

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB: <u>MC TAPA</u>	Name of Institution/Organization through which Social Audit is being conducted: <u>Environment Club Tapa Mahal</u>	Name of SUH: <u>Shelter for Urban Homeless</u>
Date of Social Audit: <u>14/02/2024</u>	Address of SUH: <u>Near Old Bus Stand</u>	Capacity: <u>4 Person</u>

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 ✓		
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No ✓		
iii	Toilets/Bath Rooms	Yes/No ✓		
iv	Hot water- Geyser/ Solar device	Yes/No ✓		
v	Heater	Yes/No ✓		Suggested Hot water
vi	Beds	Yes/No ✓		
vii	Beddings	Yes/No ✓		
viii	Blankets	Yes/No ✓		
ix	Lighting/Fans	Yes/No ✓		
x	Kitchen with vessels and Gas connectivity	Yes/No ✓		



xi	Piped water Supply	Yes/No ✓		
xii	RO/Purified water facility	Yes/No ✓		
xiii	Washing Provisions	Yes/No ✓		
xiv	Food Arrangements	Yes/No ✓		
<b>(B) Security Facilities</b>				
i	CCTV camera installed	Yes/No ✓		
ii	Fire Protection measures	Yes/No ✓		Suggested CCTV Camera
ii	Cloak room /Personal Lockers	Yes/No ✓		Suggested Fire Protection
<b>(C) Health Facilities</b>				
i	First aid kit is with emergency medicines	Yes/No ✓		
ii	Periodicity of Medical check ups	Yes/No ✓		
<b>(D) IEC Activities (Awareness)</b>				
i	Display Board at entrance of shelter	Yes/No ✓		
ii	Munadi/Newspaper	Yes/No ✓	Please Specify the location	
iii	Flex/Hoardings/Pamphlets	Yes/No ✓	Please Specify the location	Near MC Tapa
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	Yes	—	
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		
	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		

Befr



(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Good	—	
2	Number of inmates at present	No	—	

Feedback/Suggestion: -

- 1.
- 2.
- 3.
- 4.

with Environment Club (Regd.)  
Mandi 148108 (Distt. Barnala) Pb

Signatures with Seal of the Institution/Organization

Bm