Actionable points based on visit made by CMMU for O&M of SUH (2nd Fortnight, October,19)

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
	H	Ghare Phera	31.10.2019	i) Bio- Metric Attendance	SUDA	
1	Howrah MC	Gnare Phera	31.10.2019	ii) Requirement of CCTV	SUDA	31.12.2019
2	Englishbazar	ANUBHAB	06.11.2019	NA		
2	Arombook	Bhabaghure	05.11.2019	i) Requirement of CCTV for security purpose	SUDA	31.12.2019
3	Arambagh	Bhavan	05.11.2019	ii) Requirement of Television for entertainment	SUDA	
4	Haldia	Matangini Abas	06.11.2019	i) Requirement of CCTV	SUDA	31.12.2019
5	Midnapore	Janakalyan Bhavan	06.11.2019	i) Need more Counselling of the inmates with the help of NGO and create awareness and aware inmates about social life and social issues	ULB	15.11.2019
6	Jalpaiguri	ASHRAY	30.10.2019	NA		
7	Nabadwip	Mamatalay	31.10.2019	NA		
				Fire excursion expired fund required for refill	SUDA	30.11.2019
8	Krishnanagar	Krishnanagar	01.11.2019	ii) A fund required for emergency purpose like illness of inmates, car expenses for movement of hospitalization, emergency medicine.	SUDA	30.11.2019
				iii) Fund required for toilatory items	SUDA	30.11.2019
9	Durgapur MC	ABHAYASH RAM	05.11.2019	NA		
10	Habra	Vivekananda Bhawan	05.11.2019	i) Social welfare pension for entitled inmates	ULB	30.11.2019
11	Rajpur Sonarpur	Nivedita	06.11.2019	i) Agarbati Manufacturing initiaton	ULB	15.11.2019
	Rajpai Soliaipai	Bhawan	00.11.2019	ii) Involvement of inmates in Livelihood activities	ULB	15.11.2019
12	Chandernagar	Vivekananda Abasan	31.10.2019	i) Counselling of inmates	ULB	15.11.2019
13	Mahestala	Abas	01.11.2019	i) Urgent training of the staff needed	SUDA	30.11.2019
14	Bongaon	Saranya	30.10.2019	NA		
15	Jiaganj	Valobasa	31.10.2019	NA		
	KMC	Amar Asray		Not Submitted		
16 B	KMC	Gouri Bari Lan	е	Not Submitted		
				i) Cleaning of Surface drainage	ULB	15.11.2019
				ii) Requirement of CCTV with TV	SUDA	31.12.2019
17	Coochbehar	THIKANA	06.11.2019	iii) Bank account opening for inmates	ULB	30.11.2019
				iv) Enrollment for Swasthya Sathi	ULB	30.11.2019
				v) Enrollment for Antodaya Yojona	ULB	30.11.2019
				i) Entertainment Facility	ULB	
						4

18 Katwa THIKANA 06.11.2019 ii) Livelihood opportunity ULB 30.11.2019 i) Training of SUH Staff SUDA

Month: October

Date of Visit: 31/10/2019

Name of ULB: Howrah Municipal Corporation

Name of SUH : Ghare Phera

Capacity: 50

Type: Night Shelter

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A)	Documents Verification					
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes				
	Admission Register of inmates	Yes				
	Permanent asset Register	Yes				
	Stock register (Consumable items)	Yes				
	Attendance Register of inmates	Yes				
	Accounts/ Cash Book	Yes				
	Staff Attendance Register	Yes				
	Shelter Management Committee meetings register	Yes				
	Complaints and suggestions register	Yes				
	Are all the registers updated?	Yes				
	Are all the records regarding, the inmate maintained properly?	Yes				
	Study grievance addressed in Grievance Register?	Yes				
B)) Work Verification					
	Have all the staff aware about their duty?	Yes				
1	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	Not yet				
	If yes mention the date & number of person identified & rescued:	NA				

C)	Physical Verification			-			
(1)	Condition of Shelter						
	Number of inmates at present		32				
	Number of inmates left out the shelter in the present month		2				
	Remarks		1 lachla	Not			
II)	Inventory of soft furnishings usable	Total	Usable				
	Bed Sheets:	30	30	0			
	Pillows	32	32	0			
	Pillow Covers	33	32	0			
	Mosquito nets	34	32	0			
	Water purifier	No	No	No			
III)	Check whether the water purifier is functional	Not yet purcha	sed				
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	NA					
	Entertainment facility	YES					
	How many felevisions are there and whether they are functional?	1(functional)					
V)	Please specify the group of urban homeless cater in	the shelter	in the second				
a.	Men		8				
b.	Women / Single Women and their dependent children		16				
c.	Children	8-	8				

