

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	<u>MC</u>	Name of SUH:	<u>MC Alwarajpur</u>
Name of Institution/Organization through which Social Audit is being conducted	<u>Alwarajpur</u>	Address of SUH	
Date of Social Audit		Capacity:	<u>2</u>

Physically Verification of facilities/amenities is being given in the SUH			
(A) Facilities		Facility Available in SUH	Remarks
i	Well ventilated rooms/dormitories	<input checked="" type="checkbox"/> Yes/No	Room are well Ventilated
ii	Adequate space for each inmate (@ 50 Sq.ft.)	<input checked="" type="checkbox"/> Yes/No	-
iii	Toilets/Bath Rooms	<input checked="" type="checkbox"/> Yes/No	All sun net clean
iv	Hot water- Geyser/ Solar device	<input checked="" type="checkbox"/> Yes/No	Thermal
v	Heater	<input checked="" type="checkbox"/> Yes/No	
vi	Beds	<input checked="" type="checkbox"/> Yes/No	Good Condition
vii	Beddings	<input checked="" type="checkbox"/> Yes/No	-
viii	Blankets	<input checked="" type="checkbox"/> Yes/No	clean
ix	Lighting/Fans	<input checked="" type="checkbox"/> Yes/No	All facilities Available
x	Kitchen with vessels and Gas connectivity	<input checked="" type="checkbox"/> Yes/No	Available

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xi	Piped water Supply	Yes/No	✓	Available	
xii	RO/Purified water facility	Yes/No	✓		
xiii	Washing Provisions	Yes/No	✓	Available	
xiv	Food Arrangements	Yes/No	✓	When need cooking the food Cent. should provide us for	
(B) Security Facilities					
i	CCTV camera installed	Yes/No	✓	installed in 4 outside	
ii	Fire Protection measures	Yes/No	✓	in house	
ii	Cloak room /Personal Lockers	Yes/No	✓		
(C) Health Facilities					
i	First aid kit is with emergency medicines	Yes/No	✓	Available	
ii	Periodicity of Medical check ups	Yes/No	✓	on call facility available	
(D) IEC Activities (Awareness)					
i	Display Board at entrance of shelter	Yes/No	✓		
ii	Munadi/Newspaper	Yes/No	✓	Please Specify the location	
iii	Flex/Handings/Pamphlets	Yes/No	✓	Please Specify the location	Mc Namahya office
iv	Any other, please specify	—		Please Specify the location	
Additional entitlements/convergences information's if any :		NA			

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(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 804
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 O & 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

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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	—	
2	Number of inmates at present	—		

Feedback/Suggestion: -

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

For Lions Eye Hospital Charitable
Society (Regd.)
Signatures with Seal of the Institution/Organization

Chairman