ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Malout	Name of SUH:	Shelter for Urban Homeless.
Name of Institution/Organization through which Social Audit is being conducted	Arogya Jeevan Organisation Muktsar	Address of SUH	Fire Brigade.
Date of Social Audit	29/05/2023	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	Yes, room is well ventilated	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No Yes	Yes	
iii	Toilets/Bath Rooms	Yes/No YES	Yes all are clean	
iv	Hot water- Geyser/ Solar device	Yes/No YES	Yes, available	
v	Heater	Yes/No YES	Yes, available	
vi	Beds	Yes/No YES	Good Condition	
vii	Beddings	Yes/No YES	clean Bedding	
viii	Blankets	Yes/No YES	Yes, clean	
ix	Lighting/Fans	Yes/No YES	Good	
x	Kitchen with vessels and Gas connectivity	Yes/No NO	No kitchen available	-

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xi	Piped water Supply	Yes/No YES	YES available	
xii	RO/Purified water facility	Yes/No YES	Yes, available	
xiii	Washing Provisions	Yes/No NO	Not availability	
xiv	Food Arrangements	Yes/No NO	Not availability	
	(B) Security Facilities			
i	CCTV camera installed	Yes/No NO	No CCTV Cameras installed	CCTV Cameras Should be installed for Security.
ii	Fire Protection measures	Yes/No YES	Yes, available	
ii	Cloak room /Personal Lockers	Yes/No NO	No Lockers & Cupboards available.	
	(C) Health Facilities			
i	First aid kit is with emergency medicines	Yes/No YES	Yes, well maintained last	
ii	Periodicity of Medical check ups	Yes/No NO	Not availability	
	(D) IEC Activities (Awareness)			
i	Display Board at entrance of shelter	Yes/No YES	Yes available.	—
ii	Munadi/Newspaper	Yes/No YES	Please Specify the location	Public Places.
iii	Flex/Hoardings/Pamphlets	Yes/No YES	Please Specify the location	Near Railway Station, Bus Stand, MC office.
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	Yes	Maintained	-
2	Attendance Register	Yes	Maintained	-
3	Complaints and suggestions register	Yes	Maintained	-
B)	**Work Verification of SUH Staff**	**Report**	**Remarks**	**Suggestion/Feedback given by Staff for improvement**
	Have all the staff aware about their duty?	YES	all the Staff are aware about SUH duties.	
	Have all the staff received the capacity building training for 0 & M of SUH?	NO	NO training conducted	
	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:	-	-	

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(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	0	—	

Feedback/Suggestion: -

1. Shelter's condition is good.
2. But CCTV camera's, Lockers
3. are not available for
4. Proper safety.

President
Arogya Sewa (A Health Care
Organization) Regd.
Sri Muktsar Sahib-152026

Signatures with Seal of the Institution/Organization