**Information presented in the Social Audit formats have been collated by Departments themselves using original documents. It is possible that they have made some mistake at the time of collation or left out certain kinds of information. If there is any dispute in the information in the formats, please access the original documents at the village level maintained by functionaries and documents maintained by beneficiaries. Do not come to immediate conclusions just on the basis of what is said. Please confirm with records before entering findings. Every Social Audit Findings must be attributed to evidence.**

**Blank sheets are provided for recording findings and evidence based on the template provided for each scheme.**

**Public Distribution System**

|  |  |  |
| --- | --- | --- |
| Village: | Block: | District: |

1) Basic Details: This format will be verified in Locality meetings and Focus Group Discussions. Sections of this format need to be filled by visiting the FPS Shop during working hours. Everything has to be read out once. Only v to viii and xvi-xvii has to be verified and the perception based on consensus must be noted in the answer sheets. If there is a major division in opinion, that too should be noted.

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data to be filled by Social Audit Team* |
| 1. License Number |  | N/A |
| 1. Dealer Name |  | N/A |
| 1. Shop Name |  | N/A |
| 1. Name of the shop supervisor |  | N/A |
| 1. Timings of opening and closing of the FPS |  |  |
| 1. Days of operation |  |  |
| 1. Does the shop have a public information board displaying the opening hours & entitlements for different types of households? |  |  |
| 1. Does the list of households along with their type (AAY, Priority HH, non-NFSA) displayed in the ration shop or printed on the wall? |  |  |
| 1. Number of Priority Households |  | N/A |
| 1. Number of Antyodaya Anna Yojana Households |  | N/A |
| 1. Number of Annapurna Households |  | N/A |
| 1. Number of households receiving non-NFSA rice |  | N/A |
| 1. Number of households receiving non-NFSA wheat |  | N/A |
| 1. Number of households receiving sugar |  | N/A |
| 1. Number of households receiving kerosene |  | N/A |
| 1. Is the Village Vigilance Committee functional? |  |  |
| 1. Details of complaints received by higher officials regarding the functioning of this shop and action taken on them |  |  |

2) Stock Table: This information should also be read out/shared/displayed in the locality meetings and on the day of the public hearing. Any major discrepancy should be noted, in the answer sheets, even if it is not specific. For instance, people may say that no wheat has come for months without knowing the specific number of months.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Apr 2017 | May 2017 | June 2017 | July 2017 | Aug 2017 | Sep 2017 |
| AAY Rice | Opening Balance |  |  |  |  |  |  |
| Kgs Received |  |  |  |  |  |  |
| Kgs Distributed |  |  |  |  |  |  |
| Closing Balance |  |  |  |  |  |  |
| PHH Rice | Opening |  |  |  |  |  |  |
| Received |  |  |  |  |  |  |
| Distributed |  |  |  |  |  |  |
| Closed |  |  |  |  |  |  |
| Annapurna Rice | Opening |  |  |  |  |  |  |
| Received |  |  |  |  |  |  |
| Distributed |  |  |  |  |  |  |
| Closed |  |  |  |  |  |  |
| Non-NFSA Rice | Opening |  |  |  |  |  |  |
| Received |  |  |  |  |  |  |
| Distributed |  |  |  |  |  |  |
| Closed |  |  |  |  |  |  |
| Non-NFSA Wheat | Opening |  |  |  |  |  |  |
| Received |  |  |  |  |  |  |
| Distributed |  |  |  |  |  |  |
| Closed |  |  |  |  |  |  |
| Sugar | Opening |  |  |  |  |  |  |
| Received |  |  |  |  |  |  |
| Distributed |  |  |  |  |  |  |
| Closed |  |  |  |  |  |  |
| Kerosene | Opening |  |  |  |  |  |  |
| Received |  |  |  |  |  |  |
| Distributed |  |  |  |  |  |  |
| Closed |  |  |  |  |  |  |

3) List of Village Vigilance Committee of this Fair Price Shop: Composition of Committee should be read out. People must be asked whether   
- they knew about this committee  
- does this committee function   
- have they ever approached this committee with grievances  
Also, read out the roles and responsibilities of this committee as per norms.

|  |  |
| --- | --- |
| Name of member | Designation |
|  |  |
|  |  |
|  |  |

4) Beneficiary Data:   
- Tell people about entitlements under NFSA   
- Ask people whether they get entitlements as per norms.   
- Read out the beneficiary distribution register for FY 2017-18 for the locality   
- Take individual applications and grievances   
- If given month wise, total the amount distributed for the year and read out that figure.

Note: For 2017-18, fill data from April to September

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ration card ID number | Name of head of household as per ration card | Year | Type of Household (AAY / PHH / non-NFSA) | Rice as per official records | *Rice as per household member / ration card* | Wheat as per official records | *Wheat as per household member / ration card* | Sugar as per official records | *Sugar as per household member / ration card* | Kerosene as per official records | *Kerosene as per household member / ration card* |
|  |  | 2015-16 |  |  |  |  |  |  |  |  |  |
| 2016-17 |  |  |  |  |  |  |  |  |  |
| 2017-18 |  |  |  |  |  |  |  |  |  |
|  |  | 2015-16 |  |  |  |  |  |  |  |  |  |
| 2016-17 |  |  |  |  |  |  |  |  |  |
| 2017-18 |  |  |  |  |  |  |  |  |  |
|  |  | 2015-16 |  |  |  |  |  |  |  |  |  |
| 2016-17 |  |  |  |  |  |  |  |  |  |
| 2017-18 |  |  |  |  |  |  |  |  |  |

**National Social Assistance Programme (NSAP)**

There are two kinds of pension (NSAP and CM pension scheme) that are distributed by two different departments in Meghalaya. Therefore, while verifying pensions, both lists will have to be available for verification so that all pensioners are able to check the information and records.

