ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	Dasuya	Name of SUH:	Kasba Mohalla Dasuya.
Name of Institution/Organization through which Social Audit is being conducted	24x7 Blood Donation welfare Society Dasuya	Address of SUH	W.No.2, Near GIES Kasba mohalla Dasuya
Date of Social Audit	18-12-2023	Capacity:	4 Beds (Male-2, female-2)

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		
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) Security Facilities				
i	CCTV camera installed	Yes/No		
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		
ii	Periodicity of Medical check ups	Yes/No		
(D) IEC Activities (Awareness)				
i	Dispiay Board at entrance of shelter	Yes/No		
ii	Munadi/Newspaper	Yes/No	Please Specify the location	In All wards of City
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	Bus, Stand, Railway Station. and Chowraha
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 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:	12-09-23 & NIL	–	–

Beja

(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	NIL	—	—

Feedback/Suggestion: -

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Signature, with Stamp of the Institution/Organization

24×7 WELFARE & BLOOD
DONAR SOCIETY, RASUYA
M. 85727-69176, 93152-85031