

Social Audit Report under the MCP&PSSSA Act 2017-12-06
17th – 22nd November 2017

1. Name of Village, Block, District: Kynrud Village, Mairang Block, West Khasi Hills District

2. Name of members of Social Audit Support Team:

- a. MSSAT Representative: Shri. RabelsonNongrang,JC.
- b. External Resource Person: Gurjeet Singh, Director, Social Audit Unit, Jharkhand.
- c. Village Resource Persons: Pyntngen Marwein, Arnold Kenny Khriam, Mebarilin Sawkmie and Balarisuk Janai L.Peinlang.
- d. Social Audit Committee (if it was formed):

Sl. No.	NAMES	DESIGNATION
1 .	HalnesKharsyntiew	Headman, Kynrud.
2 .	StrockshonKharsyntiew	Secretary VEC, Kynrud.
3 .	ElmikstarNongseij	Member of Youth
4 .	BalajiedBasaiawmoit	Members of youth
5 .	SpinglonDiengdoh	Members of youth
6 .	Scola Tympuin	Anganwadi worker
7 .	ElbinaKharsyntiew	ASHA
8 .	SonIta L. Mawnai	Seng Longkmie
9 .	NestarliSyiem	Member L-C
10 .	MestarlodingWarjri	Member L-C

3. Composition of Social Audit Public Hearing Panel

Sl. No.	Name	Designation
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1	Shri. Rock Donald Nongrum	Asst. Research Officer., Nongstoin.
2	Shri. TerevioMarbaniang	Gram Sevak, C&RD Block, Mairang.
3	Smt. ShidalinL.Mawnai	Gram Sevika, C&RD Block, Mairang.
4	Shri. NikhelDey	External Resource Person
5	Shri. HalmesKharsyntiew	Headman, Kynrud
6	Ms. B.Wankhar	SI Supply, Mairang.
7	Smt. B.Jyrwa	LDA
8	Shri. M.Nongkhlaw	CDPO, Nongstoin.
9	Shri. R.Kharshilot	CDPO, Mawthadraishan.
10	Smt. L.Nongsiej	ICDS Supervisor
11	Smt. B.Basaiawmoit	ICDS Supervisor
12	Shri. R.R.Lamare	SI of School, Mairang.
13	Shri. C.S.Byrsat	Instructor ITI, Nongstoin.
14	Shri. T.Marbaniang	SDO PHE, Mairang.
15	Dr.NilomoniDolakasharia	MBBS, PHC Kynrud.
16	Shri. RiewehkuparKharsyntiew	Block Project Manager, Mairang.

4. Number of people who attended the Public Hearing: 250

5. List of Departments which did not set up desks at the Public Hearing:

- a) Agriculture Department.
- b) Horticulture Department.
- c) Public Work Department.

6. List of schemes audited by the team in the village:

- a) Public Distribution System (PDS)
- b) Integrated Child Development Scheme (ICDS)
- c) Sirva Shiksha Abhiyan and Mid-Day Meal.
- d) National Social Assistance Programme (NSAP)
- e) Pradhan Mantri AwasYojana (PMAY)
- f) MGNREGA
- g) Mission for Integrated Development of Horticulture
- h) Public Health Engineering Department.
- i) PHC

7. Key Findings:

Name of scheme that was audited	Issues	Key findings (Please answer with specific issues listed)	Decision taken at the Public Hearing
Mid- Day Meal	Water & sanitation	No water facilities. Drinking water also not available nearby. There are two toilets but not in use due to lack of water.	The department will talk with the PHE department.
	Menu Chart	The menu chart was not display. They	Menu chart will be

