

MC MACHIWARA SAHIB

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	MC MACHIWARA SAHIB	Name of SUH:	NIGHT SHELTER
Name Of Institution/Organization through which Social Audit is being conducted		Address of SUH	BUS STAND, MACHIWARA SAHIB
Date of Social Audit	27.12.23	Capacity	6

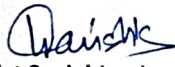
Physically Verification of Facilities/amenities is being given in the SUH

(A) Facilities		Facility Available in SUH	Remarks	Suggestion/feedback given by staff for improvement
i	Well ventilated rooms/dormitories	YES	YES	
ii	Adequate space for each inmate(@ 50 Sq.ft)	YES	YES	
iii	Toilets/Bath Rooms	YES	NEED CLEANING	
iv	Hot water- Geyser/Solar Device	YES		
v	Heater	YES		
vi	Beds	YES	ADEQUATE	
vii	Beddings	YES		
viii	Blankets	YES	YES	
ix	Lighting/Fans	NO	NO	
x	Kitchen with vessels and Gas connectivity	NO	NOT AVAILABLE	
xi	Piped water Supply	YES	YES	
xii	RO/ Purified water facility	NO	NO	
xiii	Washing Provisions	NO	NO	
xiv	Food Arrangement	NO	ARRANGED FROM GURUDWARA SAHIB	
(B) Security Facilities				
i	CCTV Camera Installed	NO	NO	
ii	Fire Protection measures	NO	NO	
iii	Cloak room/Personal Lockers	NO	NO	REQUIRED FOR SAFETY
(C) Health Facilities				
i	First aid kit is with emergency medicines	YES	YES	
ii	Periodicity of Medical Check ups	NO		
(D) IEC Activities (Awareness)				
i	Display Board at entrance of Shelter	YES		
ii	Munadi /Newspaper	NO		
iii	Flex/Hoardings/Pamphlets	YES		
iv	Any other, Please Specify	NO		

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	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	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		
(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for Improvement
1	Condition of Shelter	YES	GOOD	
2	Number of inmates at present	NO		


Feedback/Suggestion:-

1. Staff was well informed.
2. SUH needs to be shifted to a dedicated building unit.
3. Cleanliness needs special attention


District Social Justice Empowerment
& Minorities Officer, Ludhiana


E.G.S.D.T.O.
Ludhiana


District Social Security Officer
Ludhiana


District Programme Officer
Ludhiana