ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	MC Sangat	Name of SUH:	Night Shelter
Name of Institution/Organization through which Social Audit is being conducted	Rathinath Vibag Manch Bti	Address of SUH	at ULB Sangat
Date of Social Audit	7/03/24	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	No	
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	No	

xi	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No	Yes	
xiii	Washing Provisions	Yes/No	Yes	
xiv	Food Arrangements	Yes/No	Yes	As Per requirement
	(B) Security Facilities			
i	CCTV camera installed	Yes/No	No	
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	as Per requirents
	(D) IEC Activities (Awareness)			
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	No
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Yes
iv	Any other, please specify		Please Specify the location	No
Additional (Services/ entitlements/convergences) information's if any :		N/A		

(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		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 0 & 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	

Befo

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

Feedback/Suggestion: -

1. Night Shelter well maintained
2.
3. Good Condition
4.

Signatures with Seal of the Institution/Organization