	Aged	7
1	Physically Challenged	2
	Mentally Disabled	2
	Family	3
1.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	NA
D)	Other issues	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Not yet
— (ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	no
	If yes, mention the date & how many people covered in this:	no
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	no (as the capacity of Shelter is full)
(iv	Did you have meal with the inmates? If yes, quality of the meal.	not yet
(v	Is the kitchen garden being raised and	yes (but due to shortage of land it initiated in very small scale)
(v	Are toiletries supplied to the inmates? If yes,	yes (Soap, Washing powder, tooth pest, hair oil, talc, cream)
(E	General Observations	
1	Good Practices:	
a	General Hygiene maintained by inmates:	very good
b	Cooking practices	very good
c	Is the food provided to inmates tested Quality of food & menu for the inmates on that time	YES

d.	Entertainment facility:	yes (Television and Indoor games)
e.	Is any Livelihood opportunity created for inmates:	Paper bag making and some costume jewellery making
2	Any issue Infrastructure related:	18 Nos of bed and beddings yet to be procured
3	Poor practices:	no

1

1

- 1

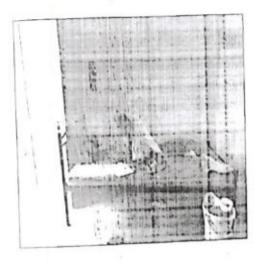
Sheri Den . 5/11/2019

HOMBYLL MORECLE SHOOMION

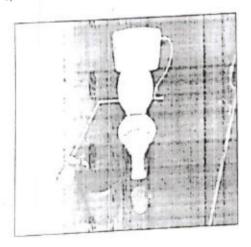
SI. No.	Recommendations for improvements	Action to be taken by ULB/SUDA	Timeline
4	CCTV Camera		
100	Bio-Metric Attendance		

5. Photographs taken at the time of visit

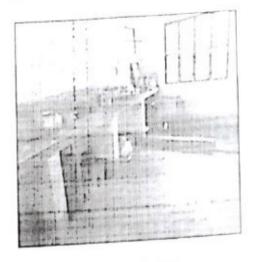
A) Dormitory with inmates



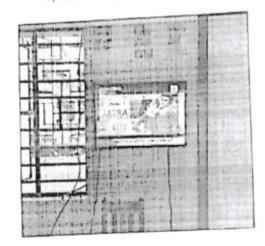
c) Toilet blocks



b) Kitchen with cocking arrangements



d) Entertainment Facility



Mate of Visit--06.11,2019

Capacity: 50

Name of SUH: ANUBHAB

Name of ULB : ENGLISHBAZAR

Type: SHELTER

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

	quinN	ber of inmates at present	14
(Cond	dition of Shelter	GOOD
(:	isydq	ical Verification	
	11 yes	es mention the date & number of person identified :scued:	VN
	iden	he night survey conducted in this month for nification of homeless? Yes/No	ON
	101	ve all the staff received the capacity building training O & M of SUH?	ON
		eve all the staff aware about their duty?	KEZ
В) INC	ork Verification	
	us	fudy grievance addressed in Grievance Register?	AES
	ud V	are all the records regarding, the inmate maintained roperly?	XES .
7		Sbəlabqu 21912igə1 ədi lis ən	KES
\exists	5	omplaints and suggestions register	XES
1	-	Shelter Management Committee meetings register	AES
-	s	Staff Attendance Register	AES
+		Accounts/ Cash Book	AES
+		Attendance Register	AES
+		Stock register	AES
		Permanent Register	AES
		Register of inmates	ÅES
		Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	AES
	(A	Documents Verification	

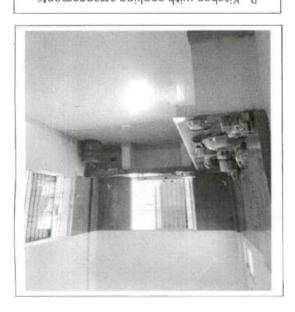
 $\label{localization} Pftps: \\ \label{localization} Pftps: \\ \lab$

