ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	MC Nakodar.	Name of SUH:	Near, Rehri Market, Nakodar.
Name of Institution/Organization through which Social Audit is being conducted	NGO, Nakodar.	Address of SUH	Near Rehri Market, Nakodar,
Date of Social Audit		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.	Good. facilities. are Provided.
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	— Do —
iii	Toilets/Bath Rooms	Yes/No	Yes.	— Do —
iv	Hot water- Geyser/ Solar device	Yes/No	No	— Do —
v	Heater	Yes/No	No.	— Do —
vi	Beds	Yes/No	Yes.	— Do —
vii	Beddings	Yes/No	No.	— Do —
viii	Blankets	Yes/No	Yes.	— Do —
ix	Lighting/Fans	Yes/No	Yes.	— Do —
x	Kitchen with vessels and Gas connectivity	Yes/No	No.	— Do —

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

(–) 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	—	Good. facilities are Provided
2	Attendance Register	No	—	— Do —
3	Complaints and suggestions register	Yes.	—	— Do —
B)	**Work Verification of SUH Staff**	**Report**	**Remarks**	**Suggestion/Feedback given by Staff for improvement**
	Have all the staff aware about their duty?	Yes	—	Staff are good facilities. Provided.
	Have all the staff received the capacity building training for 0 & M of SUH?	Yes.	—	— Do —
	Is the night survey conducted in this month for identification of homeless? Yes/No	No.	—	— Do —
	If yes mention the date & number of persons identified & rescued:	No.	—	— Do —

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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 Condition	well maintained	Staff are well improvement
2	Number of inmates at present	at the time no present	—	— DO —

Feedback/Suggestion: -

1. Good Condition
2. well maintained
3. All facilities are awarded
4. in the Shelter.

Signatures with Seal of the Institution/Organization

MANOJ KUMAR

Dr. Ambedkar Welfare Association-
Punjab (R), Branch Phillaur (Jalandhar)