Performa for Social Audit of Shelters for Urban Homeless

ANNERURE - III

Date of Social Audit	al Audi	Name of Institution/Organization	Name of ULB:
र्मान्य हो	Sings speaks club	Sal Armi's	Na ASO STATE
Capacity:	r is being Single speaks dub Address of SUH	Name of SUH;	
02	Shalisti Paux	Night Shoutes	
91 11 11			

(A) Facilities (B) Facilities (C) Facilities (C) Facilities (C) Facility Available in SUH SUH Ves/No Available in SUH Ves/No Available in SUH Yes/No Toilets/Bath Rooms Facility Available in SUH Yes/No Facility Available in SUH Faci	ventilated y itories vace for each y O Sq.ft.) Rooms Geyser/ Solar Y Y Y Y Y Y Y
(A) Facilities Well ventilated rooms/dormitories Adequate space for each inmate (@ 50 Sq.ft.) Toilets/Bath Rooms Hot water- Geyser/ Solar Yes/No Heater Heater Beds Beds SUH Yes/No Yes/No Ves/No Lighting/Fans Kitchen with vessels and Yes/No Kitchen with vessels and Yes/No	Facility Available in SUH Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
	Remarks

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	Additional (Services/ entitlements/convergences) information's if any :	Any other, please specify	Flex/Hoardings/Pamphlets Yes/No	Munadi/Newspaper	Display Board at entrance of shelter	(D) IEC Activities (Awareness)	renodicity of Medical	13 Oct.	(C) Health Facilities	Cloak room /Personal	Fire Protection measures	CCTV camera installed	(B) Security Facilities	Food Arrangements	Washing Provisions	RO/Purified water facility	Piped water Supply
			Yes/No	Yes/No	Yes/No		Yes/No	Yes/No		-	YesNo	Yesho	\	Yes/No	Yes/No	Yes/No	Yes/No
HS MAGNICALITY OF THE STATE OF		Please Specify the location	Please Specify the location	Please Specify the location													
Nagat Binchayat, Mudki,	Executive officer																

Mudki. As amads the hour act

(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No):

Register of inmates Attendance Register Complaints and suggestions register Work Verification of SUH Staff Have all the staff aware about their duty? Have all the staff received the capacity building training for 0 & M of SUH? Is the night survey conducted in this month for identification of persons identified & rescued:	and Report and Report ware Yes onth of Report
	Remarks
Remarks	
	Suggestion/Feedback improvement Suggestion/Feedback improvement

Service Park

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eedback/Suggestion	Number of Sheller:	(C) Physical Verification of Utilization of SUH
		Report Remarks
	improvement	Suggestion/Feedback given by Staff for

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Signatures with Seal of the Institution/Organization

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