bo	oor practices:	Waste Segration is not Started
V	ny issue infrastructure related:	I. 20 Nos of Chair for Inmates to set out side the room/Barandah etc.2. One Computer, Printer, Scanner, Computer Chair& Table, 3. CCTV camera
2]	s any Livelihood opportunity created for inmates:	AEL TO BE CREATED
Property	Entertainment facility:	NIF
	s the food provided to inmates tested& Quality of food menu for the inmates on that time	YES, 06.11.2019 AT 1.45 Pm
) (Cooking practices	At Present Food Supplied from Home Delivery (day time) But Inmates are
1	General Hygiene maintained by inmates:	GOOD,
1	Good Practices:	GOOD, 2 Inmates are making handicrafts items for their own.
(3	General Observations	
(ja	Ane toilatiries supplied to the inmates? If yes, mention the items.	
(A)	Spaniatniam bas besing raised and maintained?	ON
(Aj)	Did you have meal with the inmates? If yes, quality of the meal.	YES, GOOD
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Total Beneficiaries Indentified-08, Malda Town Station, Male-06, Female-02, Aged- 13 to 55 (Male), Femate-70 to 80 aged.
	If yes, mention the date & how many people covered in	
(ii)	the present month [res / No]	NO' KET TO BE ARRANGED
(i)	MAIN HORIDON OF DODGHOISINGS:	

Manager-S.D.& Infrastructure
Englisgbazar Municipality, Malda

10	er issues			
	y other (as mentioned in Para 3.3 of the SUH idelines)			
F	ylim		IN	
N	entally Disabled		ξ	
d	nysically Challenged		3	
	рәд		9	
	hildren		IIN	
-10	Nomen / Single Women and their dependent children		τl	
.1	деп		IIN	
(A	Please specify the group of urban homeless cater in the	shelter		
	How many televisions are there and whether they are functional?		IIN	
	Entertainment facility		NIT	
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	AMC D	W of bries eliste	BSULM
(111	Check whether the water purifier is functional	YES, Bo	th are Function	Is
	Water purifier	70	70	0.0
_	Mosquito nets	50	71	90
	Pilow Covers	0\$	28	7.5
	swoliq	05	τl	98
	Bed Sheets:	05	28	77
H	egnidainm foe lo vinaval	fasoT	əldssU	Not neable
	Remarks			
	Number of immates left out the shelter in the present	0		

<u>9102.11.30 – TISIV HUS</u>



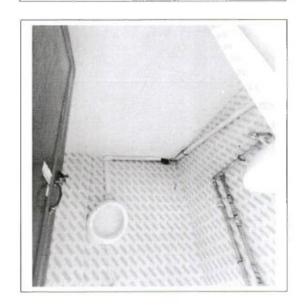
B. Kitchen with cooking arrangements



A. Dormitory with Inmates



D. Entertainment Facility



C. Toilet Blocks

Month: Novembers

Date of while Stransford Augustal and Call H. 18 19 Stransford August Argument Agology Anna of St. H.

Type: Homelass person

Capacity: 50

Sheller Management Committee meeting held hee No. 11 Fee mention the date.

(Physical Verification	
	identified & researd:	30.10.10
	is the night survey conducted in this month for identification of horneless? Yes/Yo	904
	Have all the staff received the capacity building training for O. &. M. of SUH?	NO
	Have all the staff aware about then duty?	40/
(8)	Work Verification	
-	Study grievance addressed in Grievance Register?	40%
	Are all the records regarding, the number maintained	eso/
-	"beauther registers and the safe	40%
	1912(391 anottaggue bas atnistamo)	40X
-	Shelter Management Committee meetings registe	det Yes
	The second secon	497
	sersiges, exhaustra fless	497
	Accounts/ Cash Book	40%
	Attendance Register	40/
	Stock register	40/
	Permanent Register	40%
7	Register of inmates	
1	Are all the registers as mentioned below maintain property in the shelter? Checked - (Yes. No)	ea/ par
1	A) Documents Verification	

	poor		Condition of Sholter	H
	81		Mumber of inmates at present	
	81		Number of immerces left out the shelter in the present	
			Renniks	
oldsau toM	Sides	103031	egindental flox lo (tasval	(II
	09	09	Bed Sheors :	
	09	20	Pilows	
	09	09	Pilow Covers	
	09	09	Mosquire nets	
	400	-	Water purifier	
on %			Check whether the water purifier is lunctional	[[]]
			Whether it is covered under AMC It yes in mentioned the date upto which it is cut ered	
	TIN		Entertunment facility	
troisiva	lot bon	pe oni	How many televisions are there and whether they are functional?	
		tallada 9	Please specify the group of urban homoless cater in th	(AI
4 01 E			uspç	T
			Women Single Women and their dependent	P
			Children	3
	Ó		райу	þ
			Physically Challenged	3)