1) List of pension recipients: While going from house to house, an attempt should be made to meet and talk to any disabled or elderly person to ask them if they are receiving their pensions, and if they have any particular problem with sanction or delivery. Those who can come to the locality meeting, should be requested to come with their documents (bank or post office pass book, pension slip, receipts etc). For those who can’t come, a family member can be requested to bring documents and come to the meeting. At the locality meeting, the eligibility criteria, the list of beneficiaries from the locality should be read out, and a list of excluded eligible potential beneficiaries should be prepared. Grievances should be written out, applications should be prepared where necessary

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary | Beneficiary Age | Pension category | Monthly Pension Amount as per record | *Monthly pension amount as per beneficiary* | Pension start date as per records | *Pension Start Date as per beneficiary* | *Does the person get pension every month without delay? (Yes / No)* | *Does beneficiary pay any amount to post office / bank while withdrawing (Yes / No)* | *Remarks* |
|  |  |  |  |  |  |  |  |  |  |
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2) SECC List: One objective of the social audit exercise is to include those eligible but currently not availing benefits. Access the BPL/SECC List which will provide a list of all those who are eligible to get pension. Visit them, verify whether they have made applications to the administration and help them fill the application forms.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Names of eligible beneficiary as per SECC list/BPL List | Whether eligible beneficiary has applied | Date of Application | Status [Verified and Accepted/Verified and Rejected/Not Verified) | Date of Verification (if Verified) | Reason for Rejection (If Rejected) | *Remarks* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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3) List of applicants (other than in the SECC/BPL list) who have applied for pension : If possible access any register which records names of people who have applied and verify the status of their application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Names of applicant | Date of Application | Status [Verified and Accepted/Verified and Rejected/Not Verified) | Date of Verification (if Verified) | Reason for Rejection (If Rejected) | *Remarks* |
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**Pradhan Mantri Awas Yojana**

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| --- | --- | --- |
| Village: | Block: | District: |

1) List of beneficiaries for all houses sanctioned in 2015-16, 2016-17, 2017-18:   
Visit all beneficiaries who have been sanctioned house under PMAY in 2016-17 and 2017-18 and fill the following format

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary and year of allotment | *Was beneficiary selected as per DRDA waiting list or SECC List? (Yes / No)* | Status of house (Started / Plinth / Lintel / Completed) | *Status of house as per field verification (Started / Plinth / Lintel / Completed)* | Installment Number | Amount Disbursed & Date | *Amount received and date* | *Whether the beneficiary had to pay any amount for sanction of house or to get instalment?* | *Remarks* |
|  |  |  |  | 1st Installment |  |  |  |  |
| 2nd Installment |  |  |
| 3rd Installment |  |  |
|  |  |  |  | 1st Installment |  |  |  |  |
| 2nd Installment |  |  |
| 3rd Installment |  |  |

2) List of beneficiaries eligible for housing under PMAY norms from the SECC list: Read out the waiting list of eligible HHs for PMAY as prepared by SECC. Assess whether HHs sanctioned are in order of priority as mentioned in the SECC list. Take down individual applications for people who may be eligible as per norms but their names are not reflected in the SECC list

|  |  |  |  |
| --- | --- | --- | --- |
| Name of eligible beneficiary as per SECC | Waiting List number as per DRDA | Has a house been allotted? If yes, sanction year | *Remarks* |
|  |  |  |  |
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**Sarva Shiksha Abhiyan**

|  |  |  |
| --- | --- | --- |
| Village: | Block: | District: |

Name of School:  
School Management Type: Govt/SSA/Govt. Aided  
DISE Code:

1) A copy of the latest DISE report for the school should be enclosed.

2) Basic Details of the school

The following information must be verified by visiting the school during school hours without disturbing teaching.   
In addition, there are certain points that can be verified only through a Focus Group Discussion with both 1. Parents and Children 2. Teachers separately  
Certain issues such as attendance of teachers on a regular basis and quality of teaching, which cannot be easily verified and quantified, must be recorded in writing by individuals/groups with their signatures. This can become a point of discussion in the social audit public hearing.

|  |  |  |
| --- | --- | --- |
|  | Data as per official record / department | *Data on verification* |
| 1. Total Boys enrolled: |  | Number of boys present: |
| 1. Total Girls enrolled: |  | Number of girls present: |
| 1. Number of drop-out children in the area: |  |  |
| 1. Number of out-of-school children in the area: |  |  |
| 1. Number of sanctioned teachers for this school: |  |  |
| 1. Number of appointed teachers in this school: |  | Number of teachers present: |
| 1. Names of teachers: |  |  |
| 1. Names of teachers who do not come to school regularly: |  |  |
| 1. Is the school easily accessible to students? |  |  |
| 1. Names of Children with special needs |  |  |
| 1. Are the children with special needs provided adequate support in school? |  |  |
| 1. Month when text books were distributed to children |  |  |
| 1. Month when uniforms were distributed to children |  |  |
| 1. Number of class rooms: |  |  |
| 1. Does each classroom have a black board? |  |  |
| 1. Does each classroom have desks and chairs? |  |  |
| 1. Does school have a play ground? |  |  |
| 1. Does play ground have a boundary? |  |  |
| 1. Does play ground have a level playing field? |  |  |
| 1. Does school have a boundary wall? |  |  |
| 1. Are the playground boundary walls and school boundary walls made of pakka material? |  |  |
| 1. Does school have a regular source of clean drinking water? |  |  |
| 1. Number of functional toilets? |  |  |
| 1. Number of functional urinals? |  |  |
| 1. Does the school have separate toilets for boys and girls? |  |  |
| 1. Do all toilets have a roof? |  |  |
| 1. Do all toilets have a functional door? |  |  |
| 1. Do all toilets have a water source? |  |  |
| 1. Are toilets cleaned regularly? |  |  |
| 1. Honorarium for the cook: |  |  |
| 1. Honorarium for the helper: |  |  |
| 1. Is the cooking staff paid regularly? |  |  |
| 1. Date when the School Management Committee was formed / reconstituted |  |  |
| 1. Is the list of SMC members displayed in the school? |  |  |
| 1. Date when the last SMC meeting was held |  |  |
| 1. Was any training provided to SMC members in the last year? |  |  |
| 1. Are the decisions taken in the SMC meeting recorded in the register? |  |  |
| 1. Are actions taken on the decisions taken and is that recorded in the register? |  |  |
| 1. Date of the last Parent Teacher Association meeting |  |  |
| 1. Number of parents who attended the last Parent Teacher Association meeting |  |  |
| 1. Details of complaints received by higher officials and action taken on them from them school |  |  |

