

# ANNEXURE - III

## Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	NF Melwaha	Name of SUH:	Office NF Melwaha
Name of Institution/Organization through which Social Audit is being conducted	N.G.O	Address of SUH	Office NF Melwaha, N.G.O
Date of Social Audit		Capacity:	4

### 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	—	—

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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		
<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		
<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 :				

Ref

(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	—	—	—
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 O & 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:	16/11/22 0 no/1	—	—

Befn



(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Good	Good condition.	
2	Number of inmates at present	—	—	

Feedback/Suggestion: -

1. Good Condition
2. well maintained
3. All facilities are across
4. Extra Shelter

Signatures with Seal of the Institution/Organization

**Goraya Blood Sewa**  
Welfare Society /M

**Goraya Blood Sewa**  
Welfare Society (Regd.)  
President