		regularly provided dried fish and egg. Students get full stomach food.	displayed for the days to come.
	People's participation	School Management Committee formed but the meeting held only in the Block HQ once in six months. MDM Monitoring Committee not formed.	They will form the Monitoring Committee.
	Documents & Stock	Attendance Register, Stock register maintained. Stock of rice found in the store room.	No comments
	Cook salary, health and hygiene.	There are two cooks and they got their salaries till October 2017. Utensils and up keeping of vessels is very good and hygienic.	No comments
SSA	Student attendance	During verification: Boys- 49 Girls- 32	No comments
	Teachers attendance	Out of five teachers only two are present. During exam time, teachers are present only in their subjects.	The department said they will communicate to the headmaster to make all teachers to come in all subjects.
	School Uniform and books distribution	Only one set of uniform provided instead of two sets as per the norm of the government. Books are distributed accordingly.	They said the they provide one set of uniform for both boys and girls.
	Dropouts	Class VI- Pialin Marngar - Sept 2017 Bankerlang Mawadeh – Aug 2017 Philbes Ryntathiang – Sept 2017 Class VII- Kenison Diengdoh- July 2017 Tweldais Marngar- April 2017 Class VIII- Mensha Lyngdoh- Oct 2017	No comments
PHE	Tank Construction	We found that main tank and the ZCWR are well constructed but one of the ZCWR is found defective.	The respective officer said that they try to repair the defected one.
	Head Work or Intake	As per our findings, we found only one Gravity Main.	They said that some of the remaining Gravity Main might be buried under the ground.
	Taps	Less availability of taps in different parts of the village. Most of the available taps and platforms are also found defective. People at Dong Mawlohchong face water scarcity.	The department said that since this scheme is very old, they can repair and avail water extension to this area only when new scheme came. This water requirement is also due to increasing number of household.
	Complain with	During site verification, Bah Edwen	At the public hearing, the

	regards to tank construction from the owner of land.	Mawblei, the owner of land where the zonal tank was constructed complain to us that the PHE department constructed the tank without any permission from him.	officer from the respective department said that before constructing any tank the department firstly seek permission from the owner of the land. He also said to the owner to write an application to the department so that they can shift the tank to the other place.
Horticulture	Village Cluster Development Committee (VCDC)	The VCDC has not been formed yet.	No response since there was no one from the department attending the meeting.
	Beneficiaries	Very less beneficiaries. As per the auditing team, we found only one beneficiary .	No response since there was no one from the department attending the meeting.
	Work assistance	Sanction has been implemented but the work has not been started because the beneficiary need to pay the amount of RS.40000 before getting the sanction money.	No response since there was no one from the department attending the meeting.
Health: a) PHC-Run under PPP mode, Karuna Trust.	Infrastructure	Very neat, clean and hygienic place with good infrastructure, equipment, medicine, staff, facilities, water and toilets.	No comments
	Ambulance	Functional ambulance for too and fro transport to pregnant mother and infant is available .	No comments
	Service	OPD service from Monday to Saturday. Emergency and delivery facilities available every day at every time	No comments
	Staff behaviour	Service available round the clock but on the 19/11/17 night one mother (Storanongrang) delivered by herself as the nurse without attendant of the nurse.	PHC department informed that all the nurses are having their day and night duty shift. Regarding this issue, they were just missed by 10 min, so the woman delivered by herself. When the nurse reaches the room they found that the mother looks fine and the baby too. The department instructed to all the staff nurses and the chowkidar to always be alert while they were on duty.
Health: ASHA	Payment	On an average ASHA is getting RS.1000 only per month for services. ASHA is	No comments

		trained.	
	VHSNC	The VHSNC but the meeting did not happen regularly. Last meeting held was on 24/12/16. The meeting happened only while receiving the United Fund of RS.10000. All the money is withdrawn as cash and spent on items decided by the committee.	No comments
	Documentation	ASHA is maintained ASHA dairy and Village Health Register in proper form along with Malaria Dairy.	No comments
	JSY	JSY payment had been made to women who had completed all the check-up but some of them could not get because they do not have bank account whereas to some of them the money hasn't been credited to their account yet.	It was said that pregnant women need to complete all the check-up needed so that they can avail the benefit of this scheme. Also, those who don't have bank account are said to open a bank account so that the money can be transferred soon.
	Medical kits	ASHA has got sling weighing scale and thermometer. No medical kits available for emergencies and also no medicine available along with them.	It was said to provide proper medical kits needed by ASHA.
NSAP	Distribution of pension	Delay of pension because they did not get every month.	They clearly explained this to people by saying that the fund did not directly transferred to the office and when it comes it is for 3 or 4 months. They transfer the money as long as the fund reaches the office.
	Registrations for those who are not register yet.	At the time we went for door to door interaction we found that there are some people who are eligible to avail the benefit of the scheme.	At the public hearing, full explanation had been given with regards to the entitlement of the scheme and also the age eligible to avail the scheme.
PMAY	Status of house	According to the information we got from the department, all the beneficiaries have started but during verification by our team we found that only one household have started while the other was found only the material.	Yet, all the money has not been transferred from block office. Since the first instalment had been transferred, some of them can only purchase the material while those who have started, they might be proceeded by themselves or they might have some of their own money to start

