

Performa for Social Audit of Shelters for Urban Homeless

Name of ULB:	NP Ghanaur	Name of SUH:	Ward No 3, Ghanaur
Name of Institution/Organization through which Social Audit is being conducted	Helping Hand Welfare Society	Address of SUH	Ward No 3, Near Public Modern School Ghanaur
Date of Social Audit	22/02/24	Capacity:	10

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	Proper ventilated rooms	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	✓ Yes/No	Yes	
iii	Toilets/Bath Rooms	✓ Yes/No	Well maintained	
iv	Hot water- Geyser/ Solar device	✓ Yes/No		
v	Heater	✓ Yes/No	Yes Available	
vi	Beds	✓ Yes/No	Properly arranged	
vii	Beddings	✓ Yes/No	Yes	
viii	Blankets	✓ Yes/No	Available	
ix	Lighting/Fans	✓ Yes/No	Fans and Lighting are available	
x	Kitchen with vessels and Gas connectivity	✓ Yes/No	Available	

xi	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No		
xiii	Washing Provisions	Yes/No	in Washrooms	
xiv	Food Arrangements	Yes/No		
(B) Security Facilities				
i	CCTV camera installed	Yes/No	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	Yes	
ii	Periodicity of Medical check ups	Yes/No	Doctor is available on Call	
(D) IEC Activities (Awareness)				
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No	Please Specify the location	
iii	Flex/Hoardings/Pamphlets	Yes/No	Bus Stand, Chauraur, Ward No 3 Please Specify the location	
iv	Any other, please specify		Please Specify the location	
Additional (Services/entitlements/convergences) information's if any :				

By

(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	-	A-Vailable	
2	Attendance Register	-	Avaliable	
3	Complaints and suggestions register	No		
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?	-	No	
	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:	-	No person identified	

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(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			

Feedback/Suggestion: -

- 1.
- 2.
- 3.
- 4.

Signatures with Seal of the Institution/Organization
Helping Hand Welfare Society