESSD staff. The departments also ensure donor coordination, promoting synergy and avoiding overlap between projects.

District level governments constitute the operational level, being involved in the quarterly planning process through the District Sector Groups, and headed by the District Coordination Officer. As the project is providing support to the elaboration of quality standards, district strategies, social accountability measures, etc., district and local level officials play a central role, and are involved in every step.

Planning and Development Department (P&D)

The Planning & Development Department is the major policy decision-making and coordinating body in the Province. It is responsible for the implementation and monitoring of the overall development plans of the Province. The function of approval (ADP compilation, allocation of funds, recommendation for approval) is an important activity of the Department.

The P&D Department will play the following role in CESSD:

- Act as Primary Counterpart Department.
- Facilitate amendment of the PC 1 and its approval at provincial and national levels.
- Chair and participate in the Project Steering Committee (PSC) meetings annually, or as required.
- Interface with provincial and national governments.

Elementary and Secondary Education Department (E&SED)/Department of Health (DoH)/Public Health Engineering Department (PHED)

These departments provide the overall direction and policy in their respective sector.

The roles that these departments will play in CESSD are as follows:

- Provide overall direction to ensure that CESSD support is aligned with sector policies and plans and other donor support.
- Engage with CESSD on provincial policy reforms and strategies, particularly with respect to community participation in service delivery.
- Collaborate closely with CESSD at the district level for the implementation of reforms related to citizen's involvement in service delivery.
- Make available district officials for on-the-job and formal training in social service delivery, transparency, social accountability, and gender responsive governance
- Ensure institutionalization of approaches piloted by CESSD and facilitate their replication beyond the existing districts.
- Participate in PSC meetings.

Local Government and Rural Development Department (LG&RDD), Social Welfare and Finance Departments

LG&RDD is responsible for the implementation of the Local Government Act 2012 and the Local Governance School (LGS). CESSD supports the development and the strengthening of the LGS. They are a member of the PSC.

Social Welfare and Women Development is concerned with the well-being and uplift of the community at large and the vulnerable groups in particular. Focus of programmes is also on addressing gender issues. It played a more significant role in phase I and the beginning of phase II, when CESSD was supporting Community Based Organizations (CBOs). They are a member of the PSC.

Finance Department is responsible for planning and monitoring the provincial budget. They are an important stakeholder and the participation of this department is important to raise the awareness of the department to the needs of communities. They are a member of the PSC.

District Governments

- Request CESSD to work in their districts with officials and with communities to improve social service delivery.
- Guide work planning as chairs (DCO) of the District Support Groups (DSG).
- Provide office space to CESSD District Program Officers on the premises of District Secretariats.
- Participate in CESSD capacity development, including training, on-the-job coaching to improve citizen centred social service delivery; applying these approaches to create, support and build the capacity of SSCs (PCMCs, PTCs, and WUCs); and work jointly with these SSCs to solve problems.
- Establish and sustain approaches to improve transparency, social accountability and gender responsive governance.
- Replicate approaches for improving social service delivery

Government training institutions: Local Governance School (LGS)/Pakistan Academy for Rural Development (PARD)/Provincial Institute for Teacher Education (PITE)/Provincial Health Services Academy (PHSA)

- Collaborate with CESSD staff to identify their training needs.
- In the case of LGS, obtain notification of permanent staff
- Review curriculum to ensure integration of gender analysis, social accountability principles and transparency
- Deliver improved curriculum

Delivery Organization: Cowater International

General responsibilities

- Implementing the Project on the ground in the selected districts.
- Preparing annual workplans through a participatory process.
- Providing quarterly financial reporting, semi-annual progress reporting, comprehensive annual progress reporting, and annual work plans.
- Working with provincial line departments regarding policy relevant to community participation in planning, monitoring and implementation of social services.
- Participating in the Project Steering Committee and acting as its Secretariat.
- Facilitating significant improvement in education, health and drinking water supply through increased capacity of SSCs and local government officials.

- Developing the capacity of communities to understand, utilize and advocate for gender responsive governance and social accountability.
- Developing the capacity of government officials to implement citizen participation, gender responsive governance, and social accountability.
- Developing the capacity for training government officials in improved social service delivery, gender responsive governance and social accountability.
- Hiring and managing field staff and consultants.
- Ensuring sound, transparent management of funds.

Project Director/Quality Control

- Providing project management back up for the Project HQ Manager.
- Facilitating project implementation through providing high-level Cowater decision-making on the Project, as required.
- Ensuring workplans and narrative progress reports are consistent with expected results and are in accordance with standards and expectations.
- Ensuring high quality and accuracy of budgets and financial reports.
- Participating in the PSC as required.
- Liaising with AusAID on all contractual matters.

Project Manager

- Providing daily overview of project implementation to ensure consistency with workplans, expected results and budget.
- Providing support to the Project Field Manager in particular and the team in general.
- Selecting outside international personnel.
- Coordinating inputs from Cowater-HQ specialists and international outside consultants.
- Finalizing annual workplans and semi-annual and annual reports.
- Reviewing all contracts for final approval.
- Authorizing fund transfers to the field according to annual workplans and budgets.
- Finalizing budgets and financial reports with the project financial officer.
- Ensuring smooth implementation of the Project through conflict resolution between and among staff, counterparts, and short-term consultants if/as required.

Project Financial Officer

- Preparing annual budgets and quarterly financial reports.
- Reviewing monthly forecast requests from the field.
- Reviewing monthly financial field reports for accuracy of reporting by budget line items, allocation between donors, and consistency with contracts' methods of payment clauses.
- Reviewing supporting documentation to ensure their consistency with payments.
- Reconciling staff and consultant timesheets with payments.
- Preparing billing to AusAID and liaising with their financial staff.

Admin & Coordination

- Providing support to the HQ Project Manager for research, report revision and for the selection of short- and long-term international personnel.
- Managing daily administrative matters related to long-term international personnel in the field.
- Reviewing and finalizing contracts for all field staff, IPs and consultants.
- Making travel arrangements for HQ travel to the project, as well as for international consultants.

Implementing Partners (IPs)

CESSD contracts Implementing Partners (IPs) which are local NGOs with a strong record in social mobilization and deep networks of local contacts, to conduct social mobilization as well as to assist with the implementation of SSC capacity building, along with CESSD staff and consultants. IPs provide initial orientation training on roles and responsibilities, build capacity and assist SSCs in proposal development and accessing other funding, facilitate and build the capacity of the selected SSCs to interface independently with local government in priority setting and improvement in social service delivery, and facilitate SSCs' networking and alliance building. IPs also support the introduction of social accountability mechanisms and are required to mainstream gender responsiveness throughout their work.

9.3 Monitoring and Evaluation Plan

The monitoring and evaluation framework is presented in Annex E in the form of a Performance Measurement Framework (PMF), based on the draft Logic Model (LM) presented in Annex B. The selected indicators correspond as much as possible to those currently used, or envisaged, by GoKP at various levels. They will be further refined and subjected to a thorough review with our government partners before finalization.

The government departments are involved in monitoring the performance of the Project, through DSG quarterly meetings and semi-annual technical reviews of the Project under P&D leadership. In addition, CESSD has incorporated in Intermediate Results 120-220-320, specific activities to strengthen (education) and build (health and water) strong government processes to monitor SSC activities. Databases will also be put in place, which will enrich project monitoring reports. In addition, CESSD will consult P&D, which has the mandate to monitor projects and overall government performance at the provincial level, to share practices and indicators, and to determine how they can be more involved.

CESSD progress monitoring will utilize government monitoring/statistical reports where they are reliable. Regular monitoring is a routine project activity, taking the form of monthly reports from IPs, rolled into district reports that are compiled and consolidated into sector monthly reports. These sector reports are discussed with district-based DSGs.

Progress reports on the PMF indicators and targets will be prepared every six months and will be shared with AusAID, CIDA and the P&D Department as our lead counterpart department. Corrective measures will be identified and implemented, as required. These reports will be based on regular project and government monitoring, as mentioned previously, but also on surveys and third party evaluations as identified in the PMF. The Project will undertake more analysis to compare service delivery between facilities that did not benefit from any support and those where CESSD supported the full implementation of the SSC concept. Evidence-based research will be undertaken to inform government policies. In the future, the monitoring and reporting team will be more closely involved in project delivery and, in particular, will support the project activities related to government SSC monitoring.

On an annual basis, the progress of CESSD is presented to the PSC members identified in the previous sub-section.

