

Community Based Monitoring (CBM)

A participatory tool for monitoring child centered
public programs at the grass-roots

Prepared under the project “Promotion of Child Responsive Governance in Gujarat”



Background

Effective outreach of public programmes for nutritional support, education, health, and other entitlements aimed at the poor and vulnerable, particularly children enables them to lead an economically secure life. In reality, access to public programmes has been poor and remains a major concern. Some reasons for poor access to public programmes are: i. low information about the programmes and processes of seeking benefits, ii. social exclusion and discrimination leading to poor demand for rights and entitlements, iii. difficulty in navigating the processes set up for public programmes including making an application with all the relevant documents and getting it sanctioned, and iv. low downward accountability of service providers to local governing institutions and people.

In recent years, the government has introduced several rights and entitlement based programmes with provisions for building downward accountability and people's participation in monitoring of programme delivery. This is being done through creating and supporting programmatic committees in many of the public programmes viz:

- a) Village Health Sanitation and Nutrition Committee (VHS&NC) for monitoring services at the Primary Health Center and the Rogi Kalyan Samiti to ensure patient's rights at the PHC and CHC levels under the National Rural Health Mission (NRHM);
- b) Matru Mandal at the Anganwadis under the Integrated Child Development Scheme (ICDS);
- c) Takedari Committee for PDS under the National Food Security Act (NFSAct);
- d) School Management Committee (SMC) to monitor services in schools under the Right to Free and Compulsory Education (RTE) Act;
- e) Vigilance Committee for monitoring employment programmes under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA);
- f) Village Child Protection Committee to ensure vulnerable children receives protection under the Integrated Child Protection Scheme (ICPS).

Community members, an integral part of these programmatic committees being at the point of service delivery providing support in monitoring services and identifying gaps in them, identify people who are eligible but not receiving benefits and take initiative to link the deprived with the services. When these committees are strengthened to monitor the services in a participatory manner, it helps in improved service delivery. These committees are selected and facilitated by the line departments as per the provision in the respective programmes/Acts. The selection of the committee members, orientation about their roles and function is often done in a limited way. It is been observed that most of the committee members are not aware of their membership. They do not know about their roles and responsibilities and have not been provided and capacity building support.

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Introduction to Community Based Monitoring (CBM)

Community Based Monitoring is a tool that the users/community can use to monitor the status and quality of public services and use the information obtained for follow up action. Such tools create a scope for effective participation and ownership of the community and if used effectively it includes socially excluded groups as well. It has been experienced that when communities and their leaders (citizen leaders) are empowered to collectively voice issues related to effective delivery of public programmes, it creates pressure on the agencies responsible to remove the irregularities in the process of delivery of services.

Why Community Monitoring is important?

- i. Community is empowered through information on provisions, rules and entitlements for services, process for grievance redressal and actions that can be taken at different levels to improve access and quality of public programs.
- ii. Community participates in the monitoring of services, identifies gaps and demands for removal of irregularities detected in the service delivery through appropriate action.
- iii. Community has local support for receiving timely and updated information on public programmes, as well as support for initiating action if they do not get their entitlements
- iv. Voice of people is strengthened to seek redressal for grievances
- v. It highlights and facilitates interface and dialogue between community and service providers for improvement in access and service delivery mechanisms as well as facilities related to the services.

Who will monitor?

Village Level Programmatic Committee

Village level programmatic committee is the formal mechanism for monitoring and evaluating public programmes. The programmes/Acts under which a committee is formed lay down the criteria and process of selection of the committee members as well as their roles and responsibilities. Members usually include representatives of the user groups, elected representatives, representatives of service providers and other members of the community. Roles generally include review and monitoring of how effective the service provision is; identifying gaps, interface with the service providers and exploring ways to address the identified gaps.

Gram Panchayat Representatives

Gram Panchayat, as a local governing unit, is responsible for overall supervision and monitoring of all the public programmes and services in the area it governs. PRI members should be involved in monitoring of the basic services, also in identifying issues and gaps, exploring probable solutions and preparation of action plan. In case the village level programmatic committees are inactive or defunct, PRI members are expected to take the lead role in community monitoring.

Representatives from Village Organization, SHG, Community Leaders

Members of the village level collectives (mahila mandals, youth groups, SHGs, farmers group etc.) can play crucial role in community monitoring and linking basic services to the poor households.

Outside Agency (Volunteer Organization)

Outside agency can play meaningful role of facilitator in the whole process of the community monitoring. It can provide knowledge support in building capacities of the community and enable them to focus on the strengths and capacities of local communities in finding probable solutions to the issues pertaining to them.

Operationalizing Community Based Monitoring – Steps and processes

1. Community Mobilization

Community Monitoring can be done effectively only when people are aware and have a collective understanding about the public programmes and schemes and the rights and entitlements of the community. Awareness can help them to identify gaps in delivery of the programmes, in people's access to basic services and the reasons for their non-availability. Gram Panchayats and village level committees can organize awareness camps and events for the masses.

