

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of U.I.B. <u>Gidderhrehes</u>	Name of SLUH: <u>Shelter for Urban Homeless</u>
Name of Institution/Organization through which Social Audit is being conducted <u>Parit Foundation</u>	Address of SLUH <u>Pin Budge</u>
Date of Social Audit <u>29/05/2023</u>	Capacity: <u>10.</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 ventilated rooms/dormitories	Yes/No <u>Yes</u>	<u>Yes, for capacity very good</u>	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	<u>Yes</u>	
iii	Toilets/Bath Rooms	Yes/No	<u>Yes all clean</u>	
iv	Hot water- Geyser/ Solar device	Yes/No	<u>Yes, available</u>	
v	Heater	Yes/No	<u>Yes, available</u>	
vi	Beds	Yes/No	<u>Good</u>	
vii	Beddings	Yes/No	<u>Clean beddings</u>	
viii	Blankets	Yes/No	<u>Clean Blankets</u>	
ix	Lighting/Fans	Yes/No	<u>Good lighting</u>	
x	Kitchen with vessels and Gas connectivity	Yes/No	<u>Kitchen available</u>	

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x)	Piped water Supply	Yes/No Yes <u>Yes</u>	available	
xi)	RO/Purified water facility	Yes/No Yes <u>Yes</u>	available	
xii)	Waiting Provisions	Yes/No Yes <u>No</u>	Not available	
xiii)	Food Arrangements	Yes/No Yes <u>No</u>	Not available	
(B) Security Facilities				
i)	CCTV camera installed	Yes/No Yes <u>No</u>	CCTV camera not available	
ii)	Fire Protection measures	Yes/No Yes <u>Yes</u>	Yes, available	
iii)	Cloak room /Personal Lockers	Yes/No Yes <u>No</u>	No cloak room available	
(C) Health Facilities				
i)	First aid kit is with emergency medicines	Yes/No Yes <u>No</u>	Yes, First aid kit available	
ii)	Periodicity of Medical check ups	Yes/No Yes <u>No</u>	Not available	
(D) IEC Activities (Awareness)				
i)	Display Board at entrance of shelter	Yes/No Yes <u>No</u>	Yes available	
ii)	Mural/ Newspaper	Yes/No Yes <u>Yes</u>	Please Specify the location	
iii)	Flex/Handings/Pamphlets	Yes/No Yes <u>Yes</u>	Please Specify the location	
iv)	Any other, please specify	<u>Yes</u>	Please Specify the location	
Additional comments/convergences information's if any -				
Public Proximity city.				

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(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	Maintained	
2	Attendance Register	yes	Maintained	
3	Complaints and suggestions register	yes	Maintained	
B)	Work Verification of SUH Staff	Report	Remarks	Suggestion/Feedback given by Staff for improvement
	Have all the staff aware about their duty?	yes	all the staff are aware about their duties	
	Have all the staff received the capacity building training for O & M of SU/H?	No	no training conducted	
	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	—	—	

Ref.

10	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	0	—	

Feedback/Suggestion: -

1. Shelter's condition is good
2. lockers/cupboards are not available.
3. C.C. TV cameras not installed.
4. These facilities are mandatory for safety

Signature with Seal of the Institution/ Organization

President
Rahat Foundation
Regd. No. 4971
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