9.4 Procurement Arrangements

The procurement budget is quite small, since the Project is ongoing. Procurement will be limited to items required to support project intensification, as well as minimal equipment for LCOs and LGS. Procurement will be undertaken according to the strict standards and practices described in the project financial manual.

9.5 Program Budget and Timing

The targeted results should be achieved in a period of three years and eight months, from November 1, 2012 to the end of June 2016. A detailed budget with costing parameters is presented in Annex D.

ANNEXES

ANNEX A: THE SECURITY SITUATION AND ITS EFFECTS ON CESSD OPERATIONS IN KP

Overview

KP has been a frontline province of Pakistan in its war on terror from the outset. Bordering on the Federally Administered Tribal Areas (FATA) from north to south and also Afghanistan in the northwest, KP has been the victim of many attacks resulting not only in large human losses but also in destruction of/damage to its infrastructure. Many schools, especially for girls, Basic Health Units (BHUs), police stations, offices, bridges and other government installations have been targeted. Attacks have also damaged the administrative infrastructure in each district of KP. Yet, at each level, efforts are being made not only to implement damage control measures but also to rebuild and reorganize the system.

CESSD is carrying out field operations in 11 districts covering almost the full length of KP, from Chitral in the north to Kohat in the south. Up to this point, due to all CESSD staff strictly adhering to the SOPs on security, maintaining a low profile, and working with extreme caution, there has been no security issue hindering project operations in the field.

Chitral: The northernmost district of KP, it has been the most peaceful area of the province until recently a few attacks were launched on security checkpoints from across the border by militants hiding in Afghanistan. Local police authorities consider presence of Afghan refugees in the area a potential threat to security. In spite of these attacks, life in Chitral has been normal and there is no security problem affecting the CESSD staff/operations in the field.

Kohistan: People of this mountainous area are very rough and tough, very conservative in nature and religious-minded. There has been no major security problem or, indeed, any incident in the area. People strongly oppose the free movement of women, making this a particular challenge for the NGOs/projects working in the area. This sensitivity necessitates adherence to the security SOPs for smooth operations.

Mansehra: This district is a semi mountainous area with a mixture of ethnic groups. Security has been problem from time to time. Religious extremists have dominated other segments of society. Incidents like attacks on NGOs – even the killing of female staff of World Vision – and attacks on mosques/religious processions have occurred in this area in the past. There has been no security problem for CESSD staff until now.

Abbottabad: This district is identified as a military dominated area due to presence of the Pakistan Military Academy (PMA) and many training centres. It was considered to be the most peaceful district of KP until the strike on Osama bin Laden in May 2011 by US forces. Recently, militants fired nine rockets from the nearby mountains in an attack on PMA. The district also experienced worst riots/killings during the demand for a Hazara province, following the name change from North West Frontier Province to Khyber Pakhtunkhwa. Security has been increased in Abbottabad city and the surrounding areas. To this point, there has been no security problem for CESSD staff.

Haripur: This area too, is considered to be a peaceful district of KP, although some sectarian clashes did occur in the past. No security problems are anticipated for CESSD staff as long as the security SOPs are followed and a low profile maintained.

Swabi, Nowshera, Mardan and Charsadda: This block of four districts is linked by inter-district boundaries, a road network and water channels. It is characterized by a common culture, cash crop production, and flat and fertile land. Recent similar midnight security incidents like the bombing of girls' schools, BHUs and CD shops and attacks on police posts have further bonded these four districts with each other. Militants experience free and easy inter-district movement while operating in this area. The presence of the famous Haqani Madrasa at Akora Khatak, District Nowshera, is an important factor. Such security breaches have not yet affected CESSD operations in these four districts due to staff adhering to the security SOPs and maintaining a low profile.

Peshawar: The capital of KP has suffered the most, being the place where militants always launch the deadliest attacks, killing hundreds of people including women and children. These security breaches include attacks on police, army, government installations, diplomats/UN staff, NGOs, parks, shopping malls, school vans, mosques, processions and NATO containers. Ongoing anti-terrorist operations in Khyber Agency, FATA contribute to the intensity of security problems. Almost daily, some incident is reported from the suburbs of Peshawar. In spite of all this, CESSD operations carry on due to the staff exercising upmost care.

Kohat: More known as a military cantonment, this district is also a communication centre for many districts of southern KP. It is geographically separated from northern KP by a small area of FATA, Dara Adam Khail, located between Peshawar and Kohat. The city of Kohat has suffered from the close proximity of the militant dominated areas of Dara and Aurakzai Agency. Militant activities including rocket attacks from the mountains are frequently reported in the suburbs of Kohat. There has been no problem for CESSD operations until now purely because of the care exercised by staff.

ANNEX B: LOGIC MODEL

Impact	Improved primary education, basic health, and drinking water in the province of Khyber Pakhtunkhwa (KP) for both men and women			
↑	↑	↑	↑	↑
Outcomes	100 More effective citizen engagement with government for gender responsive, and accountable delivery of primary education in an average of 55% of Government Primary Schools in Haripur, Kohat, Mardan and Swabi	200 More effective citizen engagement with government for gender responsive and accountable delivery of primary health care in all rural primary health facilities in Charsadda, Kohat, Kohistan, Nowshera and Peshawar	300 More effective citizen engagement with government for gender responsive and accountable delivery of drinking water in an average of 89% of operational rural schemes in Abbottabad, Chitral, Mansehra and Nowshera	400 Improved enabling environment for gender responsive and accountable social service delivery
↑	↑	↑	↑	↑
Intermediate Results	110 2,210 PTCs (1105M/1105F) strengthened. 120 Sustainable gender responsive mechanisms to train and monitor PTCs institutionalized. 130 Gender responsive social accountability and communication mechanisms implemented. 140 E&SED management strengthened to promote citizen-centred and gender responsive service delivery. 150 Implementing Partners (IPs) strengthened to effectively undertake social mobilisation and provide gender responsive training and coaching to PTCs.	210 219 PCMCs formed, notified, and strengthened, with 35% women's participation. 220 Sustainable gender responsive mechanisms to train and monitor PCMCs institutionalized. 230 Gender responsive social accountability and communication mechanisms implemented. 240 Gender responsive district health strategies developed with strong community involvement. 250 DoH management and information systems strengthened to promote and capture citizen-centred and gender responsive service delivery. 260 IPs strengthened to effectively undertake social mobilisation and provide gender responsive training and coaching to PCMCs.	310 703 WUCs formed, notified, and strengthened, with 33% having women as members. 320 Sustainable gender responsive mechanisms to train and monitor WUCs institutionalized. 330 Gender responsive social accountability and communication mechanisms implemented. 340 PHED management and information systems strengthened to promote and capture citizen-centred and gender responsive service delivery. 350 IPs strengthened to effectively undertake social mobilisation, and provide gender responsive training and coaching to WUCs.	410 Citizen-centered, socially accountable, and gender responsive service delivery integrated into sectoral policies. 420 Provincial Training Institutions – LGS, PITE, PHSA, and PARD (federal) – have integrated needs-based service delivery, gender responsiveness and social accountability into curriculum and pedagogy
↑	↑	↑	↑	↑
Outputs	110 - Social mobilization completed - Training of PTCs provided.	210 - Social mobilization completed. - Training of PCMCs provided.	310 - Social mobilization completed. - Training of WUCs provided. - Equipment provided to WUCs	410 - Technical assistance and workshops provided to provincial policy makers, religious leaders, and NGOs. - Evidence-based research studies conducted

