

# Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB: <u>Bhavaniganah.</u>	Name of SUH: <u>Lions Club</u>	Shelter for Urban Homeless
Name of Institution/Organization through which Social Audit is being conducted	Address of SUH: <u>Danapur Ghat,</u>	Bus Stand Bhavaniganah.
Date of Social Audit	21-03-2014	Capacity: <u>2 Nos.</u>

Physically Verification of facilities/amenities is being given in the SUH			
(A) Facilities		Facility Available in SUH	Remarks
i	Well ventilated rooms/dormitories	Yes/No <u>Yes</u>	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No <u>Yes</u>	
iii	Toilets/Bath Rooms	Yes/No <u>Yes</u>	
iv	Hot water- Geyser/ Solar device	Yes/No <u>No</u>	
v	Heater	Yes/No <u>Yes</u>	
vi	Beds	Yes/No <u>No</u>	
vii	Beddings	Yes/No <u>Yes</u>	
viii	Blankets	Yes/No <u>Yes</u>	
ix	Lighting/Fans	Yes/No <u>Yes</u>	
x	Kitchen with vessels and Gas connectivity	Yes/No <u>Yes</u>	

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xi	Piped water Supply	Yes/No			
xii	RO/Purified water facility	Yes/No			
xiii	Washing Provisions	Yes/No			
xiv	Food Arrangements	Yes/No	On Call Arrangement		
<b>(B) Security Facilities</b>					
i	CCTV camera installed	Yes/No			
ii	Fire Protection measures	Yes/No			
ii	Cloak room /Personal Lockers	Yes/No			
<b>(C) Health Facilities</b>					
i	First aid kit is with emergency medicines	Yes/No			
ii	Periodicity of Medical check ups	Yes/No	On call if required		
<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		
iv	Any other, please specify		Please Specify the location		
Additional (Services/entitlements/convergences) information's if any :					

*[Signature]*



(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 0 & M of SUH?	Yes		
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes		
	If yes mention the date & number of persons identified & rescued:	Dec 2022		

*Handwritten signature*

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

Feedback/Suggestion: -

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

 President

Signatures with Stamp of the Institution/Greater  
 Organization