1			
f	Mentally Disabled	Nil	
g	Family	2	
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines).		
(D)	Other issues		
(4)	Any lineage with social entitlements & if yes mention it with number of beneficiaries	No	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes No]	Yes	
	If yes, mention the date & how many people covered in this:	08.07.2013	
	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	70-47-6	
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes-Good	
(A)	s the knichen garden being raised and maintained."	Yes-Good Yes	
vi)	Vare to llattices supplied to the inmates? If yes, nention the items.		
E) G	cheril Observations		
I G	ood Practices	Yes	
Ge	eneral Hygiene maintained by immates	yes yes	
-	outing practices	Good	
Is t	the food provided to immates tested& Quality of od & menu for the immates on that time	Good Quality food	
Ent	erminment facility:	no	
ls a	ny Livelihood opportunity created for inmates	No	

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
A) Required C.C	Enclosed quotati	077
Cameroa for becurify purpose	V Floor,	
B) Required Television no for entendament	Enclosed quota	Hori

5 Photographs taken at the time of visit (Please ensure manimum 72 dpi images & attach with the report submission email)

a) Dormitary with inmates	to K tenen with cooking arrangeme
Tollet blocks	d) Entertainment Facility

Garak nath Melik

2	Any issue Infrastructure related:	Telebinions needed
gree,	Poor practices:	Nill

Month:

October 2019 (2NDHalf)

Name of ULB: Haldia Municipality Name of SUH: MatanginiAbas

Capacity: 50

Type: Functional

Shelter Management Committee meeting held Yes/ No. If yes mention the date: No

(A)	Documents Verification	Observation
	Are all the registers maintained properly in the shelter? Checked –	Yes
	10.37 [10]	163
	Registers of inmates	Yes
	Permanent Resister	Yes
_	Stock Register	Yes
_	Attendance Register	Yes
	Accounts/Cash Book	
	Staff Attendance Register	Yes
-	Shelter management committee meeting Register	Yes
	Complaints and suggestions Register	Yes
	Study type of grievance redressed in Grievance Register	Yes
B)	WORK Verification:	Yes
	Have all the staff aware about their duty?	
	riave all the staff received the canacity building training for O a he	Yes
	013011.	Yes
	Is the night survey conducted in this month for identification of	
	**VIII.C.53: 1 C5/11/0	No
	If yes, mention the date & number of person identified & rescued:	
2)	Physical Verification	No
)	Condition of Shelter	
	Number of inmates at present	Good
	Number of inmates left out the shelter in the present fortnight (certain	23
	period)	0
	Remarks:	
1)	Please specify the group of urban homeless catered in the shelter:	
)	Men Men group of arban nomeless catered in the shelter:	
)	Women/Single Women and their dependent children	12
	Children Children	- 11
)	Aged	2
)	Physically Challenged	9
	Mentally Disabled	2
_	Family	3
		4
)	Any other (as mentioned in para 3.3 of the SUH guidelines) Other Verification	
	Any linkage with a six	
	Any linkage with social entitlements & if yes, mention it with number of beneficiaries:	No
	Regular health check-up& screening test of inmates arranged in the present month (Yes/No)	Yes
	b	7 77 04
	If yes, mention the date & how many people covered in this month	26.10.2019
		19 persons

(E)	General Observations:	
	Good Practices: They use to clean their re-	
a.	General Hygiene our inmates used to take bath daily during this	Yes
b.	Cooking Practices inmates are taking interest to cook different dishes with our cook	Cooked foods
C.	Is the food provided to inmates tested & audio C.S.	served daily
d.	the inmates on that day Entertainment Facility	Rice, Veg & Fish Curry 31.10.2019
à	Is there any Livelihood opportunity of inmates	Morning walk & Evening Walk.
!	Any Infrastructure related issue:	No
	Poor practice	No
	D	Inactive
	Recommendation for improvement: Action to be taken by ULB Requirement of CCTV: SMMU	Timeline By 30th November

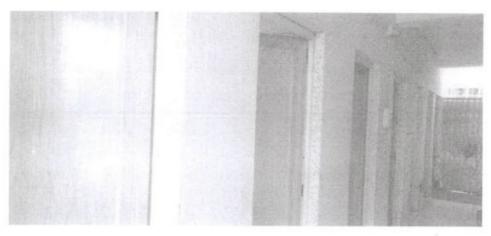
5 Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email)