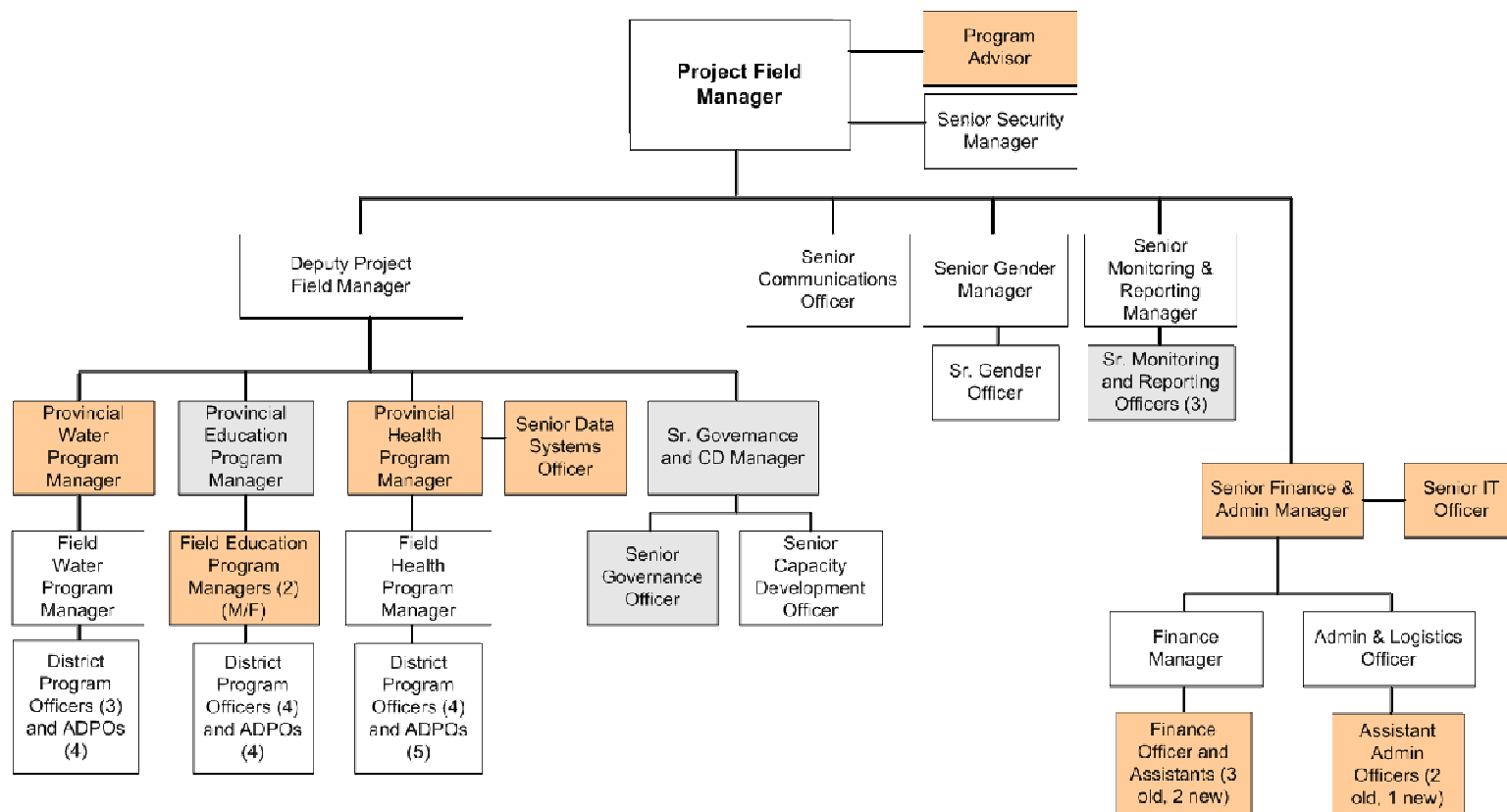
	<p>120</p> <ul style="list-style-type: none"> - Training provided to ADOs and DDO management teams. - Equipment provided to Local Circle Offices. - PTC guidebook and training manuals finalized. <p>130</p> <ul style="list-style-type: none"> - Mechanisms and capacity for SA developed. - Communication products developed. <p>140</p> <ul style="list-style-type: none"> - Primary education quality standards developed. - Citizen consultations undertaken to support the development of district education strategies. - Union Council Education Development Plan (UCDP) framework developed. - Training on quality standards, UCDP <p>150</p> <ul style="list-style-type: none"> - Capacity development provided to Implementing Partners. 	<p>220</p> <ul style="list-style-type: none"> - PCMC monitoring mechanism developed with DoH. - Training provided to DoH district-level staff. - Training of master trainers program developed and delivered. - PCMC guidebook and training manuals finalized, and disseminated. <p>230</p> <ul style="list-style-type: none"> - Mechanisms and capacity for SA developed - Communication products developed. <p>240</p> <ul style="list-style-type: none"> - District health strategy framework developed. - Training provided to district-level DoH staff. <p>250</p> <ul style="list-style-type: none"> - Training and workshops provided for the new DoH structures related to Policy Planning & Reforms Wing and Quality Management Wing. - Standardized reporting format at the primary health facility level developed. - Generic job descriptions for the primary health facility level developed. <p>260</p> <ul style="list-style-type: none"> - Capacity development provided to Implementing Partners. 	<p>320</p> <ul style="list-style-type: none"> - WUC monitoring mechanism developed with PHED. - Training provided to PHED district level staff and Social Mobilization Unit. - Training of master trainers program developed and delivered. - WUC guidebook and training manuals finalized and disseminated. <p>330</p> <ul style="list-style-type: none"> - Mechanisms and capacity for SA developed - Communication products developed. <p>340</p> <ul style="list-style-type: none"> - Support provided to operationalize taxation computer-based information system (CBIS) and Google Earth Mapper database. <p>350</p> <ul style="list-style-type: none"> - Capacity development provided to Implementing Partners. 	<p>420</p> <ul style="list-style-type: none"> - Equipment provided to LGS - Training modules created and/or reviewed (LGS, PITE, PARD, and PHSA) - Training of trainers (ToT) provided.
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↑	↑	↑	↑	↑
Activities	<p>111 Conduct selection, social mobilization, and general orientation of 1,361 new PTCs.</p> <p>112 Conduct social mobilization and policy dialogue to operationalize the introduction of mothers' groups in boys' schools (15%), working toward mixed PTCs for 5% of boys' schools.</p> <p>113 Train six PTC members on: roles and responsibilities, financial management, gender responsiveness, and social accountability.</p> <p>114 Provide functional literacy training to Mothers' Group members.</p> <p>115 Review the content of the School Improvement Plans (SIPs) to be more oriented toward service delivery results and gender responsive.</p> <p>116 Provide additional training and coaching including SIP preparation, implementation, and management.</p> <p>117 Support PTC membership renewal through elections with increased women's participation as candidates and electors.</p> <p>121 Improve the existing PTC and school monitoring mechanism with E&SED, EDOs and ADOs.</p> <p>122 Train ADOs on their role,</p>	<p>211 Create representative General Bodies, and review executive PCMC membership to improve relationship and accountability between citizens and PCMCs.</p> <p>212 Conduct social mobilization, election, and notification of 107 new PCMCs (executive) to reach 100% coverage by 2016, with at least 35% women's participation.</p> <p>213 Train approximately 100% of PCMC members on roles and responsibilities, and 25% on financial management; gender responsiveness; and social accountability.</p> <p>214 Provide additional training to women PCMC Executive members and Women's Sub-Committees on basic technical and management issues, and functional literacy.</p> <p>215 Review the content of the Facility Development Plan (FDP) to be more oriented toward service delivery results and gender responsive.</p> <p>216 Provide additional training and coaching, including FDP,</p> <p>217 Support PCMC membership renewal through elections with increased women's participation as candidates and electors.</p> <p>221 Support the design of a gender sensitive PCMC monitoring mechanism with province, EDOs, DDOs, DSMs and PPHI.</p> <p>222 Train DoH personnel on PCMC support and monitoring, gender</p>	<p>311 Improve selection, and election process with general bodies.</p> <p>312 Conduct social mobilization, selection and formation of 577 new WUCs with 33% having at least one woman on executive body and 67% of all having WSCs.</p> <p>313 Dialogue with PHED to ensure full notification of WUCs and support WUCs to sign Agreements or Undertakings with PHED, ideally to be co-signed by WSCs.</p> <p>314 A) Train WUC and WSC members: orientation, roles and responsibilities, financial management, gender responsiveness, and social accountability. B) Provide functional literacy and basic technical training to WSC members.</p> <p>315 Pilot CLTS in four districts, 5 pilots per district.</p> <p>316 Review the Scheme Improvement Plan (SIP) content to make it more results-oriented and to include water tariff recovery.</p> <p>317 A) Provide additional training and coaching including SIP preparation, implementation, and management. B) Encourage WSCs to develop inputs to be integrated into the SIPs.</p> <p>318 Support linkages between PHED and WSCs to address women-specific challenges.</p>	<p>411 Conduct policy dialogue to integrate gender responsive citizen engagement in policy formulation.</p> <p>412 Involve religious leaders to support gender responsive social service delivery</p> <p>413 Conduct applied research documenting the benefits of achieving a critical mass of functioning SSCs, and other project-related topics, such as gender mainstreaming strategy, social accountability mechanisms.</p> <p>414 Organize knowledge-sharing workshops.</p> <p>415 Promote replication of SA mechanisms in non-CESSD districts.</p> <p>416 Support stakeholder participation in networking of civil society organizations under the umbrella of the KP chapter of the South Asia Accountability Network.</p> <p>421 Support the creation of additional LGS training modules.</p> <p>422 Provide training equipment to LGS.</p> <p>423 Complete curriculum reviews, training manuals, and guidelines of PARD, PITE and PHSA institutes to support integration of citizen-centred participatory approaches, gender responsiveness, and social accountability.</p>

