

**Performa for Social Audit of Shelters for Urban Homeless**

**ANNEXURE - III**

Name of ULB:	MC Gonieng	Name of SUH:	Night Shelter (Non-Vuln)
Name of Institution/Organization through which Social Audit is being conducted	Bathinda Vibha Manch Rajpura (Bathinda)	Address of SUH	At Water Works Gonieng
Date of Social Audit	6/3/24	Capacity:	6

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	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	No	
iii	Toilets/Bath Rooms	Yes/No	Yes	
iv	Hot water- Geyser/ Solar device	Yes/No	Yes	
v	Heater	Yes/No	Yes	
vi	Beds	Yes/No	Yes	
vii	Beddings	Yes/No	Yes	
viii	Blankets	Yes/No	Yes	
ix	Lighting/Fans	Yes/No	Yes	
x	Kitchen with vessels and Gas connectivity	Yes/No	No	

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xi	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No	Yes	
xiii	Washing Provisions	Yes/No	No	
xiv	Food Arrangements	Yes/No	No	
<b>(B) Security Facilities</b>				
i	CCTV camera installed	Yes/No	No	
ii	Fire Protection measures	Yes/No	Yes	
ii	Cloak room /Personal Lockers	Yes/No	No	
<b>(C) Health Facilities</b>				
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No	Yes (after requirements)	
<b>(D) IEC Activities (Awareness)</b>				
i	Display Board at entrance of shelter	Yes/No	No	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	No
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Yes (Flex)
iv	Any other, please specify		Please Specify the location	No
Additional (Services/entitlements/convergences) information's if any :		nil		

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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		No	
	2 Attendance Register		No	
	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	
	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	

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

Feedback/Suggestion: -

- 1.
- 2.
- 3.
- 4.

Signatures with Seal of the Institution/Organization

*[Handwritten Signature]*  


*[Handwritten Signature]*