Photograph is attached with this report

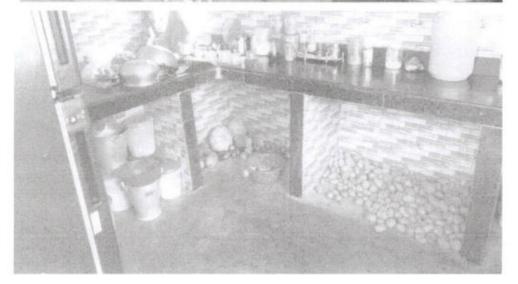
CPO-NULM

. &

Executive officer Haldia Municipality







Month:

Date of Visit 30/10/2019

Name of ULB: Jalpaiguri Name of SUH: ASHRAY

Capacity: 50

Type:

Shelter Management Committee meeting held Yes/ No, If Yes mention the date: 27/08/2019

A)	Documents Verification		
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	YES	
	Register of inmates	YES	
	Permanent Register	YES	
	Stock register	YES	
	Attendance Register	YES	
	Accounts/ Cash Book	YES	
	Staff Attendance Register	YES	
e e	Shelter Management Committee meetings register	YES	
	Complaints and suggestions register	YES	
	Are all the registers updated?	YES	
	Are all the records regarding, the inmate maintained properly?	YES	
	Z		
B)	Work Verification		
	Have all the staff aware about their duty?	YES	
	Have all the staff received the capacity building training for O & M of SUH?	I CAREGIVER AND I MANAGER	
	Is the night survey conducted in this month for identification of homeless? Yes/No	NO	
1	If yes mention the date & number of person identified & rescued:		
C)	Physical Verification		
(I)	Condition of Shelter		
	Number of inmates at present	11	

Num	aber of inmates left out the shelter in the present	0
	narks	7
Inve	entry of soft furnishings	Total Usable Not usable
-	I Sheets:	50 50
		50 50
	ows Covers	50 50
	ow Covers	50 49 1
	osquito nets	2 1 1 Not istalled
	ater purifier	
- 1	heck whether the water purifier is functional Whether it is covered under AMC? If yes, mentioned	d not yet
	the date upto which it is covered. Entertainment facility	not yet
I	How many televisions are there and whether they ar functional?	not yet
IV)	Please specify the group of urban homeless cater in	the shelter
-	Men	7
b.	Women / Single Women and their dependent child	dren
c.	Children	
d.	Aged	
e.	Physically Challenged	
f.	Mentally Disabled	
g.	Family	
h	Any other (as mentioned in Para 3.3 of the SUH	
	Other issues	7.5

	The second lines	tale tales
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	widow pension from ULB and EPF pension.
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	YES
	If yes, mention the date & how many people covered in this:	date: 24.10.2019, No of person covered 13
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	28.08/2019 . Places Visited: ward No 24 ,Sadar Hospital, Railway station. Identified person: 2Males (42 &45) and 2 women (55&35)
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	yes meal is good
(v)	Is the kitchen garden being raised and maintained?	yes
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	yes, Bathing soap hand wash, Detol
(E)	General Observations	
1	Good Practices:	Meditation periods
a.	General Hygiene maintained by inmates:	over all good
b.	Cooking practices	safe and good
c.	Is the food provided to inmates tested Quality of food & menu for the inmates on that time	yes
d.	Entertainment facility:	
e.	Is any Livelihood opportunity created for inmates:	not yet
2	Any issue Infrastructure related:	Tender for boundary wall done. Work order will be issued afetr 16/10/2019.
3	Poor practices:	none as such



Month: September 2nd Report Date of Visit:-31.10.2019

Name of ULB: Nabadwip Municipality

Name of SUH: - Mamatalay

Capacity:

50

Type: General

Shelter Management Committee meeting held Yes/ No. If Yes mention the date:

	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - [Yes/No]	Yes & Found Ok		
	Register of inmates	Yes & Found Ok		
	Permanent Register	Yes & Found Ok		
	Stock register	Yes & Found Ok		
	Attendance Register	Yes & Found Ok		
	Accounts/ Cash Book	Yes & Found Ok		
	Staff Attendance Register	Yes & Found Ok		
	Shelter Management Committee meetings register	Yes & Found Ok		
	Complaints and suggestions register	Yes & Found Ok		
	Are all the registers updated?	Yes		
	Are all the records regarding, the inmate maintained properly?	Yes		
	Study grievance addressed in Grievance Register?			
	Work Verification			
	Have all the staff aware about their dury?	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 person identified & rescued:			
C)	Physical Verification			
(1)	Condition of Shelter:-	Good		
	Number of inmates at present	20		

