

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

| | | | |
|--|--|----------------|----------------------------|
| Name of ULB: | DHURI | Name of SUH: | MC DHURI |
| Name of Institution/Organization through which Social Audit is being conducted | Guru Nanak Dev Dharamshala and Langar Comity | Address of SUH | Near Railway Station Dhuri |
| Date of Social Audit | | Capacity: | 5 Persons |

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 | | |

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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 | |
| 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 | 1 | | |
| | 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? | No. | | |
| | 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: | 15 22-12-2023 | | |

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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

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