

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	SH. CHAMRAK SAHIB	Name of SUH:	SHELTER FOR URBAN HOMELESS
Name of Institution/Organization through which Social Audit is being conducted	S.S.M.E.S Shri CHAMRAK SAHIB	Address of SUH	NEAR OLD TEHSIL SHRI CHAMRAK SAHIB
Date of Social Audit	24/5/23	Capacity:	DOUBLE FLOOR 50 BEDS

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	WELL VENTILATED	-
ii	Adequate space for each inmate (@ 50 Sq.ft.)	✓ Yes/No	AS PER GUIDELINES	-
iii	Toilets/Bath Rooms	✓ Yes/No	DIFFERENT FOR BOTH M/F	-
iv	Hot water- Geyser/ Solar device	✓ Yes/No	YES 1 GEYSER AVAILABLE NO SOLAR DEVICE	-
v	Heater	✓ Yes/No	YES 2 HEATERS AVAILABLE	-
vi	Beds	✓ Yes/No	10 BEDS AT BOTH FLOORS	-
vii	Beddings	✓ Yes/No	YES AT ALL BEDS	-
viii	Blankets	✓ Yes/No	YES AVAILABLE ALSO CHADDERS FOR SUMMER	-
ix	Lighting/Fans	✓ Yes/No	YES ALL FACILITIES AVAILABLE	-
x	Kitchen with vessels and Gas connectivity	✓ Yes/No	YES AVAILABLE	-

(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	V. Good Condition	v. Good	ADVICE to RAILING FROM GROUND FLOOR to 1st FLOOR.
2	Number of inmates at present	NO	—	—

Feedback/Suggestion: -

1. NICE BUILDING CREATED BY M.C.
- 2.
- 3.
- 4.



Signatures with Seal of the Institution/Organization

(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	AVAILABLE.	-
2	Attendance Register	YES	AVAILABLE FOR STAFF	-
3	Complaints and suggestions register	YES.	VISITOR BOOK AND COMPLAINT REGISTER AVAILABLE -	-
B)	Work Verification of SUH Staff	Report	Remarks	Suggestion/Feedback given by Staff for improvement
	Have all the staff aware about their duty?	YES ALL STAFF KNOWS HIS DUTY IN WELL MANNER.	✓	-
	Have all the staff received the capacity building training for O & M of SUH?	Yes taken by staff.	✓	-
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes survey conducted at night and there is no any homeless person found at night.	✓	-
	If yes mention the date & number of persons identified & rescued:	24/05/2023 -.	-	-

xi	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No	No.	ADVISED FOR PURIFIER.
xiii	Washing Provisions	Yes/No	Yes	
xiv	Food Arrangements	Yes/No	Yes	
<b>(B) Security Facilities</b>				
i	CCTV camera installed	Yes/No	INSTALLED	
ii	Fire Protection measures	Yes/No	2 FIRE EXTINGUISHER AVAILABLE	
ii	Cloak room /Personal Lockers	Yes/No	No	ADVISED FOR LOCKER.
<b>(C) Health Facilities</b>				
i	First aid kit is with emergency medicines	Yes/No	YES AVAILABLE.	-
ii	Periodicity of Medical check ups	Yes/No	YES AS PER REQUIREMENTS	
<b>(D) IEC Activities (Awareness)</b>				
i	Display Board at entrance of shelter	Yes/No		
ii	Munadi/Newspaper	Yes/No	Please Specify the location	AT ALL PUBLIC PLACES
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 :		-		