## Performa for Social Audit of Shelters for Urban Homeless

RIA	Date of Social Audit	conducted Real LES	through which Social Audit is being the Long Letter of String	Name of Institution/Organization	Name of ULB:
X / X X J cupacity.	9 U Canacity:	LEGY LOCATION CONTRACTOR	Leeka derese of still	exames a some	Ossah Same of SHE
2 PC91 801	Jan All Rice	Cinc OBACA	•	TIME ISPUBLIC	

		ii Adequate space for inmate (@ 50 Sq.ft. iii Toilets/Bath Rooms			=:			
Adequate space for each v			Solar	4			4 4 4 4	Rooms Geyser/ Solar Y
Yes/No		Yes/No	Yes/No Yes/No	Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
Yex	/13	Yes	Yes ****	Yes Yes	Yes Yes	Yes Yes Yes	Yes Yes Yes	Yes Yes Yes Yes Yes

B.J.			Additional (Services/ entitlements/convergences) information's if any:	Additional entitlement information	2. C >
	Please Specify the location NO	Pleas	Any other, please specify		iv
	Please Specify the location Yes	Yes/No Pleas	Flex/Hoardings/Pamphlets	III F	
	Please Specify the location NO	Yes/No Plea:	Munadi/Newspaper Y	=	1-
	Yes	Yes/No	Display Board at entrance of shelter		
			(D) IEC Activities (Awareness)	9	
	<b>≥</b> 0	Yes/No	icity of Medical	=:	-
	Yes	Yes/No	kit is with medicines	i	
			(C) Health Facilities	- C	
	Yes	Yes/No	Cloak room /Personal Lockers	=:	
	Yes	Yes/No	Fire Protection measures	=:	
	No	Yes/No	CCTV camera installed		
V	S		(B) Security Facilities		
निकारी उरी गैं।	रिविट सिर्ग्टिम हिन्दी कि विग्नानिक रे	Yes/No	Food Arrangements	VIX.	
	Yes	Yes/No	Washing Provisions	Xiii	
	YES	Yes/No	RO/Purified water facility	X:	
		Yes/No	Piped water Supply	×.	

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/No):

							-	
				В)	w	2	-	>~
If yes mention the date & number of persons identified & rescued:	Is the night survey conducted in this month for identification of homeless? Yes/No	Have all the staff received the capacity building training for 0 & M of SUH?	Have all the staff aware about their duty?	Work Verification of SUH Staff	Complaints and suggestions register	Attendance Register	Register of inmates	Documents
				Report				Report
NO	20	N° 0	Yes	Remarks	100	< S	V. 0	Remarks
				Suggestion/Feedback given by Staff for improvement			Improvement	Suggestion/Feedback given by Staff for

of S

-				
(C)	of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for
	Condition of Chalter			improvement
	Condition of Shelter:		good randiding	
	Number of inmates at		Con Control of the Co	
1	present		NOT Present	
Feedb	Feedback/Suggestion: -			

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Shri Ram Leela Dushidia .... stat

Parterflam Regd. 6558

President Secretary Cash Signatures with Seal of the Institution/Organization

## Performa for Social Audit of Shelters for Urban Homeless

of ULB:	M·C D		abgraga
through which Social Audit is being Oushera model Address of SUH conducted	s being Ousher		, hand
Date of Social Audit 29 24	24 89/2/24		of from son
Phy	ysically Verificati	Physically Verification of facilities/amenities is being given in the SUH	n the SUH
(A) Facilities	Facility Available in SUII	Remarks	Suggestion/Feedback given by Staff for improvement
i Well ventilated rooms/dormitories	Yes/No	Yes	
ii Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
iii Toilets/Bath Rooms	Yes/No	Yes	
iv Hot water- Geyser/ Solar device	Yes/No	0(0	
v Heater	Yes/No	Vex	
vi Beds	Yes/No	400	
vii Beddings	Yes/No	\Z	
viii Blankets	Yes/No	Yes	
ix Lighting/Fans	Yes/No	VB	
x Gas connectivity	Yes/No	Yes	