2. Orientation of village level programmatic committee members as CBM facilitators

In addition to knowledge about the key programmes and government procedures and systems, members of programmatic committees like SMC, VHN&SC, Matrumandal, PDS committee and citizen leaders need to be oriented to develop a set of skills to carry out their functions effectively. These include:

- Conducting / facilitating a community monitoring meeting
- Engaging in non-confrontational and constructive ways to elicit support of government officials, local governance representatives and other stakeholders
- Writing applications for grievance redressal
- Developing appropriate strategies for improving access to entitlements

3. Identification of Indicators for Monitoring

The respective programme committees will prepare a list of indicators related to their service in consultation with the community. Preparing indicators using a consultative approach is likely to lead to a greater interest among the community in the process and outcome. For example, the Matrumandal should consult with women who come for the Mamta diwas and prepare a list of indicators for services which they feel are important and need to be improved. Examples of some indicators under different public programmes are:

- i. Health: Institutional delivery, immunization, access to benefits under Janani Suraksha Yojana, PM Matruvandan Yojana, Kasturba Poshan Sahaya Yojana, access to free medicine and insurance program, functioning of PHCs and CHCs
- ii. Nutrition: Growth minoring of infants, nutritional supplement provided through anganwadi centers to pregnant women, lactating mothers, children and adolescent girls under Integrated Child Development Scheme (ICDS)
- iii. Education: Enrolment and attendance in the primary school and associated entitlements like scholarships, free textbooks, mid-day meal, etc.
- iv. Food security : Functioning of fair price shop under National Food Security Act as per the entitlements .

- v. Social security: Access to social security programmes like widow, old-age and disability pension, work under MGNREGA, etc.
- vi. Child Protection: protection from abuse and exploitation and Palak Mata Pita scheme for children without parental care and support.

4. Participatory Mapping of Services

After the indicators have been developed, mapping should be carried out by the committee members. It should be carried out in two parts;

- a. Visiting service delivery point and interaction with service providers: some of the indicators may require actual visit to the service delivery point and on spot verification of the services. For example: assessing attendance of children in school, or monitoring the quality of food provided at anganwadi etc.
- b. Community meetings: The qualitative status of the services should be mapped during the faliya level meeting with community who are availing the services being monitored. Discussion with the community helps to understand the actual status of the services along with the related issues and gaps.

Steps in participatory mapping:

- initiate discussion on a programme /service with the community and other stakeholders such as service providers and representatives of the panchayat
- inform the community about a programme /service (including criteria for selecting beneficiaries, benefits etc.)
- identify problem areas in facilities at service points
- record evidence of status of services in quantitative manner for longitudinal and lateral comparison and compilation
- identify actions for improving access to the programme/service and for grievance redressal

5. Sharing and preparation of Action Plan with relevant stakeholders

a. Gram Panchayat Coordination Meeting (GPCM)

After consolidation of the findings, under the chairmanship of the sarpanch, a CBM sharing meeting should be conducted along with or followed by Gram Panchayat Coordination Meeting (GPCM). The findings of the community monitoring should be shared and discussed leading to identification of local solutions for the issues to be addressed. This can be done by conducting a joint meeting at the panchayat level in which VLPC members, PRI members, CLs, Beacon Leaders, panchayat level functionaries etc. can participate together or separately

b. Sharing the outcome of CBM in public spaces or domain /

The findings of the CBM should be consolidated and published/ displayed in public domain. It should be also presented in the Gram Sabha along with the action plan.

6. Tracking the Resolution of Grievances

Action on issues identified and people's grievances are a critical component of CBM. Disseminating information on schemes and programmes or demands raised by people for

their rights is not enough to ensure that people receive their entitlements. The goal of improved access is realized only when people actually receive the benefits that they are entitled to. Grievance redressal mechanism enables people who are left out or have not fully received the benefit, to get their entitlements. Gram Panchayat and VLPCs will take responsibility of following up on the status of the grievances that were identified during CBM process.

Limitations

While CBM is a powerful tool for monitoring the effectiveness of service delivery by the beneficiaries and by direct stakeholders but it has certain limitations. The scope of CBM is intensive but it is highly localised and covers only certain selected aspects. . The tool may not provide specific quantitative data or consistent evidence but covers rich qualitative experience. It is more of an empowering tool for the community rather than fact or fault finding tool from users point of view. It should not be misunderstood as a data collection process or else it will become a rigorous data generating tool instead.

