Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Mc Bhoffa Bhai 20	Name of SUH:	1 1/2 21 1
Name of Institution/Organization through which Social Audit is being conducted	Dathinda Vibas	Address of SUH	Night Shelter (Non-Nuly)
Date of Social Audit	11 3/24	Capacity:	8

(A) Facilities		Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement	
i	Well ventilated rooms/dormitories	Yes/No	Yer		
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	Yes		
v	Heater	Yes/No	401		
vi	Beds	Yes/No	44		
vii	Beddings	Yes/No	Yes		
riii	Blankets	Yes/No	44		
\$	Lighting/Fans	Yes/No	Yes		
	Kitchen with vessels and Gas connectivity	Yes/No	No	Book	

xi.	Piped water Supply	Yes/No	1 1/2	
xii	RO/Purified water facility	Yes/No	Yes	
xiii	Washing Provisions	Yes/No	Yer ob	
xiv	Food Arrangements	Yes/No	No	
	(B) Security Facilities		700	
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	Na	
ii	Periodicity of Medical check ups	Yes/No	Yer (as fer requirement)	
æ	O) IEC Activities (Awareness)			
i d	Display Board at entrance of shelter	Yes/No	No	
ii l	Munadi/Newspaper	Yes/No	Please Specify the location	No
ii F	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	YCr(Flex)
v A	any other, please specify		Please Specify the location	No
Addition ntitler nform:	onal (Services/ ments/convergences) ation's if any:		MA	
				Ba

(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	
1	Is the night survey conducted in this month for identification of homeless? Yes/No		No	
r	If yes mention the date & number of persons dentified & rescued:		No	

Befr

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

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Signatures with Seal of the Institution/Organization