3) Composition of school management Committee: Composition of Committee should be read out. People must be asked whether   
- they knew about this committee  
- does this committee function   
- have they ever approached this committee with grievances

|  |  |
| --- | --- |
| Name of member | Designation |
|  |  |
|  |  |
|  |  |

4) Copy of the Development Plan prepared by the SMC : Share this plan with parents and children. Ask them if they have ever seen this and was it prepared on the basis of a consultation with them

5) Allocation and expenditure of SMC: Read out this information in the locality meeting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of fund | Received from where | Date of receipt | Amount received | Amount spent |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

6) Allocation and utilization of grants for FY 2016-17: Read this information out in the locality meeting. Verify this information through school visit and locality meeting. Your questions should concern both utility, quality and verification of expenses recorded

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Grant (School Grant, Maintenance Grant, Teacher Grant) | Total amount allocated as per records | Item of expenditure as per records | Amount of expenditure undertaken on the item as per records | Date of Bill as per records | Name of firm which supplied as per records | *Was item found on site and comments* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

7) Construction work in School: Read this information out in the locality meeting. Verify this information through school visit and locality meeting. Your questions should concern both utility, quality and verification of expenses recorded

|  |  |  |  |
| --- | --- | --- | --- |
| Work item | Sanctioned amount | Actual expenditure as per records (item wise material procured and rate of each item procured) | *Remarks based on verification on field* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

8) Distribution of entitlements (FY 2017-18) : Read this information out in the locality meeting and verify. Try and make sure that the locality meeting has children present.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of student | Name of Parent | Class | Textbook distributed as per Records | *Textbooks received as per student* | Uniform distributed as per records | *Uniform received as per student* | Scholarship distributed as per records | *Scholarship received as per student* |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**Mid Day Meal Scheme**

|  |  |  |
| --- | --- | --- |
| Village: | Block: | District: |

Name of School:  
School Management Type: Govt/SSA/Govt. Aided  
DISE Code:

1) Basic Details: The following information must be verified by visiting the school during school hours without disturbing teaching.   
In addition, there are certain points that can be verified only through a Focus Group Discussion with both 1. Parents and Children 2. Teachers separately  
Certain issues such as quality and quantity which cannot be easily verified and quantified, must be recorded in writing by individuals/groups with their signatures. This can become a point of discussion in the social audit public hearing**.**

|  |  |  |
| --- | --- | --- |
|  | Data as per official record / supervisor | *Data on verification* |
| Number of cooks: |  |  |
| Number of helpers: |  |  |
| Names of cooks: |  |  |
| Names of helpers: |  |  |
| Honorarium for the cook: |  |  |
| Honorarium for the helper: |  |  |
| Is the cooking staff paid regularly? |  |  |
| Name of teacher supervising the cook: |  |  |
| Is the menu for the MDM displayed in the school: |  |  |
| Is the MDM as per the menu? |  |  |
| Is an egg supplied as part of the MDM once a week? |  |  |
| Is a fruit supplied as part of the MDM once a week? |  |  |
| Is the School Management Committee formed? |  |  |
| Does the MDM monitoring commitee meet every month? |  |  |
| Does the MDM monitoring committee the MDM program? |  |  |
| Are the decisions taken in the MDM monitoring committee meeting recorded in the register? |  |  |
| Are actions taken on the decisions taken and is that recorded in the register? |  |  |
| Details of complaints received by higher officials and action taken on them |  |  |

2) Composition of MDM Monitoring Committee: Composition of Committee should be read out. People must be asked whether   
- they knew about this committee  
- does this committee function   
- have they ever approached this committee with grievances

|  |  |
| --- | --- |
| Name of member | Designation |
|  |  |
|  |  |
|  |  |

3) Attendance Data: The following table must be filled by matching School Enrollment Register, School Attendance Register and MDM Register

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Number of days in the month | Enrolment as per register | | | Number attended as per register | | | No of children who had MDM as per register | | |
|  |  | Boys | Girls | Total | Boys | Girls | Total | Boys | Girls | Total |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

4) Grain and Cash register data: Read this information out in the locality meeting.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Food grain as per register | | | | Cooking cost as per register | | | | Cook-cum-helper as per honorarium as per register | | | |
|  | Opening Balance | Received | Utilized | Balance | Opening Balance | Received | Utilized | Balance | Opening Balance | Received | Utilized | Balance |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

5) List of beneficiaries as per MDM register (FY 2017-18): Read this list out in the locality meeting and verify.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of student as per MDM Register | Name of parent / guardian | Class | *Whether actual or not - as per beneficiary* | *Food Regularity* | *Food Quality* | *Food Quantity* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**6) Access the MDM Register and verify (approximately) the total number of times the child has accessed mid day meal in the last 3 months.**

**Integrated Child Development Scheme (ICDS)**

|  |  |  |
| --- | --- | --- |
| Village: | Block: | District: |

Name of Anganwadi Center:

The following information must be verified by visiting the AWC during working hours without disturbing work.   
In addition, there are certain points that can be verified only through a Focus Group Discussion with both 1. Parents and Children 2. Anganwadi Workers separately  
Certain issues such as regularity and quality which cannot be easily verified and quantified, must be recorded in writing by individuals/groups with their signatures. This can become a point of discussion in the social audit public hearing.

