ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Samana	Name of SUH:	Night Shelter
Name of Institution/Organization through which Social Audit is being conducted	Helping Hand welfare society.	Address of SUH	Near Nagri Mandir Samana (Behind MC office Samana)
Date of Social Audit	16/01/2024	Capacity:	04

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

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	Munadi/Newspaper	Yes/No	Please Specify the location	Sanour City
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	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		
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 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:	—		

By

(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			

Feedback/Suggestion: -

1.
2.
3.
4.

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Signatures with Seal of the Institution Helping Hand Welfare Society

9988324151

NEGRAJ GUPTA