Steps and Processes for Conducting CBM

The steps and processes for five different themes associated with child survival, growth, development and Protection has been included in the proposed CBM. The five themes are: 1. Functioning of primary education, 2. Functioning of ICDS services, 3. Functioning of health, drinking water and sanitation services, 4. Food security related services like PDS and MGNREGA, and 5. Child protection issues like child marriage, child labour, protection against physical and sexual violence. For each theme, a set of parameters has been developed to assess status of access and quality of functioning.

It is proposed that the CBM will be conducted on all the 5 themes covering all the villages and institutions in the Gram Panchayats. The CBM will be facilitated by the members of the village level programme committees (SMC, VHS&NC, Matru mandal, PDS committee and Village Child Protection Committee). These committee members will conduct the CBM involving leaders of village level institutions like SHG, Village Organizations and other CBOs. It would be desirable to involve the Gram Panchayat members in this process. In most of the village level programme committees, gram panchayat members are members or Chair by design. Before the CBM process is conducted, members of all the village level programme committees will be trained on the process and tools as well as collation of information for improving quality of services and conditions for children.

The CBM is not a process of creation of data, rather it is a process to create awareness and analyse the conditions of services and take follow up actions for improvements. CBM is in no way challenging the government data or records. It only reflects community perception and understanding of the functioning of the programme as they have been experiencing it. When community analyses the status of the programme delivery, many barriers and bottlenecks are removed by themselves. This process improves the demand generation and creates pressure at the end of the service providers and managers to remain accountable.

The CBM has to be carried out at the service point and the community level. All the programme committee members and others associates need to declare a date to conduct the CBM. Appropriate communication and mobilization must be done at the village level to collect at one

pre- identified place. The CBM must start with a general briefing about all the five themes that are going to be covered. After the preliminary meeting, the villagers and the CBM facilitators will be divided into five groups and conduct the monitoring in a pre-designed format which has several parameters. These parameters are developed based on the focus of the various schemes and past experience of conducting CBM. The parameters are not final in nature. Keeping the participatory principles in account the community and the CBM facilitators are encouraged to add new parameters and process as they find relevant and appropriate. Once all the information and discussions are conducted by the five different thematic groups, all groups will re-assemble to discuss about the findings and follow up action.

Once all the villages of the Panchayat are covered through CBM, all the information will be collated in the Panchayat level format and displayed in the Gram Panchayat. The Gram Panchayat (Sarpanch and panchayat representatives, selected programme committee members) will hold Gram Panchayat Coordination Committee (GPCC) meetings with respective institutional functionaries. GP will hold meetings separately with all the Anganwadi workers, school principals, PDS dealers, ASHA workers and ANMs and Medical Officers using the findings of the CBM reports. In this meeting, improvements of the services will also be discussed. In subsequent meetings the action taken report should be discussed.

This community-based process will create a robust decentralized governing process to strengthen delivery of public schemes and promoting people's participation in development process.

1. Monitoring the performance of Primary School by School Management Committee



Act

Under Right of children to free and compulsory Education Act, (RTE) 2009

Membership

Comprises of parents especially women, representatives from school administration, PRI representatives and other community representatives. This committee is formed school wise and has up to 12 members.

Key Function and roles

Monitors physical facilities & services and quality of education, acts as a link between community and school, supports process of planning and budgeting.

S.No.	Indicator	Process	Note
1	Presence of students against enrolment (head count on normal day against the enrolment)	<ul style="list-style-type: none"> SMC members/ community people/ CBO members visit the school The members will collect information from the Headmaster on total enrolment of children (class and gender wise enrollment). After interaction with the HM, the members will visit the classrooms to count the children present on the day. Note down number of enrolled children and children present (gender wise and total). 	<p>While visiting the school, have a brief meeting with the headmaster or teacher about the purpose and objective of the exercise.</p> <p>Try to maintain silence or decorum in the school premises so that ongoing activities are not disturbed.</p> <p>Make sure that only one person visits one class at a time and not in a group. One person should collate the data collected by all the members who made note of the attendance and enter it in the format.</p>
2	Number of children having seasonal long duration absence	<ul style="list-style-type: none"> During the school visit, SMC members will ask the teacher or headmaster about the children who are absent in the school for a longer period of time. Record the number (boys and girls separately). Try to understand who these children are. For eg. are these mostly girls, children from a specific faliya or community? During the faliya meeting, discuss the issues related to irregularity of the children. Take corrective measures for regular attendance of these children. If it is seasonal absence, explore for opening up seasonal hostels. 	Collect this information during school visit
3	Presence of teachers	<ul style="list-style-type: none"> SMC members/ community and CBO members visit the school. The members will collect information from the headmaster on total number of teachers appointed currently. Observe how many teachers are present on the day of the visit. 	Observe during school visit

