MC JAGRAON

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	MC JAGRAON	Name of SUH:	NIGHT SHELTER
Name Of Institution/Organization through which Social Audit is	Commitee	Address of SUH	RAIKOT RAOD NEAR CHUNGI NO.5
being conducted Date of Social Audit	26,12,2023	Capacity	25

	Physically Verification	of Facilities/ar	nenities is being a	
			, L	Suggestion/feedback
(A) Facilities		Facility Available in SUH	Remarks	given by staff for improvement
i i	Well ventilated rooms/dormitories	YES	YES	
iì	Adequate space for each inmate(@ 50 Sq.ft)	NO	NO	
iii	Toilets/Bath Rooms	YES	NOT FUNCTIONAL	A Property of the Control of the Con
ìv	Hot water- Geyser/Solar Device	NO	***************************************	
v	Heater	NO	1	* * * * * * * * * * * * * * * * * * * *
vi vi	Beds	YES	Needs Cleaning	
	Beddings	YES	Needs Cleaning	
vii	Blankets	YES	Needs Cleaning	
viii	1	YES	get the S	Fp. K. Oglik A.
ix x	Lighting/Fans Kitchen with vessels and Gas connectivity	NO	No Established Kitchen	Needs additional funds and Dedicated space fo the same
:	Piped water Supply	YES	THE STATE OF THE S	NOTE OF THE PROPERTY OF
xi	RO/ Purified water facility	NO		
xii	Washing Provisions	NO		
xiv	Food Arrangement	Yes	Not available at SUH but made elsewhere and provided to Inmates	Provided by Staff on need basis
(D)	Security Facilities	Tr.		
i	CCTV Camera Installed	NO		
ii	Fire Protection measures	YES		
iii	Cloak room/Personal	NO ,		
(C)	Health Facilities			
i	First aid kit is with emergency medicines	YES		
ii	Periodicity of Medical Check ups	NO		
(D)	IEC Activities (Awareness)			
i	Display Board at entrance of Shelter	YES		
ii	Munadi /Newspaper	NO NO		
iii	Flex/Hoardings/Pamphlets	YES		

ditional (Services / ntitlements/ convergences information's if any:

(E) Registers as mentioned below Maintained Properly in the Shelter ? Checked- (Yes/No):

Α	Documents	Report	Remarks	Suggestion /Feedback given by Staff for improvement
1	Register of inmates	YES		P.
2	Attendance Register	YES		
3	Complaints and suggestions register	YES		and the state of t
(B)	Work Verification of SUH Staff	Report	Remarks	Suggestion/Feedback given by staff for improvement
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Have all the Staff Aware about their duty?	YES	Attentive and Well Informed Staff	B
	Have all the staff received the capacity building training for O & M of SUH?	NO	Need for periodic training	Emphasized need for periodic training
	Is the night survey conducted in this month for identification of homeless? Yes/No	NO	Not Identified, as no Survey Conducted	Will be conducted before the end of December.
	If Yes mention the date & number of persons identified & rescued	NO	Not Identified, as no Survey Conducted	
(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter	YES	NEEDS IMPROVEMENT	NEEDS ATTENTION AND MORE FUNDING
2	Number of inmates at present	NO		

Feedback/Suggestion:-

- 1. Staff was well informed of the provisions of SUH
- 2. SUH needs to be shifted to a Dedicated Building built for the purpose of SUH.
- 3. Cleanliness needs special attention

1 District Social Justice Empowerment

& Minorities Officer, Ludhiana

-E:AA District Social Security Officer

Ludhiana

E.G.80.7.0.

Ludhiana

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