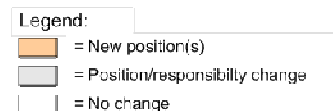
<p>gender responsiveness, social accountability, management, and use of software.</p> <p>123 Provide equipment to LCOs, such as computers and reference material.</p> <p>124 Support PTC networking at circle and district levels, and alliances.</p> <p>125 Finalize, obtain approval for and disseminate gender responsive PTC guidebook, and training manual. including with DCTE, RITE, and PITE.</p> <p>126 Train PTC members, teachers, and ADOs (50 per district - 50% women) to become Master Trainers.</p> <p>131 Initiate new gender responsive social accountability measures, and institutionalize a number of SA mechanisms in all CESSD education districts.</p> <p>132 Support E&SED communication strategies to raise awareness of government and citizen responsibilities regarding service delivery by developing specific products.</p> <p>141 Engage with ESRU in developing primary level education quality standards.</p> <p>142 Support to consultation processes for district education strategy formulation (complement to GIZ) and education quality standards.</p> <p>143 Train EDOs, DDOs and ADOs</p>	<p>responsiveness, and social accountability.</p> <p>223 Train PCMC members originating from the medical profession on specific health-related environment, and technical issues.</p> <p>224 Support PCMC networking, alliances, visits to model PCMCs.</p> <p>225 Develop gender responsive PCMC guidebook, seek approval and harmonize all training manuals.</p> <p>226 Train PCMC members, technical, and government staff (20 per district – at least 25% women) to become Master Trainers.</p> <p>231 Initiate new gender responsive social accountability measures, and operationalize a number of SA mechanisms in all CESSD health districts.</p> <p>232 Support DoH communication strategies to raise awareness of government and citizen responsibilities regarding service delivery by developing specific products.</p> <p>241 Engage with HSRU to develop framework for gender responsive district health strategies, incorporating the Quality Health Standards, to be developed in consultation with district stakeholders.</p> <p>251 Support and train DoH officials in five districts to develop, implement and monitor their</p>	<p>319 Support WUC/WSC member-ship renewal through election or selection process with increased women's participation as candidates & electors.</p> <p>321 Support the design of a gender sensitive WUC monitoring mechanism with PHED.</p> <p>322 Train PHED, SDOs, Exens, and Sub-engineers to better support and monitor WUCs/WSCs, and on gender responsiveness and social accountability.</p> <p>323 Support PHED to establish and train a Social Mobilization Unit (SMU) when staffed.</p> <p>324 Support WUC networking, visits, alliances, and organize WUC conferences.</p> <p>325 Finalize gender responsive guidelines and training manuals to institutionalize community-based water management.</p> <p>326 Train WUC/WSC members, technical, or administrative government staff (40 per district – 33% women) to become Master Trainers.</p> <p>331 Initiate new gender responsive social accountability measures, and institutionalize a number of SA mechanisms in all CESSD water districts through Standard Operating Procedures (SOPs).</p> <p>332 Support PHED communication strategies to raise awareness of government and citizen responsibilities regarding service delivery by developing specific products.</p>	<p>424 Strengthen government institute trainers, through ToT and peer-to-peer learning and exchanges on gender responsiveness, and social accountability.</p>
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	<p>on the education quality standards.</p> <p>144 Pilot the elaboration of Union Council Education Development Plans.</p> <p>145 Participate in donor coordination and share documents, approaches, and training material.</p> <p>151 Provide training to IPs on CESSD approach and practices, including gender responsiveness and social accountability, PTC guidebook and training manual.</p>	<p>health strategy. Provide training and coaching to the new Policy Planning & Reforms, and Quality Management Wings on citizen engagement and consultation, gender responsiveness and social accountability.</p> <p>252 Support the formulation of standardised reporting formats at the primary facility level.</p> <p>253 Participate in donor coordination and share documents, approaches, and training material.</p> <p>254 Provide support to the revision of job descriptions of personnel at the facility level.</p> <p>261 Provide training to IPs on CESSD approach and practices, including gender mainstreaming and social accountability, PCMC guidebook and training manual.</p>	<p>341 Support PHED to establish taxation Computer-Based Information System (CBIS) in four CESSD districts.</p> <p>342 Examine possibility of expanding CBIS to all 25 districts and provide support.</p> <p>343 Support PHED to establish Google Earth Mapper in four districts.</p> <p>344 Examine possibility of expanding Google Earth Mapper to all 25 districts and provide support.</p> <p>345 Arranged exchange visits to expose PHED to successful water community management models.</p> <p>346 Participate in donor coordination and share documents, approaches, and training material.</p> <p>351 Provide training to IPs on CESSD approach and practices, including gender responsiveness and social accountability, WUC guidebook and training manual.</p>	
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ANNEX C: FIELD TEAM ORGANIZATIONAL STRUCTURE



Notes: There are only 1 DPCs. The DPC Nowshera covers water and health and the DPC Kohat covers health and education. Whereas, there are 13 ADPOs, one per sector for each district.



ANNEX D: BUDGET

Description	AUD Rate 12/13	AUD Rate 13/14	AUD Rate 14/15	AUD Rate 15/16	FY 2012/2013		FY 13/14		FY 14/15		FY 15/16		Total Project
	LOE	Budget	LOE	Estimated	LOE	Estimated	LOE	Estimated	LOE	Estimated	LOE	Estimated	Estimated
1.1 International Personnel	Per Day												
Project Director / Quality Control	1,213	1,249	1,287	1,325	40	48,517	55	68,712	55	70,774	55	72,897	260,900
Project Manager/Backstopping	1,059	1,090	1,123	1,157	27	28,583	200	218,081	188	211,146	176	203,599	661,409
Gender Advisor	1,045	1,076	1,109	1,142	50	52,250	60	64,581	40	44,346	40	45,676	206,853
Capacity Building Advisor	1,114	1,147	1,182	1,217	23	25,622	25	28,686	25	29,546	25	30,432	114,286
Administration & Coordination & Documentation Research	465	479	493	508	60	27,892	110	52,670	110	54,250	110	55,877	190,689
Project Financial Officer	465	479	493	508	110	51,136	195	93,369	195	96,170.21	195	99,055	339,730
Sub-total 1.1						234,000		526,098		506,231		507,536	1,773,866
1.2 Personnel on Long-Term Assignment in Pakistan	Per Day												
Project Field Manager	1,169	1,204	1,240	1,277	0	-	235	282,956	235	291,445	230	293,802	868,203
Program Advisor	615	634	653	672	158	97,184	235	148,883	235	153,349	-	-	399,416
Sub-total 1.2						97,184		431,839		444,794		293,802	1,267,619
1.3 International Outside Consultants	Per Day												
Various	903	930	958	987	25	22,575	40	37,204	25	23,950	25	24,668	108,397
Sub-total 1.3						22,575		37,204		23,950		24,668	108,397
1.4 Locally-engaged Professionals	Per month												
Deputy Project Field Manager	7,942	8,419	8,924	9,459	0	-	11	92,604	11	98,160	10	94,590	285,354
Provincial Water Program Manager	4,574	5,169	5,841	6,600	8	36,592	11	56,855	11	64,246	10	65,998	223,691
Provincial Education Program Manager	4,574	5,169	5,841	6,600	0	-	11	56,855	11	64,246	10	65,998	187,099
Provincial Health Program Manager	4,574	5,169	5,841	6,600	8	36,592	11	56,855	11	64,246	10	65,998	223,691
Field Program Managers (Water, Health Education)(4)	2,615	2,955	3,339	3,773	7	18,305	44	130,018	44	146,920	40	150,927	446,170
District Program Officers (11)	1,322	1,494	1,688	1,908	0	-	121	180,757	121	204,255	110	209,826	594,839
Assistant District Program Officers (13)	1,048	1,184	1,338	1,512	104	108,992	143	169,346	143	191,361	130	196,580	666,280
Governance and CD Manager	7,216	7,649	8,108	8,594	0	-	11	84,139	11	89,187	10	85,944	259,269
Senior Governance Officer	2,297	2,596	2,933	3,314	8	18,376	11	28,552	11	32,263	10	33,143	112,334
Senior Capacity Development Officer	3,430	3,876	4,380	4,949	0	-	11	42,635	11	48,177	10	49,491	140,304
Senior Monitoring and Reporting Manager	4,002	4,522	5,110	5,774	0	-	11	49,745	11	56,212	10	57,745	163,701
Senior Monitoring and Reporting Officers (3)	2,015	2,277	2,573	2,907	24	48,360	33	75,139	33	84,907	30	87,223	295,630
Senior Gender Manager	3,987	4,505	5,091	5,753	0	-	11	49,558	11	56,001	10	57,528	163,088
Senior Gender Officer	2,330	2,633	2,975	3,362	0	-	11	28,962	11	32,727	10	33,620	95,308
Senior Security Manager	4,161	4,702	5,313	6,004	0	-	11	51,721	11	58,445	10	60,039	170,205
Finance and Admin Manager	4,574	5,169	5,841	6,600	8	36,592	11	56,855	11	64,246	11	72,598	230,291
Finance Manager	4,334	4,897	5,534	6,254	0	-	11	53,872	11	60,875	11	68,789	183,535
Senior IT Officer	2,500	2,825	3,192	3,607	8	20,000	11	31,075	11	35,115	10	36,072	122,262
Senior Communication Officer	2,535	2,865	3,237	3,658	0	-	11	31,510	11	35,606	10	36,577	103,694
Senior Data Systems Officer	2,500	2,825	3,192	3,607	8	18,750	11	31,075	11	35,115			84,940
Sub-total 1.4						342,559		1,358,127		1,522,311		1,528,688	4,751,685
1.5 Local Outside Consultants													
Junior	205	209	213	218									
Intermediate	308	314	320	327		173,000		217,000		145,000		78,000	613,000
Senior	410	418	427	435									
Sub-total 1.5						173,000		217,000		145,000		78,000	613,000
TOTAL REMUNERATION						869,319		2,570,268		2,642,286		2,432,694	8,514,567