∠ĕ.	Piped water Supply	Yes/No	Yes
XI:	RO/Purified water facility	Yes/No	VPO
XI:	Washing Provisions	Yes/No	\c, \s\
Χίν	Food Arrangements	Yes/No	Ves Carried of Ball Sant 4 4 4
	(B) Security Facilities		( c) ( source for the characters)
	CCTV camera installed	Yes/No	2
=:	Fire Protection measures	Yes/No	Yes
=:	Cloak room /Personal Lockers	Yes/No	Ves
	(C) Health Facilities	1014	
	First aid kit is with emergency medicines	Yes/No	Yex
=:	Periodicity of Medical check ups	Yes/No	20
	(D) IEC Activities (Awareness)		
	Display Board at entrance of shelter	Yes/No	Yes
=:	Munadi/Newspaper	Yes/No	Please Specify the location NO
Ξi	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location Yes
<u> </u>	Any other, please specify	*	Please Specify the location 110
Addi entitl infori	Additional (Services/ entitlements/convergences) information's if any:		

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/No):

				В)	w	12	-	<b>&gt;</b>
If yes mention the date & number of persons identified & rescued:	Is the night survey conducted in this month for identification of homeless? Yes/No	Have all the staff received the capacity building training for 0 & M of SUH?	Have all the staff aware about their duty?	Work Verification of SUH Staff	Complaints and suggestions register	Attendance Register	Register of inmates	Documents
				Report				Report
NO	N0	No	Xex	Remarks	Yes	Yex	Y-8	Remarks
				Suggestion/Feedback given by Staff for improvement	100		пирготешен	Suggestion/Feedback given by Staff for

<u>(C</u>	of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for
1	Condition of Shelter:			пирточения
T-			acod Condition	
<b>.</b>	Number of inmates at		C A CATTO	
1	present		NOT Present	
Feed	Feedback/Suggestion: -		3	

Shri Ram Leela Dushera Manua. Regd. 6558

President Secretary Cash Signatures with Seal of the Institution/Organization

	Care of Social Middle	Date of Social Andi:	conducted Roll Address of SUH	through which Social Audit is being	Name of Institution/Organization	Name of ULB:
	रिन र रेप Capacity:	\$650.08	Barnes of SUH	7034 707 LEG	C UCYGOON Name of SOH:	M C D I al'Noma esturi
2887	2 Prosen	171 Office (Soni Bhaven)	00'		MC Office (Sain Bhauna)	0.00

	Phys	ically Verificatio	Physically Verification of facilities/amenities is being given in	ven in the SUH
~	(A) Facilities	Facility Available in SUH	Remarks	Suggestion/Feedback given by Staff for improvement
	Well ventilated rooms/dormitories	Yes/No	100	
=:	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
E:	Toilets/Bath Rooms	Yes/No	Yes	
Σ.	Hot water- Geyser/ Solar device	Yes/No	20	
<	Heater	Yes/No	Yos	
≦.	Beds	Yes/No	Yes	
Yi:	Beddings	Yes/No	YES	
VIII	Blankets	Yes/No	Yes	
×.	Lighting/Fans	Yes/No	YPS	
×	Kitchen with vessels and Gas connectivity	Yes/No	No	C.

≚: ~ర.	Piped water Supply RO/Purified water facility	Yes/No Yes/No	Yes	
xiii	Washing Provisions	Yes/No	768	
χįν	Food Arrangements	Yes/No	Yes	
	(B) Security Facilities			
	CCTV camera installed	Yes/No	VP 0	
=:	Fire Protection measures	Yes/No	3	
=:	Cloak room /Personal Lockers	Yes/No	YS	
	(C) Health Facilities			
	kit is with medicines	Yes/No	Yes	
=:	Periodicity of Medical check ups	Yes/No	2)	
	(D) IEC Activities (Awareness)			
	Display Board at entrance of shelter	Yes/No	462	
=:	Munadi/Newspaper	Yes/No	Please Specify the location N.	
Ξi	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location $\gamma_{ex}$	
iv	Any other, please specify		Please Specify the location N 6	
Addi entitl infon	Additional (Services/ entitlements/convergences) information's if any:			

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/No):