S.No.	Indicator	Process	Note
4	Status of Mid-day meal - hygienic condition at 3 checkpoints – eating space, cooking space and hand wash facility, Provision of plates/ utensils to children	<ul style="list-style-type: none"> Observe whether teachers were involved in teaching activities. Visit school during lunch break. Visit the storage, cooking and eating space. Observe while students are having their meals and washing their hands. <ol style="list-style-type: none"> Record the hygienic condition at 3 checkpoints – eating space, cooking space, hand wash facility, Record whether all children are being provided plates/ and utensils. If the conditions are average and poor, discuss about the corrective measures in the faliya meeting as well as in the school. If select children are not being provided plates during meals, find out reasons and discuss with the teachers and principals. 	Note down observations separately
5	Availability and functionality of toilets (Separate toilets for girls and boys, Access to water and hand washing facility)	<p>2-3 SMC members observe the conditions of toilets on:</p> <ol style="list-style-type: none"> Whether separate toilets for girls and boys are available or not. Whether toilets are having water facility. Whether hand wash facility is available. <p>If there is any issue, note them and discuss with the headmaster for improvement and record it for GP level reporting.</p>	
6	When was the school health camps organized last?	<ul style="list-style-type: none"> During the school visit, ask the teachers when the last health camp was organized. Is there any report available in regard to provisioning medical aid and equipment like spectacles, hearing aid, de-worming medicines etc. Ask if any follow up has been taken. If no health camps have been conducted, find out the reason and take follow up action. 	Mention month and year

S.No.	Indicator	Process	Note
7	Children with disabilities (of age group 6-14 years) not going to school	<ul style="list-style-type: none"> Explain the type of prevailing disabilities as per Rights of Persons with Disabilities Act, 2017 with the community. During faliya meeting ask people if there are any children with disability in their faliya. Note their names. Further ask and list down who are the children with disabilities (boys and girls) not going to school. Note down reasons and discuss about their inclusion in the school. 	Carry a copy of Rights of Persons with Disabilities, Act 2016 with you or any other popular material on Disability.
8	Coverage under Anna Triveni Yojana	<ul style="list-style-type: none"> During faliya meeting, provide information about the eligibility criteria of the scheme Find out and note how many girls are eligible. Ask the community members how many of the eligible girls are receiving this benefit. Note down who are the children eligible and have not received the benefit. List down their names and report to the school. 	This scheme is available for the girls belonging to tribal area going to school from Std 1-8 having 70% attendance in the academic year. A measure of 60 kgs of defined ration is provided in two installments of 30 kgs each.
9	Coverage under Vidya Laxmi Bond	<ul style="list-style-type: none"> Find out whether the village falls under the eligibility criteria of Vidya Laxmi Bond. If yes- During the faliya meeting, provide information about the eligibility criteria of the scheme Ask community how many bonds have been encashed last year after the girl child passed Std 8. If not encashed ask the parents to go and meet the headmaster. 	Vidya Laxmi Bond covers girls Std 1-8 in the villages where female literacy is below 35 %
10	Number of children experiencing physical violence/ corporal punishment by teachers in school	<ul style="list-style-type: none"> At faliya level meeting ask the parents if their wards have complained about use of corporal punishment and any other physical violence by other children. Record the incidents. Hold discussions how to curb such incidents inside and outside schools. 	The physical violence would include severe nature of physical punishments resulting in physical symptoms Eg. Bleeding, swelling,

S.No.	Indicator	Process	Note
		<ul style="list-style-type: none"> SMC will take up the matter with the teachers. 	
11	Number of parents counseled on importance of education for irregular students by SMC and teachers	<ul style="list-style-type: none"> During faliya meeting ask the parents whether SMC members and/or teachers have come for counseling during last month. Record the response in terms of regularly, sometimes, never. If the number is less, discuss about follow-up actions. At the end discuss about the importance of counseling of parents on matters of school education. 	

2. Monitoring the performance of Primary Health, Safe drinking water and Sanitation services by Village Health Sanitation and Nutrition Committee (VHS&NC – Sanjeevani Samiti)



Act/Programme

National Rural Health Mission

Membership

The VHS&NC should have a minimum of 15 members comprising of women PRIs, ASHAs, frontline staff of government health related services, CBOs and service users. Atleast 50% should be women and SCs, STs and minorities should be well represented.