1) Basic Details of the Anganwadi

|  |  |  |
| --- | --- | --- |
|  | Data as per official record / department | Data on verification |
| Total Boys enrolled: |  | Number of boys present: |
| Total Girls enrolled: |  | Number of girls present: |
| Name of anganwadi worker: |  |  |
| Name of helper: |  |  |
| Name of lady supervisor: |  |  |
| Does the anganwadi have a working weighing machine? |  |  |
| Does the anganwadi have play material for the children? |  |  |
| Does the anganwadi have educational material for the children? |  |  |
| Is the growth monitoring register maintained? |  |  |
| Does anganwadi have a separate kitchen space? |  |  |
| Does anganwadi have access to safe water? |  |  |
| Does anganwadi have a toilet? |  |  |
| Is the toilet child-friendly? |  |  |
| Is the daily anganwadi menu displayed in the anganwadi? |  |  |
| Opening times of the anganwadi: |  |  |
| Opening days of the anganwadi: |  |  |
| Has a community monitoring committee been formed? |  |  |
| Has the community monitoring committee been provided training? |  |  |
| Is the list of community monitoring committee members displayed in the anganwadi? |  |  |
| Are the decisions taken in the community monitoring committee meeting recorded in the register? |  |  |
| Are actions taken on the decisions taken and is that recorded in the register? |  |  |
| Details of complaints received by higher officials and action taken on them |  |  |

**2**) Composition of community monitoring committee: Composition of Committee should be read out. People must be asked whether   
- they knew about this committee  
- does this committee function   
- have they ever approached this committee with grievances

|  |  |
| --- | --- |
| Name of member | Designation |
|  |  |
|  |  |
|  |  |

3) Take home Rations for children: Read the following information out in the locality meeting and verify.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child | Names of parents | Year | THR distributed as per records | THR distributed as per parents |
|  |  | 2015-16 |  |  |
| 2016-17 |  |  |
| 2017-18 (Apr – Sep) |  |  |
|  |  | 2015-16 |  |  |
| 2016-17 |  |  |
| 2017-18 (Apr – Sep) |  |  |
|  |  | 2015-16 |  |  |
| 2016-17 |  |  |
| 2017-18 (Apr – Sep) |  |  |

4) Take home Rations for Pregnant Women: : Read the following information out in the locality meeting and verify.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the pregnant woman | Names of husband / parent | Year | THR distributed as per records | THR distributed as per pregnant women |
|  |  | 2015-16 |  |  |
| 2016-17 |  |  |
| 2017-18 (Apr – Sep) |  |  |
|  |  | 2015-16 |  |  |
| 2016-17 |  |  |
| 2017-18 (Apr – Sep) |  |  |
|  |  | 2015-16 |  |  |
| 2016-17 |  |  |
| 2017-18 (Apr – Sep) |  |  |

5) List of currently enrolled children attending anganwadi: : Read the following information out in the locality meeting and verify.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child | Child age | Names of parents | Is child attending anganwadi? | Is the anganwadi regularly open? | Is the child given a healthy morning snack? | Is the child given a hot cooked meal every day? | Quality of care provided at the anganwadi (Good / Satisfactory / Not Satisfactory) | Quality of food given to the child (Good / Satisfactory / Not Satisfactory) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

6) Attendance Data: Read out the following information in the locality meeting:

From April 2015 to Sept 2017

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Number of days in the month | Enrolment as per register | | | Number attended as per register | | |
|  |  | Boys | Girls | Total | Boys | Girls | Total |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

7) Grain and Cash register data: Read out the following information in the locality meeting

From April 2015 to Sept 2017

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Food grain as per register | | | | Food and cooking cost as per register | | | |
|  | Opening Balance | Received | Utilized | Balance | Opening Balance | Received | Utilized | Balance |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Health**

|  |  |  |
| --- | --- | --- |
| Village: | Block: | District: |

1) ASHA details: Verify the following information by interacting with the ASHA Worker

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data and remarks by Social Audit Team* |
|  |  |  |
| Name of the health worker (ASHA) |  |  |
| Date of appointment of ASHA |  |  |
| Is the ASHA from the same village |  |  |
| Number of trainings provided to ASHA |  |  |
| Total amount paid to ASHA in 2016-17 |  |  |
| Total amount paid to ASHA in 2017-18 |  |  |
| Does the ASHA maintain Village Health Nutrition Day Register? |  |  |

**2**) VHNSC Committee members and Committee functioning ; Composition of Committee should be read out. People must be asked whether   
- they knew about this committee  
- does this committee function   
- have they ever approached this committee with grievances

|  |  |
| --- | --- |
| Names of committee members | Designation |
|  |  |
|  |  |
|  |  |
|  |  |

3) VHNSC functioning: Verify the following information by interacting with the VHNSC and locality meeting

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data and remarks by Social Audit Team* |
| When was the VHNSC of this village constituted? |  |  |
| Was any training provided to the VHNSC members? |  |  |
| Does the VHNSC committee meet regularly? |  |  |
| Date of the last VHNSC committee meeting |  |  |
| Are the decisions of the VHNSC committee written down in the register? |  |  |
| Is the action taken on the decisions written down in the register? |  |  |
| Is the VHND conducted every month |  |  |
| Date of the last VHND |  |  |

4) VHNSC Account details: Read the following information out in the locality meeting

