

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:	BHIKHIND	Name of SUH:	SHELTER FOR URBAN HOMELESS
Name of Institution/Organization through which Social Audit is being conducted	AREA LEVEL SOCIETY	Address of SUH	BACK SIDE OFFICE OF NAGAR PANCHAYAT
Date of Social Audit	12-02-2024	Capacity:	5

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	Yes	
ii Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	Yes	
iii Toilets/Bath Rooms	Yes/No	✓	THEY DON'T HAVE SEPARATE WASHROOMS
iv Hot water- Geyser/ Solar device	Yes/No	NO	
v Heater	Yes/No	NO	
vi Beds	Yes/No	Yes	
vii Beddings	Yes/No	Yes	
viii Blankets	Yes/No	Yes	
ix Lighting/Fans	Yes/No	Yes	
x Kitchen with vessels and Gas connectivity	Yes/No	NO	

By

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Nagar Panchayat Bhikhind

xi	Piped water Supply	Yes/No	Yes	
xii	RO/Purified water facility	Yes/No	No	
xiii	Washing Provisions	Yes/No	No	
xiv	Food Arrangements	Yes/No	No	
(B) Security Facilities				
i	CCTV camera installed	Yes/No	No	
ii	Fire Protection measures	Yes/No	Yes	
ii	Cloak room /Personal Lockers	Yes/No	No	
(C) Health Facilities				
i	First aid kit is with emergency medicines	Yes/No	Yes	
ii	Periodicity of Medical check ups	Yes/No		
(D) IEC Activities (Awareness)				
i	Display Board at entrance of shelter	Yes/No	Yes	
ii	Munadi/Newspaper	Yes/No		
iii	Flex/Hoardings/Pamphlets	Yes/No		
iv	Any other, please specify		Please Specify the location	
Additional (Services/entitlements/convergences) information's if any :				

in Burdand
in Railway line Road

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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	—	No	—
2	Attendance Register	—	No	—
3	Complaints suggestions register and	—	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 0 & M of SUH?	—	—	—
	Is the night survey conducted in this month for identification of homeless? Yes/No	—	—	—
	If yes mention the date & number of persons identified & 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:	—	good	—
2	Number of inmates at present	—	1	—

Feedback/Suggestion: -

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

Kamalat Singh
Executive Officer
 Nagar Panchayat Bhikhiwind

Signatures with Seal of the Institution/Organization

Bu
Gurmeet Kaur Area Level Society
 Noordi Adda, Gali Sharma Wali, Tarn Taran

Gurmeet Kaur
President

Baljit Kaur
Secretary

Harpreet Kaur
Cashier