Sumépa Basak

	Number of inmates left out the shelter in the present month		7
	Remarks		
11)	Inventry of soft furnishings Total	1	Usable Not usable
	Bed Sheets :	30	30 0
	Pilows	30	30
	Pilow Covers	30	30
	Mosquito nets	30	30
	Water purifier	1	1
	Check whether the water purifier is functional		Yes
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered		
	Entertainment facility		Weekly
	How many televisions are there and whether they are functional?		0
	Please specify the group of urban homeless cater in the sh	in the shelter	
a.	Men		20
	Women / Single Women and their dependent children		NA
	Children		0
	Aged		20
	Physically Challenged		0
	Mentally Disabled		0
g	Family		0
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)		
	Other issues		

(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Process is going on
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	30.10.2019
	If yes, mention the date & how many people covered in this:	
	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited number identified, male, female and age breakup)	Last survry conducted on:- 25.09.2019, Visited 10 nos. of beneficiary & Identified 4 nos. of beneficiary
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes,Good
(v)	Is the kitchen garden being raised and maintained?	Yes
(11)	Aare toilatiries supplied to the inmates? If yes, mention the items.	Yes,Soap,Shampoo etc
(E)	General Observations	1
1	Good Practices:	Kitchen Gardening, Morning & evening Prayer, Gardening
	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	No
C.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Rice,Bhaja,Soyabin
d.	Entertainment facility:	
ų.	Is any Livelihood opportunity created for inmates:	7 bank accounts has been opened.
2	Any issue infrastructure related:	NO

Suriefa Basak

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
	ULB will engage the all SUH inmates for participating this year Rash Yatra Carnival 2019,dated on 15.11.2019	

Sunipa Basak

North Oction

Name of LB: Dungapus Mr.

Name of SUH: Abhayashram

Capacity: 50

Type: Atc

Sheller Management Committee meeting neal Yest Nm. It Yest mention me since

A	Documents Verification	Observation	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	Yes	
	Register of inmates	Yes	
	Permanent Register	_	
	Stock Register	Yes	
	Attendance Register	Yea	
	Accounts/ Cash Book	Yes	
	Staff Attendance Register	Yan	
	Shelter Management Committee meetings register	Yes	
	Complaints and Suggestions Register	Yes	
	Study type of grievances redrosed in Grievance Register?	-	
(3)	Work verification		
	Have all the staff aware about their duty?	Yes	
	Have all the staff received the capacity building training for O & M of SOH?	Yes	
	Is the right survey conducted in this month for identification of homeless. Yes Sa	Yes	
	If yes mention the date & number of person identified decression	1	
.)	Physical Verification		
	Condition of Shelter	Good	
	Surplies of inmates at present	80	
	Number of immates left out the shelter in the present fortnight (Cenain period)	0	
	Remarks		

11)	Please specify the group of urban homeless catered	in the shelter
	Men	3
b.	Women Single Women and their dependent children	图 15
	Children	7
	Aged (More than 65 Yeras)	19
	Physically Challenged	4
	Mentally Disabled	1
	Family	2
h,	Any other (as mentioned in Para 3.3 of the SUII Guidelines)	_
D)	Other verification	
	Any linkage with social entitlements & if yes mention i with number of beneficiaries:	Yes
	Health check up & screening test of inmutes arranged in the present month [Yes / No.]	The ill inmates have uncleage check-up in the meanest DRC . PSC . Aidso in the SDM Hospital
	If west mention the date & now many people covered in this:	_
() General Observations	
	Lood Practices	
	General Hygiene maintained by immates:	The insults meintain their
4	Cooking practices	fred is proposed byginial
1	is the food provided to immates tested& quality of food is menu for the immates on that date	You, the field provided to
	Intertainment facility	The Agency had averaged for Paja Parikvama for the inent

e.	Is there any Livelihood opportunity created for inmates:	Inwales enjoyed in cooking
		No
	Pure proclines	Nil.

Manager (SM & ID), NULM Durgapur Municipal Corporation

Month: November 2019

Date of Visit: 01.11.2019

Name of ULB : Krishnanagar Name of SUH : Krishnanagar

Capacity: 50 Type: General

Shelter Management Committee meeting held Yes/No. If Yes mention the date: Yes 25-10-19