Description	FY 2012/2013	FY 2013/2014	FY 2014/2015	FY 2015/2016	Total Project
	Budget	Estimated	Estimated	Estimated	Estimated
2.1 Expenses for International Personnel on Field assignment					
Airfares, travel costs, communications, report production costs	41,747	47,622	49,051	50,522	188,942
2.2 Allowances and expenses for Field Manager and Program Advisor					
Mobilization, demobilization, shipping, storage, temp living allowances	-	40,440	22,242	24,466	87,148
Vacation/reunion travel assistance	11,121	22,242	11,121	-	44,484
LT accommodations/hard furnishings	8,088	40,818	47,300	11,965	108,171
Insurance	15,659	51,480	56,628	31,145	154,912
Allowances	32,100	72,000	72,000	40,000	216,100
Subtotal 2.2	66,968	226,980	209,291	107,577	610,816
2.3 Field Expenses					
Office rents, maintenance, utilities	73,639	117,380	129,118	138,700	458,837
Office supplies, communications, reports	25,245	82,149	90,004	102,429	299,826
Vehicle operation & maintenance	61,173	116,520	128,172	105,417	411,282
Local travel, accommodation, meals	118,000	175,168	192,685	197,361	683,214
Support staff (Office Assistants, Drivers, security services in Districts)	86,781	341,286	371,415	404,032	1,203,514
Procurement of vehicles and furniture and equipment	43,585	48,569	42,380	-	134,534
Subtotal 2.3	408,423	881,073	953,774	947,937	3,191,207
2.4 Operational Development Costs					
Printing, Equipment, TV, advertisements (social service messages)	42,130	59,027	76,462	95,025	272,644
Training, workshops, meetings, study tours	390,000	880,000	947,000	600,000	2,817,000
Strengthening of 4 government institutes (module development, LGS furniture/equipment)	48,891	53,781	59,158	65,074	226,904
Staff Capacity Development (training courses in country/region)	15,000	15,000	15,000	10,000	55,000
Community Activities (IPs, SRSP, NGOs)	510,000	760,000	710,000	665,000	2,645,000
Third party validation/research/monitoring	25,000	65,000	65,000	57,420	212,420
Subtotal 2.4	1,031,021	1,832,808	1,872,620	1,492,519	6,228,968
2.5 Audit	-	12,000	-	15,000	27,000
TOTAL EXPENSES	1,548,159	3,000,483	3,084,735	2,613,556	10,246,933
3.0 Contingency on remuneration and expenses		100,000	250,000	150,000	500,000
TOTAL REMUNERATION & EXPENSES	2,417,477	5,670,751	5,977,022	5,196,250	19,261,500

The following notes provide explanations of the proposed budget.

1.1 International Personnel

An inflation rate of 3% per annum has been applied. The Project Manager is mostly covered by the CIDA grant agreement until June 30, 2013.

Cowater's Gender Advisor, previously covered under CIDA, who has over five years' experience working on the CESSD project as well as over 18 years' experience in Pakistan, has been added to the project.

1.2 Personnel on Long-Term Assignment in Pakistan

The Canadian Project Field Manager (PFM) is covered under CIDA funding until June 30, 2013, which explains why costs are charged to AusAID as of July 1, 2013. One full-time international position, the Program Advisor, has been added for a three-year period to support the PFM by: improving overall quality control, reporting on results by strengthening the monitoring and reporting system, reviewing communication products, and conducting sporadic field visits to review the effectiveness of our management systems at the district level. The Program Advisor will also build staff capacity to better perform these tasks, aiming for full handover of improved procedures by the end of the three-year contract.

The projected inflation rate is 3%.

1.3 International Consultants

The proposed budget covers a Social Accountability Consultant and provides for other possible future needs. Other consultants would be recruited as needed and approved as part of the annual workplans.

1.4 Locally-engaged Professionals

Locally-engaged professionals are full-time Cowater term employees located both in the CESSD Peshawar office and in the districts. The current team is being maintained but slightly modified to introduce three distinct provincial sector managers to interact more regularly with the provincial departments and manage the various activities at that level. A female Field Education Manager is added to provide better access and support to female PTCs and ADOs. The program team is supported by the Finance and Administration team, which will require strengthening due to the significantly increased volume of work resulting from team expansion and intensification of activities. Cowater suggests the addition of a Financial and Administration Manager, a Senior IT Officer and a Senior Data Systems Officer. Staff currently funded by CIDA will be covered by AusAID as of July 1st, 2013. The projected local inflation rate is 10% plus up to 3% for annual merit increases.

1.5 Local Outside Consultants

Various local consultants will be hired in each sector to undertake specific mandates (examples provided below) and to provide assistance on the process of revising the PC1 and on cross-cutting areas such as gender, governance and results-based monitoring. Specific mandates, levels of effort and costs will be presented in the annual workplans for AusAID approval. The selection of the consultants will be the responsibility of Cowater. We have established three fee levels (junior, intermediary and senior) based on the depth of expertise provided by consultants.

In education, consultants will be needed for the revision of the PTC guidebook, for the training of master trainers, for the introduction of social accountability mechanisms, etc.

In health, various consultants will be needed to provide training to PCMCs, to support DoH in the development of a district level strategy framework, to finalize the PCMC guidebook, to support the implementation of PCMC and PHCU monitoring systems, etc.

Water sector consultants will be needed to develop a WUC guidebook, finalize training materials, support PHED in the development of the Social Mobilization Unit, support the establishment of a monitoring system, etc.

Governance consultants will be hired to review LGS, PHSA, PITE, and PARD curricula, provide training to their trainers, etc.

Gender consultants will provide training to religious leaders, specific training for IPs to develop their gender equality strategies, training on how to mainstream gender equality in SSC operations, etc.

The local inflation rate applied is 2%, since consultant fee rates tend not to follow the general country inflation rate.

2.2 Expenses for international personnel on field assignment and long-term field staff

These items cover mobilization and demobilization allowances/actual costs for the international staff (air fare, shipping, storage and temporary living costs upon arrival and departure), rent and furnishings and insurance premium. The overseas allowances for international staff based in Pakistan include a monthly living allowance plus a special location allowance since the staff is based in Peshawar. This special location allowance for the Project Field Manager will be paid by AusAID. The other expenses for the PFM will be paid by CIDA until the end of this fiscal year. According to Cowater policy manual, the international staff also receive an allowance for a return trip home once a year and a family reunion travel or compassionate travel allowance, if necessary.

