

# Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB: <u>MC MOHALLI</u>	Name of SUH:	<u>Mohali</u>
Name of Institution/Organization through which Social Audit is being conducted	<u>Heaven Area Level Society MGS</u>	<u>SHELTER FOR URBAN HOMELESS Ph-6 NEAR DARRA STREET Ph-6 Mohali</u>
Date of Social Audit	<u>01-02-2024</u>	Capacity: <u>42 beds</u>

## 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 rooms/dormitories ventilated	<input checked="" type="checkbox"/> Yes/No		
ii	Adequate space for each inmate (@ 50 Sq.ft.)	<input checked="" type="checkbox"/> Yes/No		
iii	Toilets/Bath Rooms	<input checked="" type="checkbox"/> Yes/No		
iv	Hot water- Geyser/ Solar device	<input checked="" type="checkbox"/> Yes/No		
v	Heater	<input checked="" type="checkbox"/> Yes/No		
vi	Beds	<input checked="" type="checkbox"/> Yes/No		
vii	Beddings	<input checked="" type="checkbox"/> Yes/No		
viii	Blankets	<input checked="" type="checkbox"/> Yes/No		
ix	Lighting/Fans	<input checked="" type="checkbox"/> Yes/No		
x	Kitchen with vessels and Gas connectivity	<input checked="" type="checkbox"/> Yes/No		

HEAVEN AREA LEVEL SOCIETY (F)  
 President  
 [Signature]



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

HEAVEN AREA LEVEL SOCIETY (G)  
President



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	OK			
2	Attendance Register	OK			
3	Complaints and suggestions register	OK			
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 SUH?	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:				
	21-01-2024 04				

HEAVEN AREA LEVEL SOCIETY (H)  
Befr



(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	OK		
2	Number of inmates at present	12		

Feedback/Suggestion: -

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

Signatures with Seal of the Institution/Organization

HEAVEN AREA LEVEL SOCIETY (F)

*[Signature]*

*[Signature]*

HEAVEN AREA LEVEL SOCIETY (F)  
*[Signature]*  
 President