ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	BHADSON	Name of SUH:	Night Shelter Near Grain Market Bhadson
Name of Institution/Organization through which Social Audit is being conducted	ASRA WELFARE CLUB (REG.) BHADSON	Address of SUH	Near Grain Market Ward No. 8, Bhadson
Date of Social Audit	19-2-24	Capacity:	3

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	Proper Ventilated Room	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	✓ Yes/No	Yes	
iii	Toilets/Bath Rooms	✓ Yes/No	well maintained	
iv	Hot water- Geyser/ Solar device	Yes/No ✓		
v	Heater	Yes/No	Available	
vi	Beds	✓ Yes/No	Properly Arranged	
vii	Beddings	Yes/No ✓		
viii	Blankets	✓ Yes/No	Available	
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	available at entry gate	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	
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 :				

(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	—	Available and updated	
2	Attendance Register		-do-	
3	Complaints and suggestions register	No	—	
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	Need training
	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:	—	No	

Ref

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:		well maintained	—
2	Number of inmates at present	0	—	—

Feedback/Suggestion: -

1. Complete care should be taken of cleanliness and hygiene.
2. There should be complete living facilities for a disabled person.
3. Night Shelter house boards should be installed at various places in the city.
4.

Signatures with Seal of the Institution/Organization

ਆਸਰਾ ਵੈਲਫੇਅਰ ਕਲੱਬ [ਰਜਿ:]
ਭਾਦਸੋਂ