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Opening balance | Sanctioned amount in the FY | Total amount received in the FY | Total expenditure in the FY | Closing Balance |
| 2015-16 |  |  |  |  |  |
| 2016-17 |  |  |  |  |  |
| 2017-18 |  |  |  |  |  |

5) Details of expenditure by VHNSC in 2016-17: Read the information out in the locality meeting and verify through physical inspection

|  |  |  |
| --- | --- | --- |
| Item of expenditure | Amount | *Verification data and remarks by Social Audit Team* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

6) Sub Center details: Verify the following by visiting the Sub Center. Issues from xix-xxiii should also be verified through a locality meeting

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data and remarks by Social Audit Team* |
| 1. Name and Location of the sub center catering to this village |  |  |
| 1. Name and designation of staff in the sub center |  |  |
| 1. Is a quarter available for the ANM to stay in the village? |  |  |
| 1. Does the ANM stay in the quarter? |  |  |
| 1. Does the sub center have electricity? |  |  |
| 1. Does the sub center have water supply? |  |  |
| 1. Does the sub center have a thermometer? |  |  |
| 1. Does the sub center have a stethoscope? |  |  |
| 1. Does the sub center have a weighing machine? |  |  |
| 1. Does the sub center have a Blood Pressure measuring device? |  |  |
| 1. Does the sub center have clean toilet? |  |  |
| 1. Does the sub center have a sterilizer (autoclave)? |  |  |
| 1. Does the sub center have deliver disposal kits (DD Kits)? |  |  |
| 1. Does the sub center have a delivery room and other equipments? |  |  |
| 1. Does the sub center have a vaccine kit? |  |  |
| 1. Does the su b center have an ice pack box? |  |  |
| 1. Does the sub center provide immunizations? |  |  |
| 1. Is there a fixed day when immunization is provided at the sub center? If yes, which day is it? |  |  |
| 1. Does the ANM visit this village on a particular day in the week? If yes, specify the day |  |  |
| 1. Are any family planning services provided at the sub center? |  |  |
| 1. List of other services provided at the sub center |  |  |
| 1. Are all services at the sub-center free of cost? |  |  |
| 1. Does the sub center have notice boards with health information? |  |  |
| 1. Is the information about services provided, timings and citizen charter displayed in the center for the public? |  |  |

7) List of all women who gave birth in 2015-16, 2016-17, 2017-18: This must be verified through a door to door visit of beneficiaries for 2017-18

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the woman | Name of the husband / father | Woman’s Age | Date of delivery | Where did it happen? | JSY amount given to her | Did ASHA support her | Was she given all the immunizations? | *Verification Data & remarks by the Social Audit Team* |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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8) List of children who have to be given vaccinations: This must be verified through a door to door visit of beneficiaries for FY 2017-18

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child | Name of parent | Age | Have all immunizations been given to this child? | List of vaccinations given in the last 3 months | *Verification Data & remarks by the Social Audit Team* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

9) List of all pregnant women : This must be verified through a door to door visit of beneficiaries for FY 2017-18

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of woman | Name of husband | Age | Pregnancy month | Number of ante-natal check-ups done so far | Have all immunizations been given to this woman? | List of vaccinations given in the last 3 months | *Verification Data & remarks by the Social Audit Team* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

10) List of all deaths in 2015-16, 2016-17, 2017-18: This is not to be publicly read out. This is to understand the frequent causes of death, and whether the Administration could have done something/do something to prevent it.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the person | Name of father / husband / wife | Age of the person | Reason for death |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

11. All information related to the PHC should be verified through a visit to the PHC. Certain information such as staff deployment, funds, expenditure must be read out in the locality meeting

PHC Details

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data and remarks by Social Audit Team* |
| Name and location of the PHC catering to this village |  |  |
| Number of people that this PHC caters to |  |  |
| Doctor availability timings in the PHC |  |  |
| Nurse availability timings in the PHC |  |  |
| Number of beds in the PHC |  |  |
| Names of doctors working in the PHC |  |  |
| Names of nurses working in the PHC |  |  |
| Is there quarters for the doctor? |  |  |
| Does the doctor stay in the quarters? |  |  |
| Is there quarters for the nurse? |  |  |
| Does the nurse stay in the quarters? |  |  |
| Is treatment for snake bite available at the PHC? |  |  |
| Does the PHC have ambulance? |  |  |
| Average number of out-patients /day |  |  |
| Number of deliveries in 2015-16 |  |  |
| Number of deliveries in 2016-17 |  |  |
| Number of deliveries in 2017-18 till Sept |  |  |
| Number of child and maternal deaths within this PHC area in 2015-16, 2016-17 and 2017-18 **(Please give a copy of the audit report of each death)** |  |  |

12) PHC Staff details

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sanctioned Strength | Number of people in position | Vacancy |
| Doctors |  |  |  |
| Staff Nurse |  |  |  |
| ANM / GNM |  |  |  |
| Pharmacist |  |  |  |
| Lab technician |  |  |  |
| Multi-purpose health worker |  |  |  |
| Office Accountant |  |  |  |
| Office Staff |  |  |  |
| Driver |  |  |  |
| Other staff |  |  |  |

13) Rogi Kalyan Samiti members

|  |  |
| --- | --- |
| Name of member | Designation |
|  |  |
|  |  |
|  |  |
|  |  |

14) Rogi Kalyan Samiti’s Account Statement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Opening balance | Sanctioned amount | Total amount received | Total expenditure | Closing Balance |
| 2015-16 |  |  |  |  |  |
| 2016-17 |  |  |  |  |  |
| 2017-18 |  |  |  |  |  |

15) Details of expenditure by Rogi Kalyan Samiti from April 2015 to Sep 2017

|  |  |  |
| --- | --- | --- |
| Item of expenditure | Amount | *Verification data and remarks by Social Audit Team* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