Key Functions

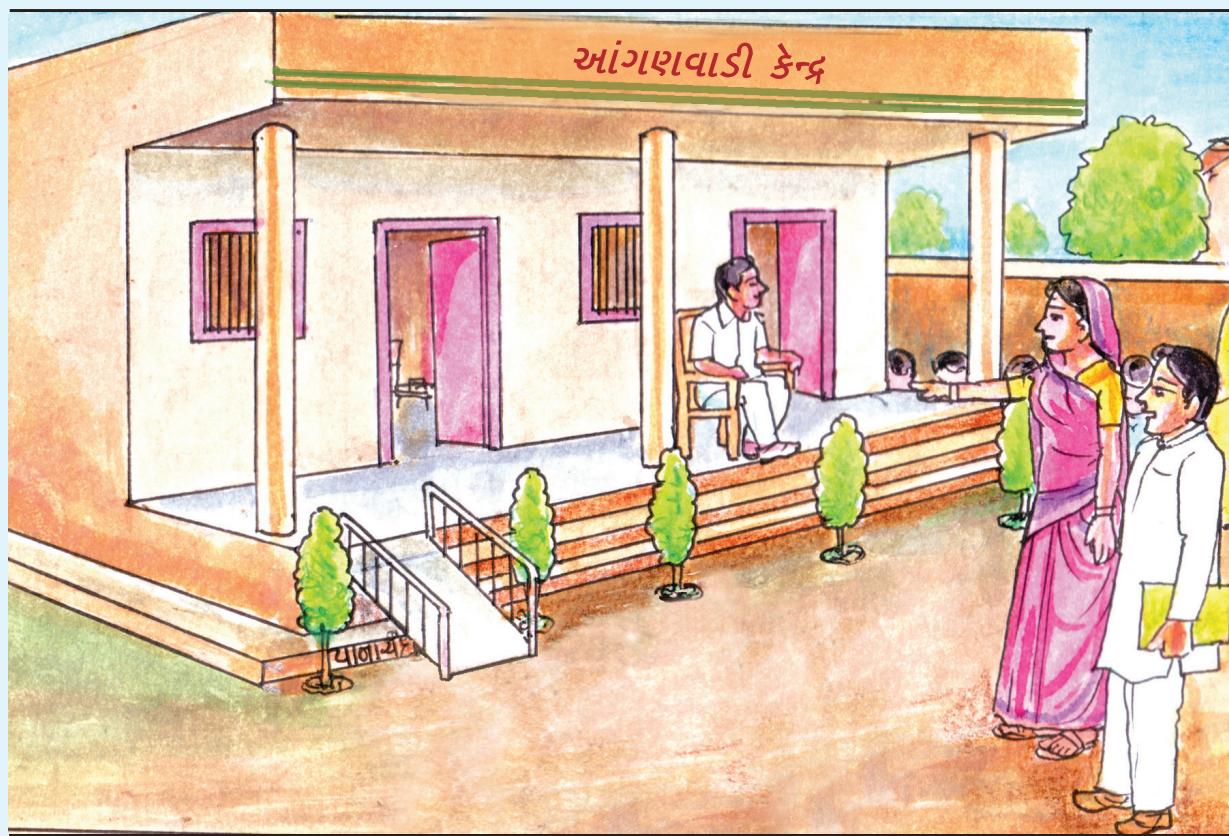
Create awareness about health services, planning and monitoring of health services, prepare health plans based on the key issues of the village

S.No.	Indicator	Process	Note
1	Prevalence of Diarrhea (Last month)	<ul style="list-style-type: none"> During faliya meeting, ask in which households children suffered from diarrhea Note their names. Discuss about the causes of diarrhea and its impact particularly on growth and development of children. 	Focus should be to bring down the incidence of diarrhea.
2	Household level knowledge about preparation and use of ORS 1. Know about the benefits of ORS 2. Know about preparation of ORS 3. Extent of use of ORS	1. Discuss about the benefits of ORS and observe what is the percentage of women and men who know about the benefits of ORS. Record in terms of broad percentage 2. Ask about the methods of preparation of ORS. Record the level of knowledge in terms of broad percentage 3. Ask how many people regularly use ORS. Record the broad percentage. <ul style="list-style-type: none"> if the usage is low, encourage for usage to control diarrhea ORS related IEC materials can be taken to the meeting.	Record in numbers
3	Distribution of Sanitary Pads to adolescent girls by ASHA at subsidized rate	<ul style="list-style-type: none"> During faliya meeting, ask the adolescent girls exclusively in a private space about usage of sanitary pads. Record the broad percentage of usage. Ask how many receive the pads in the past month at subsidized rates from ASHA. Ask difficulties, if any If there is any issue, then find potential actions 	If the girls are using clean hygienic cloth pads, do not discourage it
4	Does ASHA make households visits to pregnant and lactating mothers	<ul style="list-style-type: none"> In the faliya meeting, ask the pregnant and lactating mothers about the regularity of HH visits by ASHA. Record in terms of regularly, sometime and never. Also record names of those who have never received the services from ASHA, find out the reasons and do necessary follow-up. 	