2.3 Field Expenses

These budget lines cover Peshawar and district offices costs, including: vehicle operation and maintenance, rent, maintenance, supplies, staff local travel and accommodation, support staff salaries, as well as insurance scheme for all locally engaged staff. Cowater proposes to add two vehicles for Kohat and Nowshera.

In addition, an estimated budget has been allocated for replacement of existing vehicles and equipment as they become obsolete. A procurement plan will be included each year in the Annual Workplan.

2.4 Operational Development Costs

The printing, TV, advertisement budget supports communication products aimed at increasing the level of citizen knowledge about social services and accountability. There is also provision for some equipment for LCOs and LGS.

The training budget provides for training/coaching/mentoring more than twice the previous number of SSC members in the targeted districts, in addition to training government officials on their mandates related to SSCs.

The IP budget has been increased to provide for the additional staff required to expand the coverage of SSCs.

A validation and evidenced-based research budget has been added to undertake surveys (such as the ones identified in the PMF) and evidence-based research to support policy dialogue. Enumerators and assessors will be recruited when surveys and assessments are required.

2.5 Audit

Cowater envisages contracting an external auditor in Years 2 and 4 of the Project. The report findings will be sent to AusAID as part of Cowater's financial management accountability for CESSD.

2.6 Contingency

A contingency amount of AUD 500,000 has been added to Year 4 to cover possible higher inflation rates, or new activities such as training District Council staff, should the new Local Government Act be implemented, or working with a larger number of communities to implement CLTS, should this be justified by the level of interest on the part of communities and PHED.

<i>Cowater will request approval from AusAID for revised budgets only if the sub-total budget line items are over budget by 10% (i.e. sub-total 1.1, subtotal 1.2, etc.).</i>

ANNEX E: PERFORMANCE MEASUREMENT FRAMEWORK

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
IMPACT Improved primary education, basic health and drinking water in Khyber Pakhtunkhwa (KP) for both men and women	MDGs¹ 2.1: Primary net enrolment rate (M/F)	2.1 56% M, 45% F	2.1: 80% M, 80% F	MDG Report ESED statistics DoH statistics	Annual	CESSD monitoring team
	2.2 Proportion of pupils starting grade 1 who reach last grade of primary (M/F)	2.2 54.6%	2.2: 100%			
	3.1 Ratios of boys and girls in primary schools	3.1 0.52:1	3.1: 1:1			
	4.2 Infant mortality rate	4.2: 63 deaths per 1000 live births	4.2: 40 per 1000 live births			
	7.8 Proportion of rural population using an improved drinking water source	7.8: Rural: 69%	7.8:100%			
OUTCOMES						
100 More effective citizen engagement with government for gender responsive and accountable delivery of primary education in an average of 55% of Government Primary Schools in Haripur, Kohat, Mardan and Swabi	User satisfaction regarding the quality of education	Baseline to be determined	85% of parents surveyed from targeted BGPSs indicate that they are satisfied with the quality of education; and 75% from targeted GGPSs	Survey	Baseline, Years 2 and 4	CESSD monitoring team
	Net enrolment rate (M/F) in targeted GPSs	Baseline to be determined	Average of 65% in targeted BGPSs Average of 50% in targeted GGPSs TBD	CESSD Survey ESED records GoKP School Census	Annual	CESSD monitoring team ESRU
	Completion rate (M/F) in targeted GPSs	Baseline to be determined	Boys: 95% Girls: 85%	CESSD Survey ESED records GoKP School Census	Years 2 and 4	

¹ Numbering refers to MDG indicators. Sources: Comprehensive Development Strategy 2010-2017 and the KP MDG report – October 2011.

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
	Teacher attendance rate (M/F) in targeted GPSs	Baseline to be determined	Average of 93% ² in targeted BGPSs and 90% in targeted GGPSs	CESSD Survey, ESED records GoKP School Census	Annual	CESSD monitoring team
	Student attendance rate (M/F) in targeted GPSs	Baseline to be determined	Average rate for BGPSs: 90% Average rate for GGPSs: 95%	CESSD Survey ESED records GoKP School Census	Annual	
	Perceptions of Mothers' Groups and women executive members of male PTCs that their views/opinions have been integrated into PTC decisions	Baseline to be established at end of Year 1	Average of 70% of Mothers' Groups and 70% of male PTCs with female executive members have integrated women's concerns into PTC decisions	Survey and gender review of SIPs	Annual	
200 More effective citizen engagement with government for gender responsive and accountable delivery of primary health care in all rural primary health facilities in Charsadda, Kohat, Kohistan, Nowshera & Peshawar	User satisfaction regarding the quality of primary health care services	Baseline to be determined	90% of targeted PHCU users (M/F) surveyed indicating they are satisfied with the quality of services	Survey	Baseline, Years 2 and 4	CESSD monitoring team
	Average monthly Out Patient Diagnosis (OPD) attendance (M/F/C) in targeted PHCUs	Baseline to be determined	30% increase from the baseline	CESSD Survey, DoH Annual Report HIMS	Annual	CESSD monitoring team DoH Quality Mgmt Wing
	Percentage of targeted PHCUs applying at least 8 quality health standards	Baseline to be determined	70%	Survey HIMS	Annual	DoH Quality Management Wing
	Percentage of targeted PHCUs implementing at least 2 of the following measures to facilitate women's access:	Baseline to be determined	60%	CESSD monitoring	Semi-annual	CESSD monitoring team DoH Quality Management Wing

² Target will be revised after ESED approval of quality standards

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
	<ul style="list-style-type: none"> female staff present separate examination room separate waiting room separate latrines separate queue 					
	Perceptions of women members of PCMCs and WSCs that women's concerns have been integrated into PCMC decisions.	Baseline to be established at end of Year 1.	Average of 70% of PCMCs and WSCs have integrated women's concerns into PCMC decisions	CESSD Survey and gender review of FDPs	Annual	CESSD monitoring team
300 More effective citizen engagement with government for gender responsive and accountable delivery of drinking water in an average of 89% of functional rural schemes in Abbottabad, Chitral, Mansehra and Nowshera	User satisfaction with regard to the availability of water	Baseline to be determined	80% of targeted water scheme users (M/F) surveyed indicate they are satisfied with the availability of water	CESSD Survey	Baseline, Years 2 and 4	CESSD monitoring team
	Percentage of targeted schemes providing a minimum of 2 hours of water supply per day ³	Baseline to be determined	85% (of 703 water schemes)	CESSD Survey, WUC records PHED statistics	Annual	
	Percentage of legal household connections per scheme	Baseline in Year 1	% of connections that are illegal are reduced to 10%	Google Earth Mapper/PHED	Annual	
	Perceptions among women members of WUCs and WSCs that their concerns have been integrated into WUC decisions	Baseline to be established by end of Year 1	Average of 70% of all WUCs and WSCs have integrated women's concerns into Water Plans.	CESSD Survey and gender review of Water Plans	Annual	
400 Improved enabling environment for gender responsive	Gender responsive and citizen-centred approaches integrated into education, health	PTC guidebook introduced in 2007 needing improvements.	Revised gender responsive 2012 PTC guidebook in use in all KP districts	ESED, DoH, PHED records and key informant	Annual	CESSD monitoring team

³ Minimum number of hours to be increased over the project duration.