16) PHC Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part A: Observation checklist for PHC Centre** | | | | |
| **Sl. No.** | **Question** | | **Information from official records / Department (Yes / No)** | *Verification data and remarks by Social Audit Team* |
| **1** | **Availability of infrastructure** | | | |
| 1.1 | Is there a designated government building available for the PHC? | |  |  |
| 1.2 | Is the building in working condition? | |  |  |
| 1.3 | Is water supply readily available in this PHC? | |  |  |
| 1.4 | Is electricity readily available in this PHC? | |  |  |
| **2** | **Availabilty of staff in the PHC** | | | |
| 2.1 | Is a medical Officer available/ appointed at the centre? | |  |  |
| 2.2 | Is a staff nurse available at the PHC? | |  |  |
| 2.3 | Is a health educator available at the PHC? | |  |  |
| 2.4 | Is a health worker male (MPW) available/ appointed? | | |  |
| **3** | **General services** | | | |
| 3.1 | Availability of medicines/ equipments in the PHC | | | |
| 3.1.1 | Is the anti- rabies vaccine readily available in the PHC? | |  |  |
| 3.1.2 | Are drugs for malaria readily available in the PHC? | |  |  |
| 3.1.3 | Are drugs for tuberculosis readily available in the PHC? | |  |  |
| 3.1.4 | Oxygen cylinder in working condition | |  |  |
| 3.1.5 | Vaccine carrier | |  |  |
| 3.1.6 | B.P. instrument | |  |  |
| 3.1.7 | Stethoscope | |  |  |
| 3.1.9 | Microscope | |  |  |
| 3.1.1. | Hubcutter | |  |  |
| 3.1.11 | Auto-clave steriliser | |  |  |
| 3.1.12 | Iced lined refrigerator with temperature chart | |  |  |
| 3.1.13 | Deep freezer with temperature chart | |  |  |
| 3.1.14 | Suction Aspirator (atleast 3 nos available) | |  |  |
| 3.1.15 | Labour room equipment | Labour table with footsteps |  |  |
| 3.1.16 |  | Suction machine |  |  |
| 3.1.17 |  | Sterilization equipment |  |  |
| 3.1.18 |  | 24 hour running water |  |  |
| 3.1.19 |  | Electricity supply with backup facility |  |  |
| 3.1.20 |  | Attached toilet facilities |  |  |
| 3.1.21 | Normal delivery kit | |  |  |
| 3.1.22 | IUCD Insertion kit detailks | |  |  |
| 3.1.23 | Mounted lamp | |  |  |
| 3.1.24 | Em OC drugs (specify) | |  |  |
| 3.1.25 | ORS packets | |  |  |
| 3.1.26 | Lubricated Nirodh stock | |  |  |
| 3.1.27 | OC pills stock | |  |  |
| 3.1.28 | IUDs stock | |  |  |
| 3.1.29 | Citizen’s charter displayed prominently | |  |  |
| 3.1.30 | Immunization schedule displayed | |  |  |
| 3.1.31 | Compensation to ASHAs displayed | |  |  |
| 3.1.32 | Incentive displayed | |  |  |
| 3.1.33 | Information on JSY displayed | |  |  |
| 3.2 |  | | | |
| 3.2.1 | Is primary management of wounds done at this PHC? (stitches, dressing etc) | |  |  |
| 3.2.2 | Is primary management of fracture done at this PHC? | |  |  |
| 3.2.3 | Are minor surgeries done at this PHC? | |  |  |
| 3.2.4 | Is primary management of cases of poisoning done at the PHC? | |  |  |
| 3.2.5 | Is primary management of burns done at the PHC? | |  |  |
| 3.3 | Availability of Reproductive and maternal health services | | | |
|  | Are ante- natal clinics regularly organised by this PHC? | |  |  |
| 3.3.1 | Number of deliveries conducted in the last three months? | |  |  |
| 3.3.2 | Is facility for abortion- Medical Termination of Pregnancy available at this PHC? | |  |  |
| 3.3.3 | Is treatment for anaemia given to both pregnant as well as non-pregnant women? | |  |  |
| **3.4** | **CHILD CARE & IMMUNIZATION SERVICES** | |  |  |
| 3.4.1 | Are low birth-weight babies treated at this PHC? | |  |  |
| 3.4.2 | Are there fixed immunisation days? | |  |  |
| 3.4.3 | Is treatment for children with pneumonia available at this PHC? | |  |  |
| 3.4.4 | Is treatment of children suffering from diarrohea with severe dehydration done at this PHC? | |  |  |
| 3.4.5 | Essential Newborn care - Radiant Warmer | |  |  |
| 3.4.6 | - Weighing Scale | |  |  |
| 3.4.7 | - Light Examination | |  |  |
| 3.4.8 | - Hub Cutter | |  |  |
| 3.4.9 | - Syringe | |  |  |
| 3.4.10 | - Baby Ambubag (Self Inflation Bag & Mask, Oxygen Hood) | |  |  |
| 3.4.11 | -Fetal Stethoscope | |  |  |
| 3.4.12 | - Intubation Tubes | |  |  |
| 3.4.13 | - Mucus Extractor with Suction Tube and Foot Operated Suction Machine | |  |  |
| 3.4.14 | - Feeding Tube | |  |  |
| 3.4.15 | - Laryngscope & Endotracheal | |  |  |
| 3.4.16 | All Vaccine available in sufficient Quantities - Measles Vaccine | |  |  |
| 3.4.17 | - OPV Vaccine | |  |  |
| 3.4.18 | - TT Vaccine | |  |  |
| 3.4.19 | - VCG Vaccine | |  |  |
| 3.4.20 | - DPT Vaccine | |  |  |
| **3.5** | **LABORATORY & EPIDEMIC MANAGEMENT SERVICES** | |  |  |
| 3.5.1 | Is laboratory Services availbale at the PHC? Is blood examination for anaemia done at thois PHC? | |  |  |
| 3.5.2 | Is detection of malaria parasite by blood smear examination done at this PHC? | |  |  |
| 3.5.3 | Is sputum examination to diagnose tuberculosis conducted at this PHC? | |  |  |
| 3.5.4 | Is urine examination of pregnant women donbe at this PHC? | |  |  |
| **3.6** | **FUNCTIONING OF THE ROGI KALYAN SAMITI** | |  |  |
| 3.6.1 | Does the PHC have a functioning RKS? | |  |  |
| 3.6.2 | Are meetings of RKS organized on regular basis? | |  |  |
| 3.6.3 | Are RKS funds used to improve the delivery of services at the facility? | |  |  |
| 3.6.4 | Does your facility has a patient charter? | |  |  |
| 3.6.5 | Have you discussed the patient charter in any of your RKS meetings? | |  |  |
| 3.6.6 | Do you have a mechanism to collect feedback from the patients/ Community? (Check) | |  |  |
| 3.6.7 | Has any feedback been collected and discussed at RKS? | |  |  |
| 3.6.8 | What have been the important decisions taken at the RKS about the functioning of the hospital? | |  |  |
| 3.6.9 | Expenditure related to RKS funds | |  |  |
| 3.6.10 | Steps taken for patient welfare | |  |  |
| 3.6.11 | Steps taken for grievance redressal of patients | |  |  |