S.No.	Indicator	Process	Note
5	Access and functioning of Sub-centres	<ul style="list-style-type: none"> In the faliya meeting, ask whether the sub-centres are opened regularly. Record in term of regularly, sometimes, and never. Ask people whether water and sanitation facilities are available in the centre (Yes, No, Yes but not functional). If No or Yes but not functional, take up the issue for follow-up actions. Note any other difficulties and issues related to sub-centre. 	
6	Access to Primary Health Centre (PHC)	<ul style="list-style-type: none"> In the faliya meeting, ask whether the PHC is open regularly. Record in term of regularly; sometime, and never. Ask people whether water and sanitation facilities available in the PHC (Yes, No, Yes but not functional) If No or Yes but not functional, take up the issue for follow-up actions. Ask whether doctor is regularly present in the PHC. Record in terms of regularly, sometimes, rarely, never. Visit the PHC and observe the overall conditions of the facilities. Ask the doctors whether the Rogi Kalyan Samiti has been formed? Ask about its functioning. Make note of the observations. 	Availability of other facilities such as free medicines, pregnancy room and kit may also be reviewed during the visit
7	Water facilities at household and village level	<ul style="list-style-type: none"> In the faliya meeting, ask how many HHs have piped water supply and how many do not. Record the numbers. Ask about the total number of hand pumps available and how many are functional. Discuss about the repair of non-functional hand pumps. 	

S.No.	Indicator	Process	Note
8	Open Defecation Free Status	<p>1. In the faliya meetings, ask how many HHs do not have toilets. Record the number and understand who are they. Discuss about how those HHs can construct toilets.</p> <p>2. Ask people to identify number of HHs who are practicing open defecation. Record the number and identify who are they. Discuss how those people can be discouraged from open defecation.</p>	

3. Monitoring the performance of ICDS services by Matrumandal Committee



Act/Programme

Integrated Child Development Scheme

Members

Matrumandal committee should have a minimum of 10 members comprising of pregnant & lactating women, mothers of children enrolled in anganwadi, adolescent girls, village level frontline workers like teacher, woman panchayat representatives, members of SHG.

Key Responsibilities

Review and monitor the overall functioning of the Anganwadi Centre (AWC)

S.No.	Indicator	Process	Note
1	Presence of children against registration at the Anganwadi centre	<ul style="list-style-type: none"> Matrumandal members will visit anganwadi centre when it is open (9am to 3 pm) and see the register for total number of children registered at the centre. (boys, girls and children with disabilities) Do a head count of number of children present on spot (boys, girls and children with disabilities). If there is low attendance, discuss the reasons and note down. When faliya/ community level discussions are held explore what needs to be done to improve attendance. 	<p>Note that 3 to 6 years children are registered in the anganwadi.</p> <p>The reasons for low attendance and action proposed for improvement will be clearly discussed and next month progress need to be reported and discussed.</p>
2	services available in the Anganwadi Centre (Building , Kitchen and Store house, toilet, Drinking water, children use the learning materials)	<p>Make note of the physical conditions of the Anganwadi in terms of size, infrastructure, cleanliness, cooking space, and storage facility (if there are flies and rats take special note)</p> <ol style="list-style-type: none"> 1. Make note whether toilets and drinking water facilities are available 2. Make note whether learning/play materials are available and children are using them –list out some of the visible play materials 3. List out if any pre-school level learning activities are conducted like shape, size, singing, drawing etc. 4. After all these observations in discussion with the Anganwadi workers rank it as green (good), yellow (average), red (poor) 5. If it is moderate and poor, discuss how it can be improved. 	Note during the AWC visit
3	Number and place of deliveries (Institutional Delivery/ Non-Institutional) in the last month	<ul style="list-style-type: none"> During faliya meeting ask community, if there were any deliveries in the last month. Note down the numbers and names. Further ask how many of these deliveries were conducted at home and who all went to the hospital. Note down the numbers for both 	<p>Share with the community why institutional delivery is important. Discuss about various cultural practices and taboos.</p> <p>In case of high number of home deliveries, reasons and action proposed for</p>

S.No.	Indicator	Process	Note
		and the reasons for home deliveries.	improvement will be clearly discussed and next month progress need to be reported and discussed.
4	Status of access to Janani Suraksha Yojana in the last month	<ul style="list-style-type: none"> During faliya meeting share with community about eligibility of JSY scheme Ask the community to identify eligible women. Note down the numbers. Further ask how many eligible women have not received benefit. Note down the number and list down their names. Find out the cause of not availing the scheme benefit. Take appropriate measures for access to the services. 	This scheme is available for all deliveries of SC/ST and BPL categories. Common issues in availing benefits – no bank account, lack of basic documents, lack of information, etc.
5	Status of access to Pradhan Mantri Matruvaya Vandana Yojana	<ul style="list-style-type: none"> During faliya meeting share with community about eligibility of PMMVY scheme Ask the community to identify eligible women. Write the numbers. Further ask how many eligible women have not received benefit. Note down their numbers and names. Find out the cause of not availing the benefit of the scheme. Take appropriate measures for access to the services. 	This scheme is available for the 1st live birth under the priority list of the NFSA in 3 installments – at the time of registration pregnancy, institutional delivery and completion of full immunization. Common issues in availing benefits – no bank account, lack of basic documents, lack of information etc.
6	Status of access to Kasturba Poshan Sahay Yojana	<ul style="list-style-type: none"> During faliya meeting share with community about eligibility and benefits entitled of KPSY scheme Ask the community to identify eligible women. Further ask how many eligible women have not received benefit. Note down their names. Find out the cause of not availing the benefits of the scheme. 	This scheme is available in 3 installments – at the time of registration pregnancy, institutional delivery and completion of full immunization upto 3 deliveries for households 0-20 BPL score.

