

Performa for Social Audit of Shelters for Urban Homeless

ANNEXURE - III

Name of ULB:		Dinba		Dinba (Sangrur)	
Name of Institution/Organization through which Social Audit is being conducted		Kabliji Memorial Trust		Nagan Ranchhapt Office	
Date of Social Audit		27/2/2024		Dinba (Sangrur)	
		Capacity:		4 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 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		

Chages

Bar

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

Shaykh

Ref

(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	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 0 & M of SUH?	Yes		
	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:	—		

Shahid

By

(C)	Physical Verification of Utilization of SUM	Report	Remarks	Suggestion/Feedback given by Staff for improvement
1	Condition of Shelter:	Very Good		
2	Number of inmates at present	One		

Feedback/Suggestion: -

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


 Signatures with Seal of the Institution/Orphanage
 KABULI MEMORIAL
 11, AMRITA SHERGIL MARG
 NEW DELHI - 110003