			building the house.
	Amount received	All beneficiaries had received the 1 st instalment (Rs.52000) but some of the beneficiaries has not been updated their passbook yet.	They were told to update and check their passbook.
MGNREGA	Registration	It was found that there were the differences in the MIS format.	No comments
	Register	Our team found that they have not been copied all the names in the register.	The leader decided to finish all this.
	Work site facilities	No work site facilities because these facilities does not come along with the plan estimate and also people used to carry along with their children to the work site.	The department clearly explain that all the tool kits required at the work site should come along with the plan Estimate. Also, people are said to not carry their Children to the work site.
	Forming more VEC	They want to form one more VEC.	This was addressed clearly to the VEC by the Department concern new VEC can be formed by looking at the number of people. If the existing VEC have more workers the VEC can be split up.
	Payment of wages.	Workers did not get their wages in time.	With regards to payment of wages, many of the workers got their wages but when the work still going on they cannot get their wages at that time. Workers should work not more than 100 days.
	Forming of PEC	People want to have their own PEC.	This can be done when the village is included in the census village count.
ICDS: Kynrud A	Attendance	Attendance is very less. Only 25% of enrolled children are present. Attendance on the day of verification: boys- 8 and girls-11.	With regards to this, they told the Anganwadi to give an announcement to people when the stock is available so that it will increase the number of children attending the Anganwadi centre.
	Infrastructure	This centre has its own building and separate kitchen but neither store nor kitchen are being used. Cooking is done at Anganwadi's home. No toilet is available. This centre is attaches with the school building so they use the same	The department will try to avail all the facilities needed ate the Anganwadi centre.

		toilet with the school.	
	Teaching and learning material.	The charts and toys displayed but any childhood education activity could not be observed.	No comments
	Supplement of ration	Black, Gram, Milk is provided but the stock is not kept at the centre. The hot cooked meal is not provided to children who do not go to Pre-school at the Anganwadi centre.	All children who are going to the pre-school at the ICDS centre have no restriction to avail the benefits from the ICDS centre.
	Growth Monitoring	Both of weighing machines are available but seems not in use. Growth monitoring for only 23 children who came regularly.	No comments
	VHND	Only immunization happening. No regular ANC like BP, urine and blood, body check.	This will try and co-operate with the PHC department.
	Medicines at the centre.	No medicines, medical kit available at the AWCD	This will try and co-operate with the PHC department.
	Monitoring	Lady supervisor visits every two to three months. CDPO visits only once in a year, this year was visited on Aug. 2017. Doctor visited only on May 2016. Community Monitoring Committee does not exist. Only the Co-ordination Committee meeting happened. Last meeting was on 7/9/17.	They promise to make frequent visit to the centres. The committee was formed but they have not renewed their members. They said to renew the members soon.
	Documentation	Most of the registers are kept at home. Growth monitoring, attendance, stock, family and nutrition and health for 0-6 years are all updated. Home visit- last visit happened on August 2017.	No comments
ICDS- Kynrud B	Attendance	Verified by counting. The attendance seems to be 50% of the total enrolled Children. But all the children are marked Present every day in the register. Attendance on the day of verification: boys- 8 and girls- 21	With regards to this, they told the Anganwadi to give an announcement to people when the stock is available so that it will increase the number of children attending the Anganwadi centre.
	Infrastructure	The centre does not have its own building, there is no toilet and water has to be brought from a far place.	The department will try to avail all the facilities needed at the Anganwadi centre.
	Teaching Learning material and ECE	The chart is displayed, toys are also there for children to play but any Early Childhood Education activity was not Observed to be happening.	No comments
	Supplement of	Black gram, milk is given to children,	All children who are going

