

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	<u>Kharawan</u>	Name of SUH:	<u>Mendi Road SUH</u>
Name of Institution/Organization through which Social Audit is being conducted	<u>Bharat Vikas Prithvi Kharawan</u>	Address of SUH	<u>Mendi Road, Kharawan</u>
Date of Social Audit	<u>06-06-2023</u>	Capacity:	<u>15</u>

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 rooms/dormitories ventilated	Yes/No	<u>Yes</u>	
ii Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	<u>Yes</u>	
iii Toilets/Bath Rooms	Yes/No	<u>Yes</u>	
iv Hot water- Geyser/ Solar device	Yes/No	<u>No</u>	
v Heater	Yes/No	<u>No</u>	
vi Beds	Yes/No	<u>Yes</u>	
vii Beddings	Yes/No	<u>Yes</u>	
viii Blankets	Yes/No	<u>Yes</u>	
ix Lighting/Fans	Yes/No	<u>Yes</u>	
x Kitchen with vessels and Gas connectivity	Yes/No	<u>Yes</u>	<u>Not</u>

xi	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No	Yes	
xiii	Washing Provisions	Yes/No	Yes	
xiv	Food Arrangements	Yes/No	No	
(B) Security Facilities				
i	CCTV camera installed	Yes/No	No	
ii	Fire Protection measures	Yes/No	Yes	
ii	Cloak room /Personal Lockers	Yes/No	No	
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No	Yes	
(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	Please Specify the location	Yes
iv	Any other, please specify		Please Specify the location	—
Additional entitlements/convergences information's if any :		N/A		

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		Yes	
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 0 & 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:		Yes 04/01/23	

One Homeless identified

By

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

Feedback/Suggestion: -

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

Signatures with Seal of the Institution/Organization


Bharat Vikas Prasad
President

