

# Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	Name of Institution/Organization through which Social Audit is being conducted		Name of SUH:	
	Red Cross Society		Address of SUH	Nagar Panchayat, Bhadla
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 ventilated rooms/dormitories	Yes/No <input checked="" type="checkbox"/>		
ii Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No <input checked="" type="checkbox"/>		
iii Toilets/Bath Rooms	Yes/No <input checked="" type="checkbox"/>		
iv Hot water- Geyser/ Solar device	Yes/No <input checked="" type="checkbox"/>		
v Heater	Yes/No <input checked="" type="checkbox"/>		
vi Beds	Yes/No <input checked="" type="checkbox"/>		
vii Beddings	Yes/No <input checked="" type="checkbox"/>		
viii Blankets	Yes/No <input checked="" type="checkbox"/>		
ix Lighting/fans	Yes/No <input checked="" type="checkbox"/>		
x Kitchen with vessels and Gas connectivity	Yes/No <input checked="" type="checkbox"/>		

By



xi	Piped water Supply	Yes/No ✓		
xii	RO/Purified water facility	Yes/No ✓		
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 ✓		
<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 :				



(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	only latest	
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:	1		

Befn

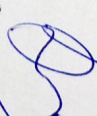


(C)	Physical Verification of Utilization of SUH	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	good		
2	Number of inmates at present	N/A		

Feedback/Suggestion: -

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

Signatures with Seal of the Institution/ Organization

  
 Secretary  
 Indian Red Cross Society  
 District Branch Kapatthala