S.No.	Indicator	Process	Note
		<ul style="list-style-type: none"> Take appropriate measures for access to the services. 	Common issues in availing benefits – no bank account, lack of basic documents, lack of information, etc.
7	Number of lactating mothers practicing exclusive breast feeding of children from 0-6 months	<ul style="list-style-type: none"> During the faliya meeting, discuss on the importance of exclusive breast feeding of the child in the first six month for the development and growth. Ask how many mothers have children below six months of age and whether they are practicing exclusive breast feeding Count the number of mothers who are practicing exclusive breast feeding. Make a note of those who are not practicing it. Find out the reason of not practicing exclusive breast feeding and develop follow-up actions. 	The reasons for non-practice of breast feeding will be clearly discussed and the progress made on the effort will be report .
8	Status of Severe Acute Malnourished (SAM) children identified last month (weight for age) Number of children severely malnourished?, SAM children registered in Anganwadi centre.	<ul style="list-style-type: none"> During the faliya meeting, explain what the manifestations of malnourishment in children are. e.g. Weight to age ratio (wasting) and height to age (stunting) Ask the members participating in the meeting to identify in which HHs there are children who can be considered as malnourished, list those names. Ask whether these children are registered under SAM, MAM in the Anganwadi. The names of such children will be provided to the Anganwadi for follow-up actions. Ask the community whether they are familiar about the functioning of Child Development and Nutrition Centre (CDNC). Write down the numbers of those who know about it. 	Discuss the reasons of malnourishment and actions proposed for eradication of malnourishment. Report the monthly progress with different stakeholders.

S.No.	Indicator	Process	Note
9	Number of fathers who know about growth parameters	<ul style="list-style-type: none"> During faliya meeting, ask the male members, especially fathers whether they know about growth parameters of children. Ask to raise hands who know about the growth parameters. Mention it by number of male members/fathers present and those who know Discuss little more about the growth parameters particularly the social determinants of growth of a child (nutrition of the mother, control diarrhea and other infections, potable water, sanitation facility, vector control in the family, etc.) 	
10	Observations regarding Mamta Card <ol style="list-style-type: none"> Do the beneficiaries keep the Mamta Card with them? Is vaccination being recorded? Is growth chart being maintained? Whether counseling on health is provided during Mamta Diwas? 	<ul style="list-style-type: none"> This issue can be discussed either in the faliya meeting or on the day of the Mamta Diwas. In the meeting, ask about the Mamta Card and discuss about its importance. i. Ask about whether the Mamta Cards are with the Family or somewhere else. Also observe on the day of the Mamta Diwas the mothers are holding the Mamta Card or not and record it in the format. (mostly, sometimes, never) ii. Randomly check some of the Mamta Cards to observe whether vaccination is recorded or not and record it in the format. (mostly, sometimes, never) iii. Randomly check some of the MamtaCards to observe whether growth chart is recorded or not and record it in the format. (mostly, sometimes, never) iv. Ask some of the mothers whether they have received counseling on health and record it in the format (mostly, sometimes, never). • Take note of the observations. 	Participate in Mamta Diwas to observe the number of women who bring along the Mamta Card with them

S.No.	Indicator	Process	Note
11	Number of pregnant women and lactating mothers receiving Take Home Ration from Anganwadi centre	<ul style="list-style-type: none"> During faliya meeting or at the Mamta Diwas, ask the pregnant and lactating women if they are receiving THR regularly from the Anganwadi centre Record who are not receiving and identify these names for follow-up actions. Ask those who are receiving whether it is regularly received or irregular. If reported irregular, ask about the duration and find out the reasons from the Anganwadi workers. 	Discuss the issues related to the availability of THR and probable actions for improvement.
12	Non-school going adolescent girls not getting THR	<ul style="list-style-type: none"> During faliya meeting ask how many adolescent girls (age 14-18) do not go to school or are dropouts. Ask whether the non-school going girls are registered at Anganwadi centre and are receiving THR regularly or not. If reported irregular, ask about the duration and find out the reasons from the Anganwadi workers. 	
13	Access and usage of Folic Acid tablets by adolescent girls.	<ul style="list-style-type: none"> During faliya meeting, have a separate discussion with adolescent girls and ask whether they know the benefits of using the tablets and whether they are getting the tablets and using it. Record in terms of regularly, sometimes and never. If it is reported sometimes and never, discuss about the process of making the tablets available. 	