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
and accountable social service delivery	and water policies.	Government funds PRs 7,000 per classroom	WUCs' Notification Gender responsive PCMC guidebook in use in all KP districts Gender responsive WUC guidebook in use in all KP districts. District level health and education strategies. Primary Education Quality Standards being used in all KP Health quality standards being used in all KP districts Availability of increased government funds for PTCs, PCMCs & WUCs.	interviews Other donors GOKP annual budget		
	Number of social accountability mechanisms institutionalized in KP in three target sectors	0	1 per sector	ESED, DoH, PHED records	Annual	
	Degree of awareness of citizen engagement, gender equality, and social accountability in LGS, PITE, PARD, and PHSA training graduates	TBD	TBD	Qualitative assessment through Third Party Validation	Years 1 and 4	CESSD monitoring team
INTERMEDIATE RESULTS						
110 2,210 PTCs strengthened (1105 M/1105 F)	# of PTCs strengthened (M/F)	849 (453M/396F)	1,361 new PTCs for a total of 2,210 (1105M/1105 F)	CESSD monthly reports PTC database	Semi-annual	CESSD monitoring team ESRU
	Degree to which PTCs follow PTC guidebook	Baseline to be determined	M PTCs: 70% assessed as well-performing (A) according to the SSC	Qualitative comparative survey	Annual CESSD monitoring	

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
			Maturity Index F PTCs: 65% assessed as well-performing according to the SSC Maturity Index		team ESRU	
	% of targeted boys' schools having mothers' groups	0%	15% of BGPSs with mothers' groups	CESSD monthly reports PTC database	Semi-annual	
	% of targeted boys' schools having women as PTC members	0%	5% of BGPSs with women as PTC members	CESSD monthly reports PTC database	Semi-annual	
	Percentage of targeted PTCs holding 2 general body meetings per year	0%	M PTCs: 70% F PTCs: 70%	PTC reports CESSD monthly reports – replaced by ADO reports in Year 2 or 3	Semi-annual	
	Percentage of targeted PTCs having prepared a SIP	0%	M PTCs: 80% F PTCs: 75%	SSC Maturity Index CESSD monthly monitoring reports – replaced by ADO reports in Year 2 or 3	Semi-annual	
	Average government funding accessed per PTC	PKR 7,000 per classroom	PR 80% of PTCs accessing more funds than PR7,000 per classroom			
	Percentage of PTCs reporting back on use of funds to general body	Baseline to be determined	M PTCs: 70% F PTCs: 60%			
120 Sustainable gender responsive mechanisms to train and monitor PTCs institutionalized	Percentage of ADOs undertaking 3 visits to schools and PTCs per year	Ad hoc	M ADOs: 70% F ADOs: 60%	ADO reports CESSD monthly reports	Semi-annual	CESSD monitoring team EDOs
	Number of CESSD-trained Master Trainers providing PTC training	0	75% of 100 M 75% of 100 F	CESSD monthly reports ADO reports	Annual, starting Y2	

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
130 Gender responsive social accountability and communication mechanisms implemented	Number and type of SA mechanisms in use in 4 districts	Limited use of suggestion boxes, community forums, PIBs in use in three districts	2 SA mechanisms institutionalized in each of the 4 districts	CESSD monthly reports	Semi-annual	CESSD monitoring team
	Percentage of education related complaints addressed	71% of complaints received in the existing 8 complaint centres	At least 75% of complaints addressed in all four districts	ESED	Semi-annual	
140 ESED management strengthened to promote citizen-centred and gender responsive service delivery	Degree of application of selected primary education quality standards in CESSD selected districts	Standards not yet developed	60% of CESSD-targeted GPSs apply selected primary education quality standards	CESSD monthly reports ESED reports	Annual starting Year 2	CESSD monitoring team ESRU
150 Implementing Partners (IPs) effectively undertake social mobilization and provide gender responsive training and coaching to PTCs	Degree to which IPs perform their mandate (IP performance Index)	Lack of uniformity in social mobilization, training course contents, course evaluations, reports are activity based	75% of training and social mobilization performed by IPs are of high quality (minimum score of 70%)	Validation Survey Assessment by CESSD monitoring team Training course assessments	Annual	CESSD monitoring team
210 219 PCMCs formed, notified and strengthened, with 35% women's participation	Number of PCMCs formed	112	219 (107 new PCMCs)	CESSD monthly reports	Semi-annual	CESSD monitoring team Quality Wing of DoH
	Degree to which PCMCs are strengthened	0% for new PCMCs	70% PCMCs assessed as well performing (A) according to the SSC Maturity Index)	Qualitative, comparative survey	Annual	
	Women as percentage of PCMC executive members	0% for new PCMCs	Overall women constitute minimum of 35% of PCMC executive members	CESSD monthly reports	Semi-annual	

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
	% of PCMCs with Women's Sub-Committees (WSCs)	0% for new PCMCs	35% of PCMCs have WSCs	CESSD monthly reports	Semi-annual	
	Percentage of PCMCs holding 2 general body meetings per year	0%	70%	PCMC reports CESSD monthly reports	Semi-annual	
	Percentage of targeted PCMCs having: • prepared a FDP • % of each FDP implemented by PCMC	0% for new PCMCs	<ul style="list-style-type: none"> 80% 60% 	CESSD monthly monitoring reports – to be replaced by DoH reports in Y3	Semi-annual	
	% of PCMCs capable of reporting on implementation of the 8 selected Primary Health Care Standards ⁴	0% for new PCMCs	70% of 219 (153)	CESSD monthly reports – to be replaced by DoH reports in year 3.	Semi-annual	
220 Sustainable gender responsive mechanisms to train and monitor PCMCs institutionalized	Regularity of DoH monitoring reports on PCMCs	No reporting as yet	DoH produces reports on 60% of PCMCs annually	CESSD monthly reports DoH reports Survey	Annual starting Year 3	CESSD monitoring team DoH
	Number of Master Trainers providing PCMC training	0	75% of 65M 75% of 35F	CESSD reports DoH reports	Annual starting Year 2	
230 Gender responsive social accountability and communication measures implemented	Number and type of SA mechanisms in use in 5 districts	One: Public Information Boards	Two mechanisms institutionalized in each of 5 districts.	CESSD monthly reports	Semi-annual	CESSD monitoring team
	Percentage of complaints addressed	85% of complaints addressed in the existing 5 complaint centres	At least 90% of complaints addressed	DoH	Semi-annual	

⁴ Primary Health Care Standards are approved DoH standards regarding facility management and service delivery Primary Health Care Units

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
240 Gender responsive district health strategies developed with strong community involvement	Number of district health strategies developed	0	5 health district strategies developed	CESSD monitoring reports	Annual	CESSD monitoring team
	Implementation of strategies (criteria and scale TBD) ⁵	Strategies not yet developed	At least 30% of strategies implemented	Assessment of quality	Year 2 or 3	DoH Quality Management Wing
250 DoH management and information systems strengthened to promote and capture citizen-centred and gender responsive service delivery	Availability of information from targeted PHCUs according to HIMS requirements.	Inconsistent reporting	75% of PCHUs report according to new HIMS requirements	CESSD monthly reports HIMS	Annual	DoH Quality Management Wing
260 IPs strengthened to effectively undertake social mobilization, and provide gender responsive training and coaching to PCMCs	Degree to which IPs perform their mandate (IP performance Index)	Lack of uniformity in social mobilization, training course contents, course evaluations, reports are activity based	75% of training and social mobilization performed by IPs are of high quality (minimum score of 70%)	Qualitative survey - validation Assessment by CESSD monitoring team Training course assessments	Semi-annual	CESSD monitoring team
310 703 WUCs are formed, notified and strengthened, with 33% having women as members	Number of WUCs formed	126	703 (577 new)	CESSD monthly reports	Semi-annual	CESSD monitoring team
	Degree to which WUCs are strengthened	0% for new WUCs	70% WUCs assessed as well performing (A) according to the SSC Maturity Index)	Qualitative comparative survey	Annual	

⁵ Indication of criteria: prepared in consultation with communities, establish measurable results, identify budgets required and source of funding, be gender responsive.

