ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB: NP BILGA	NP BILGA	Name of SUH:	NP BILGA
Name of Institution/Organization through which Social Audit is being conducted	BHAGWAN VALMIKI WELFARE SOCIETY	Address of SUH	NIGHT SHELTER NAGAR Panchyat BILGA 9780754369
Date of Social Audit	12-3-2024	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	Yes room and wall ventilated	—
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	—
iii	Toilets/Bath Rooms	Yes/No	Yes all are clean	—
iv	Hot water- Geyser/ Solar device	Yes/No	NO	—
v	Heater	Yes/No	Yes Available	—
vi	Beds	Yes/No	Good Conditions	—
vii	Beddings	Yes/No		—
viii	Blankets	Yes/No	Blankets are clean	—
ix	Lighting/Fans	Yes/No		—
x	Kitchen with vessels and Gas connectivity	Yes/No	NO	—

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		
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	Yes	
ii	Periodicity of Medical check ups	Yes/No	Yes	
	(D) IEC Activities (Awareness)			
i	Display Board at entrance of shelter	Yes/No	Yes available	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	NPBLGA
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	NPBLGA
iv	Any other, please specify		Please Specify the location	———
Additional (Services/ entitlements/convergences) information's if any :				

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(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	Yes.	—
2	Attendance Register	Yes	Yes	—
3	Complaints and suggestions register	Yes	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	Yes	—
	Have all the staff received the capacity building training for 0 & M of SUH?	No	No training Conducted	—
	Is the night survey conducted in this month for identification of homeless? Yes/No	No	No	—
	If yes mention the date & number of persons identified & rescued:	—	—	—

Befo

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Good Condition	well maintained	
2	Number of inmates at present	at the time no resident	———	——— Do ———

Feedback/Suggestion: -

1. Good Condition
2. All over well.
3. Maintained
4. All facilities are available in the shelter

Signatures with Seal of the Institution/Organization

President Cashier Secretary
Bhagwan Valmiki Welfare Society (Regd.)
Moh. Phlaiwala, Nurmahal (Jalandhar