**Roads built by Public Works Department and PMGSY**

Social Audit Facilitators in the team looking at PWD/PMGSY Roads should put together a local team along with the Engineer deputed by District Administration to verify the work undertaken for building the road for the whole duration. If the District Administration has not deputed an Engineer, it must be raised in their meeting with the BDO on the first day.

In the locality meeting, only broad details such as length of road, total expenditure incurred in completing the road, time taken to complete the road can be read out. Those interested in wanting to know more, can be asked to join the facilitators looking at PWD/PMGSY road in the village over the next three days.

1) Basic Details of the road

|  |  |
| --- | --- |
|  | Information from official records / Department |
| Name of the road |  |
| Starting Location |  |
| Ending Location |  |
| Type of Road |  |
| Administrative approval number and date |  |
| Sanction letter number, date and amount |  |
| Villages covered |  |
| Number of families that will be benefitted |  |
| Implementing agency |  |
| Was a tender issued? |  |
| Number of responses to the tender process |  |
| Name of entity selected as per the tender process |  |
| Tender Value |  |
| Names of technical staff who supervised the work |  |
| Details of committee which oversaw the construction of this road |  |
| Work Start Date |  |
| Work Completion Date |  |
| Expenditure Amount |  |

2) Work Execution

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data to be filled by Social Audit Team* |
| Length of Road as per MB |  |  |
| Breadth of Road as per MB |  |  |
| Thickness of different layers of the road as per MB |  |  |
| Quality of the work |  |  |

3) MBook Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Measurement date and MB Page Number | Description of item | Length  Breadth  Height | Quantity | Rate | Total Amount | *Remarks on verification* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

4) Material Procured

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item of work | Material name | Quantity procured | Rate at which procured | Name of supplier | *Was the material used in this work* | *Was the rate of procurement appropriate?* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

5) Payment Details

|  |  |  |  |
| --- | --- | --- | --- |
| Bill number | Bill date | Total value | Name of releasing officer and designation |
|  |  |  |  |
|  |  |  |  |

**PHE Department**

In the first day, Social Audit Facilitators must obtain the work file for the PHED Project in the village from the Executive Engineer.

1. For each work executed in 2015-16 2016-17,2017-18, fill the following table: Points number – to – should be read out in the locality meeting . After procuring group answers to these questions, specific questions must be raised related to A) infrastructure of water supply as in chart 1a nd 1b. B. Delivery of water C. maintenance of infrastructure – pipeline , public posts etc and D. User fees and time and quality of supply. Grievances should be written out, and community based applications for those without water should be prepared.
2. For SBM, apart from verifying from the charts below, applications should be prepared along with lists of Individual households without toilets.

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data to be filled by Social Audit Team* |
| Name of work: |  | Does work exist? Yes / No |
| Administrative approval number and date: |  | - |
| Sanction letter number, date and amount: |  |  |
| Expenditure amount: |  |  |
| NOC Issued from: |  |  |
| Name of agency / contractor who implemented the work: |  |  |
| Villages covered: |  |  |
| Number of households that will be benefitted: |  |  |
| Were villagers consulted before this work was taken up? |  |  |
| Status of work (Sanctioned / Open/ Completed) |  |  |
| If completed, is the work being used now? |  |  |
| Quality of the work (Good/Satisfactory/Not Satisfactory) |  |  |

1.a) Work Component Details

Work component details could include

a) Water Source: Pipe or Spot

b)Pipeline: Type, size, length

c) Number of Tanks

d) Number of public stand posts (taps)

e) Number of house connections

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Work Component | Number of units | Unit Cost | Measurement as per MB (L,B,H) | *Field measurement* | *Quality (Good / Satisfactory / Not Satisfactory)* | *Is it operational?* | *Remarks* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1.b) Material Procurement Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Material Name | Quantity | Unit Cost | Total Cost | Bill details (Supplier Name, bill number, bill date) | *Was this material used in the construction of the work?* | *Is the unit cost appropriate?* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

2) Members of Village Health, Water and Sanitation Committee:

Composition of Committee should be read out. People must be asked whether   
- they knew about this committee  
- does this committee function   
- have they ever approached this committee with grievances

|  |  |
| --- | --- |
| Name of member | Designation |
|  |  |
|  |  |
|  |  |
|  |  |

