ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	MC Kolkata	Name of SUH:	Night Shelter (Non-Nulm)
Name of Institution/Organization through which Social Audit is being conducted	Bethuadahari Urban Mandal Registered	Address of SUH	Near SBI Bank
Date of Social Audit		Capacity:	4

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	yes	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	No	
iii	Toilets/Bath Rooms	Yes/No	yes	
iv	Hot water- Geyser/ Solar device	Yes/No	yes	
v	Heater	Yes/No	yes	
vi	Beds	Yes/No	yes	
vii	Beddings	Yes/No	yes	
viii	Blankets	Yes/No	yes	
ix	Lighting/Fans	Yes/No	yes	
x	Kitchen with vessels and Gas connectivity	Yes/No	No	

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

(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		NO	
2	Attendance Register		No	
3	Complaints and suggestions register		No	
B)	**Work Verification of SUH Staff**	**Report**	**Remarks**	**Suggestion/Feedback given by Staff for improvement**
	Have all the staff aware about their duty?		Yes	
	Have all the staff received the capacity building training for 0 & M of SUH?		No	
	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	
2	Number of inmates at present		NIL	

Feedback/Suggestion: -

1. Good
2. well maintained
3.
4.

Signatures with Seal of the Institution/Organization