A)	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes		
	Register of inmates	Cheked and OK		
	Permanent Register	Cheked and OK		
	Stock register	Cheked and OK		
	Attendance Register	Cheked and OK		
	Accounts/ Cash Book	Cheked and OK		
	Staff Attendance Register	Cheked and OK		
	Shelter Management Committee meetings register	Cheked and OK		
	Complaints and suggestions register	Cheked and OK		
	Are all the registers updated?	Yes		
	Are all the records regarding, the inmate maintained properly?	Yes		
	Study grievance addressed in Grievance Register?	Yes		
B)	Work Verification			
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & M of SUH?	Only one staff not recieved		
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes 30-10-19		
	If yes mention the date & number of person identified & rescued:	No		
C)	Physical Verification			
(1)	Condition of Shelter:	Good		
	Number of inmates at present	35		
	Number of inmates left out the shelter in the present month	0		
	Remarks			
[])	Inventry of soft furnishings	Total Usable Not usable		
	Bed Sheets:	Total: 32 Usable : 25 Not Usable : 0'		
	Pilows	Total: 32 Usable : 27 Not available : 5		
	Pilow Covers	Total: 32 Usable: 27 Not available:		

	Mosquito nets	Total: 32 Usable : 22 Not available : 10	
	Water purifier	OK	
Ш	Check whether the water purifier is functional	Yes	
	Whether it is covered under AMC? If yes, mentioned	NI.	
	the date upto which it is covered.	No	
	Entertainment facility	Luddo, TV	
	How many televisions are there and whether they are functional?	1. Functional	
IV)	Please specify the group of urban homeless cater in the s	helter	
a.	Men	10	
b.	Women / Single Women and their dependent children	24	
C.	Children	1	
d.	Aged	24	
e.	Physically Challenged	3	
f.	Mentally Disabled	0	
g.	Family	1	
11.	Any other (as mentioned in Para 3.3 of the SUH (Guidelines)		
(D)	Other issues		
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Old age pension on process	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No.]	Yet to be held on 24-10-19	
	If yes, mention the date & how many people covered in this:		
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Yet to be held on 30-10-19	
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes, Good	
(V)	Is the kitchen garden being raised and maintained?	yes raised and maintained	
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	No	
(E)	General Observations		
1	Good Practices:		
21.	General Hygiene maintained by inmates:	Yes	
b.	Cooking practices	yes	
200	Is the food provided to inmates tested& Quality of food	Good	
C.	& menu for the inmates on that time	Menu: Rice, dal. Mix veg	
d.	Entertainment facility:	Tv	
е.	Is any Livelihood opportunity created for inmates:	Paper Bag and Tailoring machine	
2	Any issue Infrastructure related:	No	
3	Poor practices:		

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
1.Fire excursion expired fund	ULB	
1. Fire excursion expired fund required for refill. 2. A fund required for emergency purpose like- illness of inmates, car expenses for movement of hospitalization, emergency medicine. 3. Fund required for toilatory items.	Action taken by SUDA	

6

Manager
Skill & Micro Enterprises
(NULM)
Krishnanagar Municipalise

November 2019









Month: November 2019 Date of Visit: 05/11/2019

Name of ULB: Habra Municipality

Name of SUH: vibekananda Bhawan

Capacity: 50

Type: General

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

No

A)	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes Checked - Found OK Checked - Found OK Checked - Found OK Checked - Found OK Checked - Found OK		
	Register of inmates			
	Permanent Register			
	Stock register			
	Attendance Register			
	Accounts/ Cash Book			
	Staff Attendance Register	Checked - Found OK		
	Shelter Management Committee meetings register	Checked - Found OK		
	Complaints and suggestions register	Checked - Found OK		
	Are all the registers updated?	Checked - Found OK		
	Are all the records regarding, the inmate maintained properly?	Checked - Found OK		
	Study grievance addressed in Grievance Register?	No grievances reported yet		
B)	Work Verification			
	Have all the staff aware about their duty?	yes		
	Have all the staff received the capacity building training for O & M of SUH?	CBT of two SUH staff pending from SUDA end		
	Is the night survey conducted in this month for identification of homeless? Yes/No	No		
	If yes mention the date & number of person identified & rescued:	N.A.		
(2)	Physical Verification			
I)	Condition of Shelter			
	Number of inmates at present	15		
1	Number of inmates left out the shelter in the present nonth	1		
1	temarks			

Manager \
Social Dev. & Infrastructure
DAY-NULM, HABRA MUNICIPALITY

Habre Idunicipality

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5	Inventry of soft furnishings	Total	Usable	Not usable	
1	Bed Sheets:	50	17	33	
+	Pilows	50	17	33	
-	Pilow Covers	50	17	33	
-		50	17	33	
	Mosquito nets		1	0	
	Water purifier	1		<u> </u>	
II)	Check whether the water purifier is functional				
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Under wara	Under waranty for 1 year, AMC under process		
	Entertainment facility		yes		
	How many televisions are there and whether they are functional?		1		
IV)	Please specify the group of urban homeless cater in the sh	nelter			
a.	Men		4		
b.	Women / Single Women and their dependent children		11		
c.	Children		0		
d.	Aged		12		
c.	Physically Challenged		1		
f.	Mentally Disabled	l			
g.	Family	1			
h.	Any other (as mentioned in Para 3.3 of the SUH		0		
(D) Other issues					
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	6 members were	provided with Pradha Yojana	n Mantri Suraksha B	
(ii	Health check up & screening test of inmates arranged	yes			
	If yes, mention the date & how many people covered in this:	6th September 2019.18 inmates coverd in this			

