

ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:		N/ B. K. P. G.	
Name of Institution/Organization through which Social Audit is being conducted	N/ B. K. P. G. Group	Name of SUH:	N/ B. K. P. G. N/ B. K. P. G.
Date of Social Audit	5/2/24	Address of SUH	N/ B. K. P. G. N/ B. K. P. G.
		Capacity:	2

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		

by

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		
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Block
iv	Any other, please specify		Please Specify the location	
Additional (Services/entitlements/convergences) information's if any :				

Ref

(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	Yes		
	If yes mention the date & number of persons identified & rescued:	02/01/24 2 persons		

Beta

(C)	Physical Verification of Utilization of SU/H Condition of Shelter:	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Good		
2	Number of inmates at present	4		

Feedback/Suggestion: -

1. All over is good
- 2.
- 3.
- 4.

Signatures with Seal of the Institution/Office

