ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Kotkapura	Name of SUH:	Shelter of Urban homeless
Name of Institution/Organization through which Social Audit is being conducted	PBC welfare Club	Address of SUH	Near Lajpat Nagar
Date of Social Audit	28-02-2024	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	—
ii	Adequate space for each inmate (@ 50 Sq.ft.)	✓ Yes/No	Yes	—
iii	Toilets/Bath Rooms	✓ Yes/No	Yes	—
iv	Hot water- Geyser/ Solar device	Yes/No ✓	No	—
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	Yes	—

xi	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No	No	
xiii	Washing Provisions	Yes/No	Yes	
xiv	Food Arrangements	Yes/No	Yes	
(B) Security Facilities				
i	CCTV camera installed	Yes/No	Yes	
ii	Fire Protection measures	Yes/No	Yes	
ii	Cloak room /Personal Lockers	Yes/No	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	
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	No	—	
2	Attendance Register	No	—	
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 0 & M of SUH?	Yes	—	
	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	—	

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

Feedback/Suggestion: -

1.
2.
3.
4.

PBG Welfare Club (Regd.)

Signatures with Seal of the Institution/Organization