

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	KHEMKARAW	Name of SUH:	SHELTER FOR URBAN HOMELESS
Name of Institution/Organization through which Social Audit is being conducted	AREA LEVEL SOCIETY / FED	Address of SUH	NEAR SIMRAN HOSPITAL
Date of Social Audit	13-02-2024	Capacity:	4

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	Yes	
ii	Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
iii	Toilets/Bath Rooms	Yes/No	✓	They don't have separate washrooms
iv	Hot water- Geyser/ Solar device	Yes/No	NO	
v	Heater	Yes/No	NO	
vi	Beds	Yes/No	Yes	
vii	Beddings	Yes/No	Yes	
viii	Blankets	Yes/No	Yes	
ix	Lighting/Fans	Yes/No	Yes	
x	Kitchen with vessels and Gas connectivity	Yes/No	NO	

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Nagar Panchayat Khem Karan

By

xi	Piped water Supply	Yes/No	Yes		
xii	RO/Purified water facility	Yes/No	No		
xiii	Washing Provisions	Yes/No	No		
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			
(D) IEC Activities (Awareness)					
i	Display Board at entrance of shelter	Yes/No	Yes		
ii	Munadi/Newspaper	Yes/No			
iii	Flex/Hoardings/Pamphlets	Yes/No			
iv	Any other, please specify				
Additional entitlements/convergences information's if any :			Please Specify the location		

in Guntur
in Railway station

Ref

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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	—	No	—
2	Attendance Register	—	No	—
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 O & M of SUH?	—	—	—
	Is the night survey conducted in this month for identification of homeless? Yes/No	—	—	—
	If yes mention the date & number of persons identified & rescued:	—	—	—

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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	—	1	—

Feedback/Suggestion: -

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

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Signatures with Seal of the Institution/Organization

Gurmeet Kaur Area Level Society
Noordi Adda, Gali Sharma Wali, Tam Taran
Gurmeet Kaur President
Baljit Kaur Secretary
Hansraj Kaur Cashier