ANNEXURE - III

Performa for Social Audit of Shelters for Urban Homeless

Name of Ul.B:	MC Dhanula	Name of SUH:	Municipal Council Dhanula
Name of Institution/Organization through which Social Audit is being conducted	Radha Krishan Gau Dham Barnala	Address of SUH	Bus Stand Dhanula
Date of Social Audit	18/04/24	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	

Radha Krishan Gau Dham (Regd.) President BARNALA

9815J-33367.

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 :				

Radha Krishan Gau Dham (Regd.)
President
BARNALA
98155-33353.

(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 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:	Y —		

Radha Krishan Gau Dham (Regd.)
President
BARNALA
98155-33353.

(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	Nill		

Feedback/Suggestion: -

1.
2.
3.
4.

Radha Krishan Gau Dham (Regd.) President BARNALA

98155-33353.

Signatures with Seal of the Institution/Organization