ω 2 - A	Register of inmates  Register of inmates  Attendance Register  Complaints and suggestions register
Attendance Register  Complaints and suggestions register  Work Verification of SUH Staff  Have all the staff aware about their duty?  Have all the staff received	ster ter ff aw
Have all the cap training SUH?	Have all the staff received the capacity building training for 0 & M of SUH?
to co	Is the night survey conducted in this month for identification of homeless? Yes/No
	If yes mention the date & number of persons identified & rescued:

Physical Verification			
of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for
Condition of Chair			Improvement
Condition of Shelter:	20.8		
Number of inmates at		GOOD CONDITION	
present		Tr Poor	
back/Suggestion: -		IND DICAM	
	(C) Physical Verification of Utilization of SUH  1 Condition of Shelter:  2 Number of inmates at present  Feedback/Suggestion: -	cation Report ster:	ates at Report

Shri Ram Leela Dushera Man Regd. 6558 President Secretary Carl

Signatures with Seal of the Institution/Organization

## Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	M.C () & Loss Name of SUH:	Community centure
Name of Institution/Organization Shey Row	Shey Ray	0
through which Social Audit is being Lecla Duchers, Address of SUH	Lecla Dushey, Address of SUH	
conducted	mandal Road 1558	COMMUNITY CEATING
Date of Social Audit 29	र्श्व रे रेप Capacity:	2 Pesison

	×	X.	VIII	Vii	≤.,	<	Ŀ.	<b>E</b> ;	=:			
	Kitchen with vessels and Gas connectivity	Lighting/Fans	Blankets	Beddings	Beds	Неагег	Hot water- Geyser/ Solar Yes/No device	Toilets/Bath Rooms	Adequate space for each immate (@ 50 Sq.ft.)	Well ventilated rooms/dormitories	(A) Facilities	Phy
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Facility Available in SUH	sically Verification
	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Remarks	Physically Verification of facilities/amenities is being given in the SUH
27											Suggestion/Feedback given by Staff for improvement	he SUH

~ĕ.	Piped water Supply	Yes/No		
X;	RO/Purified water facility	Yes/No	Nes	
X	Washing Provisions	Yes/No	Yes	
XIV.	Food Arrangements	Yes/No	10 0 d 10 0 cm (2)	0.7.
	(B) Security Facilities	2	10 By (2) 188501	(CAC) aux
	CCTV camera installed	Yes/No	Y	
=:	Fire Protection measures	Yes/No	700 NO	
=;	Cloak room /Personal Lockers	Yes/No	YS	
_	(C) Health Facilities			
-:	First aid kit is with emergency medicines	Yes/No	Yes	
=:	Periodicity of Medical check ups	Yes/No	N <sub>O</sub>	
(	(D) IEC Activities			
	Display Board at entrance	Yes/No	Yes	
ı:	Munadi/Newspaper	Yes/No	Please Specify the location $\Lambda U D$	
Εij	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location yes	
Ĭ.	Any other, please specify		Please Specify the location NO	
Additional entitlemen informatio	Additional (Services/ entitlements/convergences) information's if any:			
				7

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/No):

back given by Staff for									
Report Remarks Suggestion/Feedback given by Staff for improvement  Yes  and Yes  No of Report Remarks Suggestion/Feedback given by Staff improvement  Yes  No of No					B)	w.	2	1	<b>≯</b> ≘
Remarks    Suggestion/Feedback given by Staff for improvement	If yes mention the date & number of persons identified & rescued:	the night surducted in this mo identification neless? Yes/No	Have all the staff received the capacity building training for 0 & M of SUH?	Have all the staff aware about their duty?	rification of		Attendance Register	Register of inmates	Documents
Suggestion/Feedback given by Staff for improvement  Suggestion/Feedback given by Staff improvement			*		Report			11	Report
eedback given by Staff for by Staff	No	No	QN	Yes	Remarks	Yes	700	V00	Remarks
					edback given by			mprovement	Suggestion/Feedback given by Staff for

3	Physical Verification			
3	of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for
•	Condition of Shelter:		Ē	improvement
-			180	
)	Number of inmates at		VOLLIEVO) Dang	
2	present			
1			Not Present	
reedb	reedback/Suggestion:-			

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Shri Ram Leela Dushera Nia...
Regd. 6558
Regd. 6558
President Secretary Cashiol

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