ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	SIRHIND-FG.S	Name of SUH:	NIGHT SHELTER
Name of Institution/Organization through which Social Audit is being conducted	SPARSH ALS BRAHMAN MAJRA	Address of SUH	NEAR NEW SEWA KENDER HUMAYUNPUR, SIRHIND, F.G.S
Date of Social Audit	20/12/2023	Capacity:	25+25 BEDS (MALE FEMALE)

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	YES	
iv	Hot water- Geyser/ Solar device	✓ Yes/No	YES	
v	Heater	✓ Yes/No	YES	
vi	Beds	✓ Yes/No	YES	
vii	Beddings	✓ Yes/No	YES	
viii	Blankets	✓ Yes/No	YES	
ix	Lighting/Fans	✓ Yes/No	YES	
x	Kitchen with vessels and Gas connectivity	Yes/No	YES	

xi	Piped water Supply	Yes/No	YES	
xii	RO/Purified water facility	Yes/No	YES	
xiii	Washing Provisions	Yes/No	YES	
xiv	Food Arrangements	Yes/No	YES	
	(B) Security Facilities			
i	CCTV camera installed	Yes/No	YES	
ii	Fire Protection measures	Yes/No	YES	
ii	Cloak room /Personal Lockers	Yes/No	YES	
	(C) Health Facilities			
i	First aid kit is with emergency medicines	Yes/No	YES	
ii	Periodicity of Medical check ups	Yes/No	YES	
	(D) IEC Activities (Awareness)			
i	Display Board at entrance of shelter	Yes/No	YES	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	SIRHIND MANDI BUS STAND, RAILWAY STATION CHUNGI NO 4, EGS CHOWK
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	
iv	Any other, please specify		Please Specify the location	
Additional (Services/ entitlements/convergences) information's if any :			NA	

(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 0 & M of SUH?		NO	
	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:		25/11/23 5	

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:		SUH IS WELL MAINTAINED	
2	Number of inmates at present		3	

Feedback/Suggestion: -

1.
2.
3.
4.

SPARSH ALS
Brahman Mitra Sirbind
President Secretary Cashier

Signature with Seal of the Institution/Organization