Performa for Social Audit of Shelters for Urban Homeless

Name of ULB: Mur		Municipal Council Sujanpur	Name of SUH:	Non Day Nulm Night Shelter	
Name of Institution/Organization Bloo through which Social Audit is		Blood Donors Pathankot	Address of SUH	Inside of Community Hall	
	conducted of Social Audit	27/03/2024	Capacity:	4	
Date	or Social Audit	Physically Verification of facilities/		the SUH	
			Remarks	Suggestion/Feedback given by Staff	
(4	A) Facilites	Facility Available in SUH	Kemarks	for improvement	
i	Well Ventilated rooms/dormitories	Yes			
ii	Adequate space for each inn (@50 Sq.ft.)	nate Yes			
lii	Toilets/Bath Rooms	Yes		•	
lv	Hot water-Geyser/ Solar dev	rice No			
·V	Heater	Yes		4	
vi	Beds	Yes	4 Bed		
vii	Beddings	Yes	4 Bedding		
vii	Blankets	Yes			
ix	Lighting/Fans	Yes			
x	Kitchen with vessels and Gas connectivity	Yes			
xi	Piped water supply	Yes			
xii	RO/Purified water facility	No			
xiii	Washing Provisions	Yes			
xiv	Food Arrangements	No			
	(B) Security Facilities			2222	
i	CCTV camera installed	No		ਰਹਿਣ ਬਸੇਰੇ ਵਿੱਚ ਸੀ.ਸੀ.ਟੀ.ਵੀ ਦਾ ਲਗਾ ਹੋਣਾ ਜਰੂਰੀ ਹੈ ਤਾਂਕਿ ਰਹਿਣ ਬਸੇਰੇ ਵਿਚ	

					ਹੋਣ ਹੋਣ ਵਾਲੀ ਗਤੀਵਿਧੀਆਂ ਦਾ ਪਤਾ ਲਗ ਸਕੇ।		
•	ii	Fire Protection measures	No		ਰਹਿਣ ਬਸੇਰੇ ਵਿੱਚ ਅਗ ਬੁਝਾਉਣ ਵਾਲੇ	_	
					ਯੰਤਰ ਦਾ ਹੋਣਾ ਜਰੂਰੀ ਹੈ ਤਾਕਿ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੀ ਅਣਸੁਖਾਵੀ ਘਟਨਾ ਨੂੰ ਹੋਣ ਤੋ		
	iii	Cloak room/ Personal Lockers	Yes		ਰੋਕਿਆ ਜਾ ਸਕੇ।		
	(C) Health Facilities						
	i	First aid kits is with emergency medicines	Yes				
	ii	Periodicity of Medical check ups	No			-	
		(D) IEC Activities (Awareness)					
•	i	Display Board at entrance of shelter	Yes				
	ii	Munadi/Newspaper	No		ਰਹਿਣ ਬਸੇਰੇ ਦੀ ਜਾਗਰੂਕਤਾ ਲਈ ਮਹੀਨੇ		
					ਵਿੱਚ ਇਕ ਵਾਰ ਖਬਰ ਅਖਬਾਰ ਵਿੱਚ ਛਪਣੀ		
	-				ਅਤੇ ਮੁਨਾਦੀ ਹੋਈ ਚਾਹੀਦੀ ਹੈ।		
	iii	Flex/Hordings/Pamphlets	No		-		
	iv	Any other, please specify	No				
	enti	itional (Services/ tlements/convergences) rmation's if any :				NORS PATHAA	
	(E) Registers as mentioned below maintained properly in the shelter? Checked (Yes/No):						
	Α	Documents	Reports	Remarks	Suggestion/Feedback given by Staff for improvement	Reg. No.	
	1	Register of inmates	No			MANKOT	
	2	Attendance Register	No				
	3	Complaints and suggestions register	No				

В	Work Verification of SUH Staff	Reports	Remarks	Suggestion/Feedback given by Sta 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:	No		
С	Physical Verification of Utilization of SUH	Reports	Remarks	Suggestion/Feedback given by staf for improvement
1	Condition of Shelter:	Good		
2	Number of inmates at present	Yes	n n	

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Signatures with Seal Brethe Institution/Organization