

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB: <u>M.C. Nangal</u>	Name of Institution/Organization through which Social Audit is being conducted	Name of SUH:	<u>M.C. Night Shelter</u>
Date of Social Audit <u>25-05-2023</u>	Address of SUH	Capacity:	<u>Shingar Beauty Parlour</u> <u>4th Market Nangal</u> <u>10</u>

Physically Verification of facilities/amenities is being given in the SUH			
(A) Facilities		Facility Available in SUH	Remarks
i	Well ventilated rooms/dormitories	Yes/No <input checked="" type="checkbox"/>	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No <input checked="" type="checkbox"/>	
iii	Toilets/Bath Rooms	Yes/No <input checked="" type="checkbox"/>	
iv	Hot water- Geyser/ Solar device	Yes/No <input checked="" type="checkbox"/>	
v	Heater	Yes/No <input checked="" type="checkbox"/>	
vi	Beds	Yes/No <input checked="" type="checkbox"/>	
vii	Beddings	Yes/No <input checked="" type="checkbox"/>	
viii	Blankets	Yes/No <input checked="" type="checkbox"/>	
ix	Lighting/Fans	Yes/No <input checked="" type="checkbox"/>	
x	Kitchen with vessels and Gas connectivity	Yes/No <input checked="" type="checkbox"/>	<u>near by Dhaba</u>

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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	Murals/Newspaper	Yes/No	Please Specify the location	
iii	Flex/Handings/Pamphlets	Yes/No	Please Specify the location	
iv	Any other, please specify		Please Specify the location	
Additional entitlements/convergences (Services/ information's if any :				

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(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
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & M of SUHP?	Yes		
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes		
	If yes mention the date & number of persons identified & rescued:	10-04-2023 19-04-2023 27-04-2023		

Befn

(C)	Physical Verification of Utilization of SUM	Report	Remarks	Suggestion/Feedback given by Staff for Improvement
1	Condition of Shelter;	Good.		
2	Number of inmates at present	- Nil -		

Feedback/Suggestion; -

- 1.
- 2.
- 3.
- 4.

Signatures with Seal of the Institution/Organization

For Rotary Club Bhakra Nangal
 Secretary/President / *Tej Ram Shrivastava*

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