## Performa for Social Audit of Shelters for Urban Homeless

	Name of ULB:		NABH	1A	Name of SUH:	M.C.	N/
t	Name of Institution/Org through which Social Audit conducted	ganization is being	The found	Nablia dation	Address of SUH	Patial	
I	Date of Social Audit	, F.,	11.01	2024	Capacity:	08	^
	P	hysically V	/erificat	ion of fac	ilities/amenities is being	g given in f	he SUH
(A) Facilities		Fac Availa	Facility Available in SUH		Remarks		Suggestion/Feedback given by Staff for improvement
i	Well ventilated rooms/dormitories			Yes,	exten matring avaliable with	are +	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No			Yes.	the Carles	
iii	Toilets/Bath Rooms	Yès/No		Atta	ched, with so	David	Need To Man + 17
v	Hot water- Geyser/ Solar device	Yes/No			yee.	Jius.	Need to clean to mainta
,	Heater	Yes/No		He	ates available		
i.	Beds	Yes/No		3 Be	de and plus flo	dding	
ii	Beddings	Yes/No			done du dua	laby	
iii	Blankets	Yes/No		ext	10	1 1	
	Lighting/Fans	Yes/No			es.	rentri-	
	Kitchen with vessels and Gas connectivity	Yes/No	E	novide		itude	

1/1			
xi	Piped water Supply	Yes/No	Yes-
xii	RO/Purified water facility	Yes/No	
xiii	Washing Provisions	Yes/No	Provide water (numed canger)
	Food Arrangements	Yes/No	only washerons.
	B) Security Facilities	1 05/110	Outsource
i	CCTV camera installed	Yes/No	on entrance + outside
ii	Fire Protection measures	Yes/No	Contact details displayed - suggested fine extengusts
	Cloak room /Persona Lockers	Yes/No	Rooms have almusted with locks.
((	C) Health Facilities		
-	First aid kit is with emergency medicines	Yes/No	avaliable
ii	Periodicity of Medical check ups	Yes/No	Contacted with Civil suggested to also provide thespital Nakhu Caleady contact Doctor Contact of
(D	) IEC Activities (Awareness)		Contacted with Civil suggested to also proved haspital Nathan (already contact Doctas Contact of details displayed) energying
i I	Display Board at entrance of shelter	Yes/No	Need to desplay frag
ii N	/unadi/Newspaper	Yes/No	Please Specify the location (Munadi) . Publicity .
iii F	lex/Hoardings/Pamphlets	Yes/No	Please Specify the location barners, particulates dis played on Public plan.
iv A	ny other, please specify		Please Specify the location
Additic entitlen nforma	onal (Services/ nents/convergences) ation's if any :		
			Box

·-/	, and as mentioned below maintained property is the	
7	Checker 2 Checke	ed - (Yes/No):

A	Documents		properly in the shelter? C	
		Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Register of inmates	done	all updated.	Improvement
2	Attendance Register	done.	undated.	
3	Complaints and suggestions register		all updated. updated. not started yet.	Suggested to start signific.
B)	Work Verification of SUH Staff	Report	Remarks	Suggestion/Feedback given by Staff for improvement
	Have all the staff aware about their duty?		Ho.	Need Training on Job and lesponsibilty
	Have all the staff received the capacity building training for 0 & M of SUH?		Ho.	fesponiebilly.
	Is the night survey conducted in this month for identification of homeless? Yes/No	No -		
	If yes mention the date & number of persons identified & rescued:		NA.	

Befor

(C) Physical Verification of Utilization of SUH		Report	Remarks	Suggestion/Feedback given by Staff for improvement	
1	Condition of Shelter:	Rooms are cl	can and all maintained & updated		
2	Number of inmates at present	O			

1. Need to Focus on cleaning of wednesons.
2.
3.
4.

Signatures with Scal of the Institution/Organization