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
	Number of targeted WUCs with signed Agreements	0 for new WUCs	80% to have signed agreements (most) or undertakings	CESSD monthly reports	Semi-annual	
	Number of targeted WUCs with signed Undertakings	0 for new WUCs				
	Percentage of targeted WUCs having women as executive members	0% for new WUCs	33% (234 of 703) have women as members of the executive body	CESSD monthly reports	Semi-annual	
	Percentage of targeted WUCs with Women's Sub-Committees (WSCs)	0% for new WUCs	67% (471 of 703) have formed WSCs	CESSD monthly reports	Semi-annual	
	Percentage of targeted WUCs holding 2 general body meetings per year	0%	70%	WUC reports CESSD monthly reports	Semi-annual	
	Percentage of targeted WUCs having: • prepared a SMIP • % of each SMIP implemented	0% for new WUCs	<ul style="list-style-type: none"> 80% (562/703 WUCs) 60% 	CESSD monthly monitoring reports – to be replaced by PHED reports in Year 3	Semi-annual	
	Percentage of targeted WUCs capable of undertaking small repairs	0% for new WUCs	70% of the 703 WUCs are capable of undertaking small repairs	WUC reports	Semi-annual	
	Number of WUC communities having achieved Open Defecation Free status	0	10	WUC reports	Semi-annual	
320 Sustainable gender responsive mechanisms to train and monitor WUCs institutionalized	Monitoring system of WUCs developed	0	PHED produces reports on an average of 60% of WUCs annually	PHED reports for water districts	Annual starting Year 3	CESSD monitoring team PHED
	Number of Master Trainers providing WUC training	0	75% of 107 M 75% of 53 F master trainers	CESSD monthly reports PHED reports	Semi-annual	

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
330 Gender responsive social accountability and communication measures implemented	Number and type of mechanisms in use in 4 districts	2 SA mechanisms introduced in two districts: complaint centre and PIB	2 mechanisms institutionalized in each of the 4 districts	CESSD monthly reports	Semi-annual	CESSD monitoring team
	Percentage of complaints addressed	93% of complaints addressed in 1 complaint centre	Average of 95% of complaints addressed in additional complaint centres	PHED reports	Semi-annual	CESSD monitoring team
340 PHED management and information systems strengthened to promote and capture citizen-centred and gender responsive service delivery	Percentage of supported communities with functional tariff collection system in each district	Baseline to be determined	80% of the 703 supported communities with WUCs	WUC records PHED records	Semi-annual	CESSD monitoring team
	Availability and accuracy of information on water schemes	Accurate information not available	PHED has up-to-date information on all CESSD supported water schemes	CESSD monitoring reports PHED records.	Semi-annual	CESSD monitoring team
350 IPs strengthened to effectively undertake social mobilization, and provide gender responsive training and coaching to WUCs	Degree to which IPs perform their mandate (IP performance measurement?)	Lack of uniformity in course contents,	75% of training and social mobilization performed by IPs are of high quality (minimum score of 70%)	Survey - Third party validation Assessment by CESSD monitoring team Training course assessments	Semi-annual	CESSD monitoring team
410 Citizen-centred, socially accountable, and gender responsive service delivery integrated into sectoral policies	Number of evidence based studies disseminated	0	2 per sector	CESSD monitoring reports	Semi-annual	CESSD monitoring team
	Number of SA mechanisms developed per sector by government	0	One per sector	KP budget	Annual	

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGET (Life of Project)	DATA SOURCE, COLLECTION METHOD	FREQUENCY	RESPONSIBILITY
	departments					
	Number of civil society organizations participating in social accountability networking	Baseline to be determined	40 organizations	CESSD monitoring reports	Semi-annual	
420 Provincial training institutions- LGS, PITE, PHSA, and PARD (federal) – have integrated needs-based service delivery, gender responsiveness, and social accountability into curriculum and pedagogy	Number of training courses with integrated gender responsible and social accountable citizen-centred approaches	Gender integrated: PARD: 14/43 courses; LGS: 1 PITE, PHSA: 0 SA integrated PARD: 8 PITE, LGS and PHSA: 0	All relevant courses per institution	Institutes' annual reports Qualitative assessment	Semi-Annual	CESSD monitoring team

ANNEX F: RISK MATRIX

Risk Definition	Risk Level		Mitigation Strategy
	Likelihood	Impact	
Development Risks			
Security: terrorist groups could destroy a significant number of government primary schools, particularly girls' schools, and primary health care units. This is more frequent in FATA than in CESSD supported districts.	L	L	The potential impact will be mitigated by the spread of CESSD operations over 11 districts. CESSD will have a general impact of building trust between citizens and government, which will contribute to reducing support for terrorist groups. CESSD will undertake policy dialogue to ensure GoKP allocates funds to rehabilitate damaged facilities.
Natural disasters could have a significant impact on populations and infrastructure, thus requiring significant emergency and rehabilitation funding.	L	M	CESSD will advocate with GoKP to allocate additional funding to continue funding the increasing needs for social service delivery, while rebuilding damaged infrastructure.
Intervention Risks			
Insufficient GoKP resources to fund sustainable training and monitoring of SSCs after project completion.	M	H	Policy dialogue at the provincial level will encourage GoKP sectoral departments to allocate resources for SSC training and monitoring. CESSD will provide support to district sectoral strategies and lobby for the inclusion of appropriate resources. CESSD will foster strong SSCs and generate master trainers who will be able to undertake peer-to-peer learning.
Resistance to gender equality, social accountability, and citizen-centred service delivery.	M	L	CESSD will sensitize stakeholders to new approaches and to pilot them before applying them on a larger scale, a strategy that has proven very effective in reducing resistance.
Security threats undermine SSC and government staff ability to exercise their responsibilities.	L	L	Strengthening trust and cohesiveness within communities and between government and communities will mitigate this risk. CESSD's overall approach toward citizen engagement should help build more trusting relationships.
Natural disasters undermine SSC and government staff ability to exercise their responsibilities.	L	L	CESSD and government district staff, as well as communities themselves, are now capable of undertaking efficient rehabilitation should it be required. The geographic spread of CESSD activities over 11 districts and hundreds of locations will also mitigate this risk.
Management Risks			
Inability to manage the scale of activities	L	L	The present CESSD team has already demonstrated its capacity to manage a complex multi-layered project. It will be further strengthened by the addition of few key positions.
Inability to manage financial resources efficiently and transparently	L	L	The addition of a Senior Financial and Administration Manager and three support staff will strengthen field financial management. Cowater applies very strong financial oversight mechanisms. AusAID funds will be directly disbursed and accounted for by Cowater.
Security threats may affect staff mobility	M	L	A full-time Senior Security Manager maintains very strict SOPs rigorously observed by the team, which also maintains low profile and respects local cultural norms.

Likelihood: Low -Medium- High; **Impact:** Low-Medium-High

Annex G: List of CESSD Staff

Position	Name
Project Field Director	Anne-Marie Chagnon
Project Manager/Backstopping	Louise Ouimet/Jane Fuller
Gender Advisor	Joanne Prindiville
Capacity Building Advisor	Mike McGarry and others
Administration & Coordination & Documentation Research	Various
Project Financial Officer	Various
Project Field Manager	Brian Fawcett
Program Advisor	Amar Sainju
Deputy Project Field Manager	Hameed Hassan
Senior Capacity Development Officer	Anika Khan
Governance and Capacity Devt Manager	Waqar Gillani
Senior Governance Officer	Adeel Bahadar
Senior Monitoring and Reporting Manager	Sajid Ayyub Jaddon
Senior Monitoring and Reporting Officer-Educ	Muhammad Israr
Senior Monitoring and Reporting Officer-Water	Rashida Khawaja
Senior Monitoring and Reporting Officer-Health	Tariq Rahim Khan
Provincial Health Program Manager	Ishfaq ur Rehman
Provincial Water Program Manager	Shabina Gulzar
Provincial Education Program Manager	Zakia Khan
Field Water Program Manager	Saqib Ali Khan
Field Health Program Manager	Kanwal Iqbal
Field Education Program Manager (M)	Latif Ahmad
Field Education Program Manager (F)	TBD
Senior IT Officer	Sardar Jamal Khan
Senior Data Systems Officer	TBD
Senior Communications Officer	Waqas Shafi
Senior Security Manager	Tajammul Hussain
Senior Gender Manager	Robina Bangash
Senior Gender Officer	Amina Khan
District Program Officer	Bilal Ahmed
District Program Officer	Fakhr-e-Alam
District Program Officer	Muhammad Zahid
District Program Officer	Tariq bin Farooq
District Program Officer	Anwar Adil
District Program Officer	Khalid Saifullah
District Program Officer	Muhammad Ijaz
District Program Officer	Bilal Ahmed Khan
District Program Officer	Mansoor Bangash
District Program Officer	Ummara Zebi
District Program Officer	Mirza Khan
Asst District Program Officer	Fahim ullah Khan
Asst District Program Officer	Nazish Niaz

Position	Name
Asst District Program Officer	Habib ur Rehman
Asst District Program Officer	Allah Rakhi
Asst District Program Officer	Abid Ali
Asst District Program Officer	Imtiaz Ali
Asst District Program Officer	Ghazala Afzal
Asst District Program Officer	Sheema Muslin
Asst District Program Officer	Aamir Rabbi
Asst District Program Officer	Saima Khan
Asst District Program Officer	Kamran ud Din Shah
Asst District Program Officer	Amir Aziz
Asst District Program Officer	Majid Khan
Finance and Admin Manager	Syed Kazmi
Finance Manager	Tahir Afif