	ration	stock not kept at the centre so could not be verified. Cooking for hot cooked meal is done at home. The meal does not provide to children who does not attend the pre-school at the centre.	to the pre-school at the ICDS centre have no restriction to avail the benefits from the ICDS centre.
	Growth monitoring	No machine is available. Only chart marked from April 2017 for children who come regularly.	The department will check all these and they will provide all the material needed at the centre. They will talk to the Anganwadi to maintain the record of growth monitoring.
	VHND	VHND happened every month though the date seems to be not fixed. Only immunization and registration are done. Proper ANC (BP, urine, blood test and body check-up) not happened in the ICDS centre	They will work and co-operate with PHC for better result.
	Medicines	No family planning method discussed. No medicine and ORS are available.	They will work and co-operate with PHC for better result.
	Monitoring	Supervisor visits the centre every two months. Last visit was on 18/10/17. CDPO- visits happened every six months. Last visit was on august 2017. Medical officer last visit was on May 2017. Community Monitoring Committee was not held. Village level co-ordination committee exist and they meet every six months. Last meeting was on 12/9/2017.	They promise to make frequent visit to the centres. The committee was formed but they have not renewed their members. They said to renew the members soon
	Documentation	Death and birth register, family register, nutrition and health register, attendance are all updated. Home visits- happened but not regularly and last visits was on October 2017	With regards to home visits they will make it regularly.
	Demand to set up one more AW centre.	The community at Dong Mawlohchong does not have access to AWC i.e. Kynrud C	The department said that they will come and survey the area and told the headman to put the application at the department office.
PDS	Measurement	It is done by a tin(dabber), which is more or less one kg. they do not have electronic measuring scale.	The SI Food Supply said that she will provide the electronic weighing machine despite that it is not durable.

	NFSA card not available.	Many families included in Non- NFSA, but they should have NFSA card. We found that there were some mistake in the beneficiaries card.	All those who are not covered under the NFSA are eligible to be covered under the Non-NFSA. People can correct their names if found any misprint in their ration card.
	Rate and quantity. 1. NFSA	They were getting 4kg per head of rice less than 5kg of the quantity set by the government at the rate RS.5 per kg (the dealer said that the extra charge is the transport cost and it was decided by the Dorbar to charge at this rate.) Sugar- 1 to 2 kg at the rate RS.35/kg. Kerosene- more for household without electricity at the rate RS.25 and RS.26	They were getting less because most of the rice packet does not have the exact weight. In spite of this, people should get 5kg of rice at the rate RS.3/kg for NFSA. They 3kg of sugar at RS.30/kg per household and 2- 3 litres of kerosene at RS.22.50/L per household for both NFSA and Non-NFSA. If people found that they were getting less they should inform to the office department.
	2.Non- NFSA	Rice- 4 kg per household at the rate RS.12 and RS.13/kg	For Non-NFSA people should get 7-8 kg at the rate RS.9-RS.13/kg
	Register	Stock register is not available. For sugar- most of the families they got 1kg but during document verification all household got 2kg.	The dealer should maintain all the register carefully without any manipulation.
	Question asked by beneficiaries during the meeting.	<ol style="list-style-type: none"> 1. Do the government provide the transportation cost or need to be paid by the dealer, village headman or people? 2. Can people from the BPL group be the dealer of FPS? 3. What is the amount of kerosene oil provided by the government to those family who have electricity and to those who do not have? 	<p>Ans1: With regards to this, the stock does not come directly to the respective FPS, therefore the distributor has to go and pick up the stock so the transportation cost has to be paid by them. As it was addressed at the Public Hearing, this transportation cost has to bear by the Government. Hence, people should get the exact amount of ration as being set by the Government.</p> <p>Ans2: People from the BPL group cannot be the</p>

			<p>distributor of any FPS. To be the distributor, they need to surrender their ration card. In fact, most of the people belong to the BPL group cannot sufficiently afford by themselves so they therefore need government assistance like ration.</p> <p>Ans3: Government provide the same quantity of kerosene oil but most of the household who are electrified do not take much amount of kerosene oil, therefore, household who are not electrified are getting more.</p>
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8. Applications filed by people to avail benefits/services:

