

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	KAPURTHALA	Name of SUH:	MC KAPURTHALA NIGHT SHELTER
Name of Institution/Organization through which Social Audit is being conducted	JAN JAGRAN MANCH	Address of SUH	Backside Shalimar Bagh, Near Shani Mandir
Date of Social Audit	4/1/24	Capacity:	50

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		
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		

*By*



xj	Piped water Supply	Yes/No		
xii	RO/Purified water facility	Yes/No	MINERAL WATER BOTTLES	
xiii	Washing Provisions	Yes/No		
xiv	Food Arrangements	Yes/No		
<b>(B) Security Facilities</b>				
i	CCTV camera installed	Yes/No		
ii	Fire Protection measures	Yes/No		
ii	Cloak room /Personal Lockers	Yes/No		
<b>(C) Health Facilities</b>				
i	First aid kit is with emergency medicines	Yes/No		
ii	Periodicity of Medical check ups	Yes/No	Tie up with Civil Surgeon	
<b>(D) IEC Activities (Awareness)</b>				
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 (Services/entitlements/convergences) information's if any :				

By



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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		
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 O & M of SUH?	YES		
	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:	20/12/2023	Two persons were rescued	

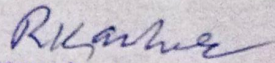
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(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:		Needs Renovation	Needs Renovations
2	Number of inmates at present	NIL		

Feedback/Suggestion: -

1. Needs Renovation
- 2.
- 3.
- 4.

  
 President  
 Jan Jagran Manch  
 Kapurthala

Signatures with Seal of the Inmate / Organization  
