ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	BHOGPUR	Name of SUH:	BUS STAND
Name of Institution/Organization through which Social Audit is being conducted	Valmiki welfare mission.	Address of SUH	BUS STAND BHOGPUR
Date of Social Audit	6/3/24	Capacity:	2

Physically Verification of facilities/amenities is being given in the SUH

	(A) Facilities	Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement
i	Well ventilated rooms/dormitories	Yes/No ✓		
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No ✓		
iii	Toilets/Bath Rooms	Yes/No ✓		
iv	Hot water- Geyser/ Solar device	Yes/No ✓		
v	Heater	Yes/No ✓		
vi	Beds	Yes/No ✓		
vii	Beddings	Yes/No ✓		
viii	Blankets	Yes/No ✓		
ix	Lighting/Fans	Yes/No ✓		
x	Kitchen with vessels and Gas connectivity	Yes/No ✓		

xi	Piped water Supply	Yes/No		
xii	RO/Purified water facility	Yes/No		
xiii	Washing Provisions	Yes/No		
xiv	Food Arrangements	Yes/No		
	(B) Security Facilities			
i	CCTV camera installed	Yes/No		
ii	Fire Protection measures	Yes/No		
ii	Cloak room /Personal Lockers	Yes/No		
	(C) Health Facilities			
i	First aid kit is with emergency medicines	Yes/No		
ii	Periodicity of Medical check ups	Yes/No		
	(D) IEC Activities (Awareness)			
i	Display Board at entrance of shelter	Yes/No		
ii	Munadi/Newspaper	Yes/No	Please Specify the location	MC BHOGPUR
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	MC BHOGPUR
iv	Any other, please specify		Please Specify the location	
Additional (Services/ entitlements/convergences) information's if any :			No	

a (E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No) :

A	Documents	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Register of inmates	Yes		
2	Attendance Register	Yes		
3	Complaints and suggestions register	Yes		
B)	**Work Verification of SUH Staff**	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Have all the staff aware about their duty?	Yes		
2	Have all the staff received the capacity building training for 0 & M of SUH?	Yes		
3	Is the night survey conducted in this month for identification of homeless? Yes/No	No		
	If yes mention the date & number of persons identified & rescued:	No		

Befo

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Good Condition		
2	Number of inmates at present			

Feedback/Suggestion: -

1. Good
2.
3.
4.

Signatures with Seal of the Institution/Organization

President
Maharishi Valmiki Welfare Mission (Regd.)
Moh. Mandi Wala, Kartarpur