## Performa for Social Audit of Shelters for Urban Homeless

ANNERURE - III

Date of Social Audit	through which Social Audit is being the social Address of SUH conducted	Name of ULB:
6-3-2-023 Capacity:	Sairly lengton Address of SUH	Cleans Name of SUH:
5 Membery	2 %	Norger Panyou at Chelma

	(A) Facilities	Facility Available in SUH	Facility Available in Remarks Suggest Staff fo	Suggestion/Feedback given by Staff for improvement
۳.	Well ventilated rooms/dormitories	Yes/No		
Ε:	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No		
Εi	Toilets/Bath Rooms	Yes/No		
iv	Hot water- Geyser/ Solar Yes/No device	Yes/No		
<	Heater	Yes/No		
٧.	Beds	Yès/No		
vii	Beddings	YES/No		
viii	Blankets	YES/No		
ix	Lighting/Fans	YES/No		
× G K	vessels and ty	Yes/No		

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Additional (Services/ entitlements/convergences) information's if any:	Any other, please specify	Flex/Hoardings/Pamphlets	Munadi/Newspaper	Display Board at entrance of shelter	(D) IEC Activities (Awareness)	Periodicity of Medical check ups	First aid kit is with emergency medicines	(C) Health Facilities	Cloak room /Personal Lockers	Fire Protection measures	CCTV camera installed	(B) Security Facilities	Food Arrangements	Washing Provisions	RO/Purified water facility	- spea water supply
		Yes/No	Yes/No	Yes/No		Yes/No	Yes/No		14	Yes/No	Yes/No		Yes/No	YES/No	Yes/No	res/No
	Please Specify the location	Please Specify the location	Please Specify the location													
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(E) Registers as mentioned below maintained properly in the shelter? Check

Remarks  Suggestion/Feedb  POU  POU  Remarks  Suggestion/Feedback  improvement  ACA  ACA  ACA  ACA  ACA  Suggestion/Feedback  improvement  ACA  ACA  ACA  ACA  ACA  ACA  ACA  A

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Feedback/Suggestion: -	Number of inmates at	(C) Physical Verification of Utilization of SUH Condition of Shelton
4		Report
0	Grood	Remarks
	improvement	Suggestion/Feedback given by 64-66

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Signatures with Seal of the Institution/Organization

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