4. Monitoring of performance of PDS and MGNREGA to be Monitored by PDS (Takedari) Committee and Gram Panchayat



Act

National Food Security Act, 2013

Members

PDS committee is formed at Fairprice shop comprising of 10 members with Sarpanch as chairperson and cardholders under different categories.

Key Responsibilities

Monitor the distribution of the ration from the Fairprice shop in timely and transparent manner.

S.No.	Indicator	Process	Note
1	Functioning of Public Distribution System (Number of days PDS was open , Number of families getting less ration , Number of families paying higher, families facing difficulty in bio-metric authentication)	<ul style="list-style-type: none"> Visit PDS shop on the day of ration distribution. As the information of NFSA is available online, go to the PDS shop along with computer/ mobile with internet facility. Verify the entitlement of the card holders by entering the ration card number in the NFSA portal. Verify the discrepancies between actual entitlement and quantity received. Continue this verification process for atleast 10 card holders. Take up the issues of discrepancies, if any, with the fair price shop dealer. Ask the card holder if they have any other issues with regard to quantity, quality, rate, availability, regularity, electronic measuring scale, bio – metric authentication machine, proactive disclosure of stock and price. Make a note on the functioning of PDS and share during faliya meeting and GP coordination meeting. 	The Facilitators should have a mobile and access to internet for online verification of ration cards. Or Should have list of entitlement holders along with the entitlements beforehand.
2	Functioning of MGNREGA (schemes/ works going on, Work available on demand, demanded but did not get work, of persons not got payment)	<ul style="list-style-type: none"> Conduct meeting with MGNREGS workers or general faliya meeting Discuss whether work is available on demand or not. If not generate a list along with name, job card number and bank accounts. Find out and note how many people have not received payment for work done. Ask any other issue with regard to MGNREGS like payment, social audit and other old grievances. Make a note. Make a note of MGNREGS functioning along with demand for work and submit it to GP for action. 	Facilitator should be prepared with the necessary information and documents from MGNREGS website like Muster role, demand list etc. Mate of Panchayat, Job cards

5. Monitoring of child protection issues by Village Child Protection Committee



Act/Scheme

Integrated Child Protection Scheme (ICPS)

Members

The VCPC comprises of 12 to 15 members including Sarpanch as chairperson, frontline workers, Child representatives, CSOs.

Key Responsibilities

Responsible for ensuring the protection of all children against any form of exploitation, abuse or violence and to create a protective environment that supports children's positive development.

S.No.	Indicator	Process	Note
1	How many child marriages prevented	<ul style="list-style-type: none"> During faliya meeting ask community if there have been incidents of child marriage and whether it is customarily prevalent or not. What efforts have been made by the community to prevent child marriage? 	
2	Number of children experienced sexual violence	<ul style="list-style-type: none"> Focus group discussion comprising 6 -10 children, boys and girls separately – 2 to 3 sensitive persons along with younger woman should facilitate the discussion. Explain briefly what constitutes sexual violence. Ask whether they or their friends have experienced sexual violence? Do it in top confidentiality never revealing their names. If there is any reported case it needs to be sensitively taken up (separate guideline will be prepared for this) Discuss with the community how child sexual violence can be eliminated. 	Explain what is sexual violence? Vulgar gossiping, derogatory sexual colored remarks, touching private and personal parts (safe / unsafe touch), voyeurism, rape etc.
3	Number of children reported physical violence out of school	<ul style="list-style-type: none"> Focus group discussion comprising 6 -10 children, boys and girls separately – 2 to 3 sensitive persons along with younger woman should facilitate the discussion. Ask whether they or their friends have experienced physical violence? If there is any reported case it needs to be sensitively taken up. Discuss with the community how 	

S.No.	Indicator	Process	Note
4	Access to foster care (Palak Mata Pita Scheme) for children without parental care and protection. (Number of children eligible, Number of children getting the benefits, children getting the benefits regularly)	<ul style="list-style-type: none"> During faliya meeting, ask to identify the children (age upto 18 yrs and are admitted in anganwadi and school) who are orphan and/or father has expired and mother has remarried. This is the eligibility criteria for this scheme. Find out whether these children are covered and getting benefits under Palak Mata Pita scheme. How many are receiving benefits regularly? If not covered initiate the process. 	
5	Prevalence of Child Labour	<ul style="list-style-type: none"> Ask the community if children under the age of 16 are engaged in economic activities including engaged in family occupation in school hours. Identity those households. The VCPC will reach out to these families and encourage them to enroll their children in school. 	