ANNEXURE - III

## Performa for Social Audit of Shelters for Urban Homeless

| | | | |
|---|---|---|---|
| Name of ULB: | | Name of SUH: | Begowal |
| Name of Institution/Organization through which Social Audit is being conducted | Red Cross Society. | Address of SUH | Nagar Panchayat Office |
| Date of Social Audit | 11.03.24 | Capacity: | 01 Bed 01 on floor |

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 | 01 Bed | |
| vii | Beddings | Yes/No ✓ | | |
| viii | Blankets | Yes/No ✓ | | |
| ix | Lighting/Fans | Yes/No ✓ | | |
| x | Kitchen with vessels and Gas connectivity | Yes/No ✓ | | |

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| | | | | |
|---|---|---|---|---|
| xi | 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 Mavelikara Town | |
| 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 : | | | | |

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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 | Not | | |
| 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? | no | | |
| | 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: | Nov. 23 | | |

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

Feedback/Suggestion: -

1.
2.
3.
4.

Signatures with Seal of the Institution/Organization

11/3/24

Secretary
Indian Red Cross Society