ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Patti	Name of SUH:	SHELTER FOR URBAN HOMELESS
Name of Institution/Organization through which Social Audit is being conducted	AREA LEVEL SOCIETY	Address of SUH	BUS STAND PATTI
Date of Social Audit	02-01-24	Capacity:	6

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	Yes	
iii	Toilets/Bath Rooms	✓ Yes/No	✓	But they don't have separate washrooms
iv	Hot water- Geyser/ Solar device	Yes/No	NO	
v	Heater	Yes/No	NO	
vi	Beds	Yes/No	Yes	
vii	Beddings	Yes/No	Yes	
viii	Blankets	Yes/No	Yes	
x	Lighting/Fans	Yes/No	Yes	
	Kitchen with vessels and Gas connectivity	Yes/No	NO	

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	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No	NO	
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	NO	
ii	Cloak room /Personal Lockers	Yes/No	Yes	
			NO	
	(C) Health Facilities			
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No		
	(D) IEC Activities (Awareness)			
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	in Bus stand
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	in MC office
iv	Any other, please specify		Please Specify the location	
Additional (Services/ entitlements/convergences) information's if any :				

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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	—	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 0 & M of SUH?	—	—	—
	Is the night survey conducted in this month for identification of homeless? Yes/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	—
2	Number of inmates at present	—	2	—

Feedback/Suggestion: -

1.
2.
3.
4.

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Signatures with Seal of the Institution/Organization

Gurmeet Kaur Area Level Society
Noordi Adda, Gali Sharma Wali, Tarn Taran

Gurmeet Kaur
President

Baljit Kaur
Secretary

Harsimpreet Kaur
Cashier