

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

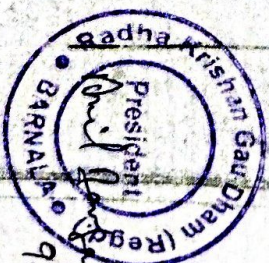
Name of U.R.	MC Dhamula		
Name of Institution/Organization through which Social Audit is being conducted	Radha Krishan Gau Dham Barnala	Name of SUH:	Municipal Council Dhamula
Date of Social Audit	18/04/24	Address of SUH	Bus Stand Dhamula
		Capacity:	01 BED

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	NO	
ii Adequate space for each inmate (@ 50 Sq.ft.)	Yes/No	NO	
iii Toilets/Bath Rooms	Yes/No	YES	
iv Hot water- Geyser/ Solar device	Yes/No	NO	
v Heater	Yes/No	NO	
vi Beds	Yes/No	(YES) only one	
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	YES	



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xi	Piped water Supply	Yes/No	YES		
xii	RO/Purified water facility	Yes/No	NO		
xiii	Washing Provisions	Yes/No	YES		
xiv	Food Arrangements	Yes/No	NO		
(B) Security Facilities					
i	CCTV camera installed	Yes/No	NO		
ii	Fire Protection measures	Yes/No	NO		
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	NO		
(D) IEC Activities (Awareness)					
i	Display Board at entrance of shelter	Yes/No	YES		
ii	Munadi/Newspaper	Yes/No	Please Specify the location	NO	
iii	Flex/Hoardings/Pamphlets	Yes/No	Please Specify the location	NO	
iv	Any other, please specify		Please Specify the location		
Additional (Services/ entitlements/convergences) information's if any :					

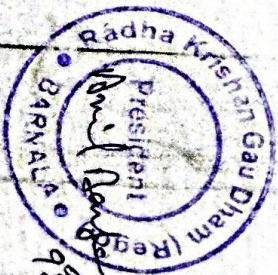


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(E) Registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No) :

A	Documents	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Register of inmates	YES		
2	Attendance Register	NO		
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 0 & 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:	Y —		

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

Feedback/Suggestion: -

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



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Signatures with Seal of the Institution/Organization

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