

Performance for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:		Name of SUH:	
Name of Institution/Organization through which Social Audit is being conducted	Red cross Society	Address of SUH	N.P. Dhillwan
Date of Social Audit	11.03.24	Capacity:	02,

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	Yes/No ☒		
ii Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No ☒		
iii Toilets/Bath Rooms	Yes/No ☒		
iv Hot water- Geyser/ Solar device	Yes/No ☒		
v Heater	Yes/No ☒		
vi Beds	Yes/No ☒		
vii Beddings	Yes/No ☒		
viii Blankets	Yes/No ☒		
ix Lighting/Fans	Yes/No ☒		
x Kitchen with vessels and Gas connectivity	Yes/No ☒	in the room itself	

By

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

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	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	NO		
	If yes mention the date & number of persons identified & rescued:	✓		

Befn

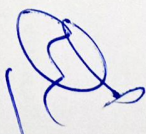
(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	OK		
2	Number of inmates at present	Nil		

Feedback/Suggestion:-

1. No body has ever stayed in the
2. main barera
3. - N.P. should popularise the facility in the
4. larger interest of lower persons,

Signatures with Seal of the Institution/Secretary

Indian Red Cross Society
District Branch Kapurthala


11/04/24