ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB: MC ADAMPUR		Name of SUH:	BUS STAND
Name of Institution/Organization through which Social Audit is being conducted		Address of SUH	NEAR BUS STAND
Date of Social Audit	21	Capacity:	3

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	Roomare Well ventilated	Govt showed Provide
ii	Adequate space for each inmate (@ 50 Sq.ft.)	✓ Yes/No		More fund for
iii	Toilets/Bath Rooms	✓ Yes/No	All SUH Net clam	Suit updating
iv	Hot water- Geyser/ Solar device	Yes/No	Available	
v	Heater	Yes/No	—	
vi	Beds	✓ Yes/No	Good Condition	
vii	Beddings	✓ Yes/No	—	
viii	Blankets	✓ Yes/No	clean	
ix	Lighting/Fans	✓ Yes/No	All facility Available	
x	Kitchen with vessels and Gas connectivity	Yes/No	Available	

xi	Piped water Supply	Yes/No	Avaliable	
xii	RO/Purified water facility	Yes/No	—	
xiii	Washing Provisions	Yes/No	Avaliable	
xiv	Food Arrangements	Yes/No	when need Cooking in Food	Govt should Provided More fund.
	(B) Security Facilities		installed in and	out side
i	CCTV camera installed	Yes/No	24 Hours Avaliable	
ii	Fire Protection measures	Yes/No	—	
ii	Cloak room /Personal Lockers	Yes/No		
	(C) Health Facilities			
i	First aid kit is with emergency medicines	Yes/No	Avaliable	
ii	Periodicity of Medical check ups	Yes/No	on call facility Avaliable	
	(D) IEC Activities (Awareness)			
i	Display Board at entrance of shelter	Yes/No	—	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	BUS STAND ADAMPUR
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	11
iv	Any other, please specify	—	Please Specify the location	11
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	—	Very Good facility in SUH
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	—	11
	Have all the staff received the capacity building training for 0 & M of SUH?	Yes	—	11
	Is the night survey conducted in this month for identification of homeless? Yes/No	~~No~~	—	11
	If yes mention the date & number of persons identified & rescued:	No	—	11

Beh

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

Feedback/Suggestion: -

1. Very Good
2. Good
3.
4.

Signatures with Seal of the Institution/Organization

For Lions Eye Hospital Charitab Society (Regd.

Chairman