Name of applicant	Name of service applied for
Mr. PhurdingPyngrope	CM Scheme for Social Assistance
Mrs. TrobinaLyngkhoi	CM Scheme for Social Assistance
Mrs. ThrinLyngdoh	CM Scheme for Social Assistance
Mr. JrenWahlang	CM Scheme for Social Assistance
Mrs. MitildaSyiemlieh	CM Scheme for Social Assistance
Mrs. DarisSyiemlieh	CM Scheme for Social Assistance
Mr. KliMarbaniang	CM Scheme for Social Assistance
Mrs. NarilKharsyntiew	CM Scheme for Social Assistance
Mrs. Therian Marbaniang	CM Scheme for Social Assistance
Mr. Li Sohshang	Public Distribution System (inclusion of family members)
Mr. MebanshanSyiemlieh	Public Distribution System
Ms. MildarisSyiemieh	Public Distribution System
Mr. RishistarBasaiaawmoit	ITI, Nongstoin.
Ms. AmikarisaK.Bani	ITI, Nongstoin.
Mr. Shaphrang Rani	ITI, Nongstoin.
Ms. WanhunKharsyntiew	ITI, Nongstoin.
Mr. RicheskuparroySyiem	ITI, Nongstoin.
Mr. AgutiniBasaiaawmoit	ITI, Nongstoin.
Mr. Kestar Rani	ITI, Nongstoin.
Ms. BandalinMarngar	ITI, Nongstoin.

Ms. PanshilaBasiawmoit	ITI, Nongstoin.
Mr. BanteilangSyiem	ITI, Nongstoin.
Mr. MekstaroyLyngdohMawnai.	ITI, Nongstoin.

9. Grievances/Complaint registered by people indicating irregularity in implementation:

Name of complainant	Description of grievance/complaint
StoraNongrang	(PHC)Nurse was not attending in time during her delivery as the chowkidar, who are told to wake the nurse up, felt asleep.
OshalarisSyiem	(PDS) correction of name and surname in the ration card.
MaktidalinSyiemlieh	(PDS) entry of missing family members in the card and correction of names and surname in the ration card.
MildarisSyiem	(PDS) correction of names in the ration card.
Li Sohshang	(PDS) inclusion of family members in the ration card.

11. Based on the social audit findings, please list down **policy level suggestions** that you would like to be incorporated in the implementation of schemes that were audited.

A. Integrated Child Development Scheme

- i) At least one nurse in charge from the PHC or sub-centres to one of the ICDS centre so that all the check-up could be done frequently.
- ii) Provide training on the bases of health and nutrition to the Anganwadi so that they can identify any children who are malnourished.
- iii) Provide good and efficient teaching to children (3-6 years) attending the nursery school at the Anganwadi centre so that they need not go to the other school.

B. Public Distribution System

- i) Number of beneficiaries increase every year, therefore it is required to renew the ration card every year.

C. Sirva Shiksha Abhiyan

- i) One set of uniform is better to provide for both boys and girls.
- ii) To avoid dropout more educational assistance can be added like free tuition to those children belonging to the BPL group and provide practical learning activity according to their interest.
- iii) Teacher's attendance is required to be strictly maintained.

D. Mid-Day Meal

- i) Food items can also be chosen from the locality instead of giving the same menu every day.
- ii) Nutritional chart also need to be displayed so that they may notice the food items contain which type of nutritional content.

E. Public Health Engineering

- i) Reducing the period of water supply scheme since we found that the period of water supply scheme is 10-15 years. By reducing the period of the scheme, new scheme can be implemented in any area with the increasing number of household and the defect taps and platform can also be repaired.
- ii) Displaying of rules and regulation so as to maintain the cleanliness at every drinking water supply platform.
- iii) Survey of the Headwork/ Intake is required every time to ensure efficient supply of water to the whole area.

12. Based on the pilot social audit, please list down the **changes** that you would like be made to the **social audit protocol** that was followed in the pilot and to the **formats** that were used.

A. Required changes to Social Audit Protocol:

- i) Fixation of schedule for conducting of pilot social audit need to be done accordingly i.e. during pre-harvesting or post-harvesting season.
- ii) It would be better to start, for example, from Monday rather than Friday as in Meghalaya, Sunday is always a rest day.
- iii) Conducting of social audit required at least 10-15 days. Since, many of schemes need to be audited; therefore, more timeframe is required.
- iv) MSSAT representative and External Resource Person are required to stay in the Block on the first day for conducting the meeting with BDO or DC. This is to reduce transport cost, to avoid travelling to and fro in the same day and to avoid time consuming on the road.

B. Required changes to the format:

- i) Required columns for information on the list of registers in the format of ICDS, PDS, ASHA, MID-DAY MEAL and SSA since the different registers are required for verification. This can be clarified easily if any of the register is missed out.
- ii) With regards to ICDS, the table for THR distribution and food grain and cooking cost we have added more columns for food items as it is required to do so.