

# MC SAHNEWAL

## Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	MC SAHNEWAL	Name of SUH:	RAIN BASERA
Name Of Institution /Organization through which Social Audit is being conducted	COMMITTEE	Address of SUH	COMMUNITY CENTER NEAR SUB-TEHSIL W.NO.6
Date of Social Audit	27-12-2023	Capacity	5


### 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	Hall need to be painted.	
ii	Adequate space for each inmate(@ 50 Sq.ft)	YES	-----	
iii	Toilets/Bath Rooms	YES	-----	
iv	Hot water- Geyser/Solar Device	NO	-----	
v	Heater	YES	-----	
vi	Beds	YES	-----	
vii	Beddings	YES	-----	
viii	Blankets	YES	-----	
ix	Lighting/Fans	YES	-----	
x	Kitchen with vessels and Gas connectivity	NO	-----	
xi	Piped water Supply	YES	Available in Toilets	
xii	RO/ Purified water facility	YES	-----	
xiii	Washing Provisions	NO	-----	
xiv	Food Arrangement	YES	-----	
<b>(B) Security Facilities</b>				
i	CCTV Camera Installed	NO	-----	
ii	Fire Protection measures	NO	-----	
iii	Cloak room/Personal Lockers	NO	-----	
<b>(C) Health Facilities</b>				
i	First aid kit is with emergency medicines	YES	-----	
ii	Periodicity of Medical Check ups	NO	NO Periodic check up camps held	SOP need to be established to get identified inmates checked, especially during Extreme Winter and Extreme Heat Waves
<b>(D) IEC Activities (Awareness)</b>				
i	Display Board at entrance of Shelter	YES	Need to be painted again	
ii	Munadi /Newspaper	NO	-----	


iii	Flex/Hoardings/Pamphlets	NO	-----	
iv	Any other, Please Specify	NO	-----	
Additional (Services / entitlements/ convergences information's if any:				
<b>(E) Registers as mentioned below Maintained Properly In the Shelter ? Checked- (Yes/No):</b>				
<b>A</b>	<b>Documents</b>	<b>Report</b>	<b>Remarks</b>	<b>Suggestion /Feedback given by Staff for Improvement</b>
1	Register of inmates	YES	Maintained	
2	Attendance Register	YES	Maintained	
3	Complaints and suggestions register	YES	Maintained	
<b>(B)</b>	<b>Work Verification of SUH Staff</b>	<b>Report</b>	<b>Remarks</b>	<b>Suggestion/Feedback given by staff for Improvement</b>
	Have all the Staff Aware about their duty?	YES	-----	
	Have all the staff received the capacity building training for O & M of SUH ?	NO	No training has been conducted. Needs Regular/yearly training	
	Is the night survey conducted in this month for identification of homeless? Yes/No	NO	No survey conducted.	
	If Yes mention the date & number of persons identified & rescued	NO	Not identified as no survey conducted.	
<b>(C)</b>	<b>Physical Verification of Utilization of SUH</b>	<b>Report</b>	<b>Remarks</b>	<b>Suggestion/Feedback given by Staff for Improvement</b>
1	Condition of Shelter	YES	GOOD	
2	Number of inmates at present	NO	Zero	


**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