**Swach Bharat Mission**

1) Basic Information

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data to be filled by Social Audit Team* |
| Is the village been declared as ODF? |  |  |
| Name of block level coordinator |  | **-** |
| Was a community sanitary complex constructed in this village? |  |  |
| If yes, details about it (year it was built, amount spent, whether it is operational) |  |  |

2) IHHL Beneficiaries List

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| S No | Name of person that received support for Individual Household Level Toilet. | Year of support | Scheme Name (SBM, MGNREGS) | Amount of money given | Was the name of the person in the official 2012 waiting list? (Yes / No) | *Whether toilet has been built? (Yes / No)* | *Whether toilet is functional? (Yes / No)* | *Whether all members are using toilet (Yes / No)* | *Whether they have received the amount of subsidy mentioned in column 4? (Yes / No)* | *Remarks* |
| 1 | 2 | 3 |  | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Mission for integrated development of Horticulture**

|  |  |  |
| --- | --- | --- |
| Village: | Block: | District: |

1) Basic Details: The following information must be verified in an interaction with beneficiaries in the locality meeting

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data to be filled by Social Audit Team* |
| Name of ADO |  |  |
| Name of HDO |  |  |
| How often does the ADO visit this village? |  |  |
| How often does the HDO visit this village? |  |  |
| Date when VCDC was formed |  |  |
| Was adequate training provided to the VCDC? |  |  |
| Does the VCDC record it’s decisions in the register? |  |  |
| Does the VCDC record the action taken on the decisions in the register? |  |  |

2) Village Cluster Development Committee (VCDC) Members: Read the composition of the committee and understand whether they are known to the residents

|  |  |
| --- | --- |
| Name of member | Designation |
|  |  |
|  |  |
|  |  |
|  |  |

3) Material distribution for beneficiaries : Read and verify through locality meeting

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary | Name of work | Location of work | Date when assistance was provided (month/year) | Name of Vendor / Material Suppliers | Sanctioned material input as per Stock Register | Material given | *Material received as per beneficiary* | *Did he get adequate and timely support from the department?* | *Did he have to pay any bribe to get this support?* | *Remarks* |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

4) Cash distribution to beneficiaries: Read and verify through locality meeting

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Beneficiary | Name of work | Location of work | Date when assistance was provided (month/year) | Amount  sanctioned | Amount given | *Amount received as per beneficiary* | *Did he get adequate and timely support from the department?* | *Did he have to pay any bribe to get this support?* | *Remarks* |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

5) Work verification Read and verify through locality meeting and visit to the site of work

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary | Name of work | Status of work (Sanctioned / Open / Completed) | *Was work found on site* | *Status of work* | *Was work constructed as per estimate* | *Was work useful from the point of view of beneficiary and community* | *Did he get adequate and timely support from the department?* | *Remarks* |
|  |  |  |  |  |  |  |  |  |
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**National Mission for Sustainable Agriculture**

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| --- | --- | --- |
| Village: | Block: | District: |

1) Basic Details: The following information must be verified in an interaction with beneficiaries in the locality meeting

|  |  |  |
| --- | --- | --- |
|  | Information from official records / Department | *Verification data to be filled by Social Audit Team* |
| Name of ADO |  |  |
| Name of HDO |  |  |
| How often does the ADO visit this village? |  |  |
| How often does the HDO visit this village? |  |  |
| Date when VCDC was formed |  |  |
| Was adequate training provided to the VCDC? |  |  |
| Does the VCDC record it’s decisions in the register? |  |  |
| Does the VCDC record the action taken on the decisions in the register? |  |  |

2) Village Cluster Development Committee (VCDC) Members: Read the composition of the committee and understand whether they are known to the residents

|  |  |
| --- | --- |
| Name of member | Designation |
|  |  |
|  |  |
|  |  |
|  |  |

3) Material distribution for beneficiaries: Read and verify through locality meeting

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary | Name of work | Location of work | Date when assistance was provided (month/year) | Name of Vendor / Material Suppliers | Sanctioned material input as per Stock Register | Material given | *Material received as per beneficiary* | *Did he get adequate and timely support from the department?* | *Did he have to pay any bribe to get this support?* | *Remarks* |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

4) Cash distribution to beneficiaries: Read and verify through locality meeting

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Beneficiary | Name of work | Location of work | Date when assistance was provided (month/year) | Amount  sanctioned | Amount given | *Amount received as per beneficiary* | *Did he get adequate and timely support from the department?* | *Did he have to pay any bribe to get this support?* | *Remarks* |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

5) Work verification: Read and verify through locality meeting and visit to the site of work

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary | Name of work | Status of work (Sanctioned / Open / Completed) | *Was work found on site* | *Status of work* | *Was work constructed as per estimate* | *Was work useful from the point of view of beneficiary and community* | *Did he get adequate and timely support from the department?* | *Remarks* |
|  |  |  |  |  |  |  |  |  |
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**Employment and Skilling**

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| --- | --- | --- |
| Village: | Block: | District: |

1a) List of people in this village who have been provided employment training and details – table 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary | Name of beneficiary’s father / guardian | Trade Name | Number of days for which training completed as per records | *Number of days for which training completed as per beneficiary* | Caution money received by ITI as per records | *Caution money paid to ITI as per beneficiary* | Stipend paid to beneficiary as per ITI | *Actual stipend paid to beneficiary* |
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1b) List of people in this village who have been provided employment training and details – table 2

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of beneficiary | Name of beneficiary’s father / guardian | Trade Name | Status of placement as per record | *Placement details as per beneficiary* | Training material said to be supplied to the trainee | *Training material received by possession of trainee* | *Feedback from trainee regarding quality of training, usefulness of training etc.* |
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