Manager
Social Dev. & Infrastructure
DAY-NULM, HABRA MUNICIPALITY

Finance Officer Habra Municipality

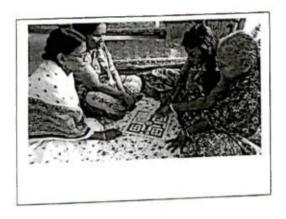
	/		
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	22nd August 2019. Places Visited - Bus Stands, Joygachi Supermarket, Banipur Market, Railway Station. Beneficiary Identified: 7 males 1 Female. Rescued 6 males	
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	yes, the quality of the meal is good	
(v)	Is the kitchen garden being raised and maintained?	yes	
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	Soap, Shampoo, Toothpaste, Hair oil, Surf	
(E)			
1	Good Practices:	1-Free fooding provide to all the inmates. 2-kitchen garden nurtured regularly by inmates. 3-morning and evening prayer	
a.	General Hygiene maintained by inmates:	General hygiene well maintained	
b.	Cooking practices	Hygiene	
c.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Rice, Dal, fish, Red spinach	
d.	Entertainment facility:	yes	
c.	Is any Livelihood opportunity created for inmates:	yes, weekly order for "latkan" manufacturing	
2	Any issue Infrastructure related:	water logging inside rooms during heavy rainfall	
3	Poor practices:	No poor practice observed	

Manager Social Dev. & Infrastructure DAY-NULM, HABRA MUNICIPALITY

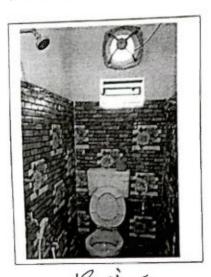
Finance Officer
Habra Municipality

Recommendations for improvement	Actions to be taken by ULB/SUDA	Timeline
All the previous recommendation have been adressed	a. Social welfare pension for entitled inmates	November 2019

- 5. Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email)
- a. Dormitory with inmates

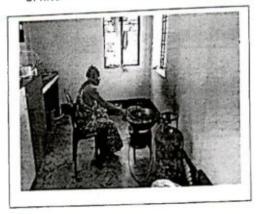


c. Toilet Blocks

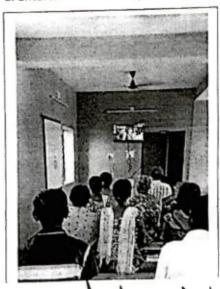


Manager Social Dev. & Infrastructure DAY-NULM, HABRA MUNICIPALITY

b. Kitchen with cooking arrangements



d. Entertainment Facility



Rinance Officer Habra Municipa

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Month: October

Date of Visit 06/11/2019

Name of ULB: Rajpur Sonarpur

Name of SUH: Nibedita Bhavan

Capacity: 50

Type: General

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

4)	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes		
	Register of inmates	Yes		
	Permanent Register	Yes		
	Stock register	Yes		
	Attendance Register	Yes		
	Accounts/ Cash Book	Yes		
	Staff Attendance Register	Yes		
	Shelter Management Committee meetings register	Yes		
	Complaints and suggestions register	Yes		
	Are all the registers updated?	Yes		
	Are all the records regarding, the inmate maintained properly?	Yes		
	Study grievance addressed in Grievance Register?	Yes		
	Work Verification			
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & 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 person identified & rescued:			
	Physical Verification			
(1)	Condition of Shelter			
	Number of inmates at present	28		

	Number of inmates left out the shelter in the present month		
	Remarks		
ll)	Inventry of soft furnishings	Total Usable Not usable	
	Bed Sheets:	Usable 50	
	Pilows	Usable 50	
	Pilow Covers	Usable 50	
	Mosquito nets	Usable 50	
	Water purifier	Usable2	
HI)	Check whether the water purifier is functional		
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Yes, 04/04/2023	
	Entertainment facility	T.V with Cable, Ludo, Khanjani, Kartal	
	How many televisions are there and whether they are functional?	One .Functional	
V)	Please specify the group of urban homeless cater in the shelter		
it.	Men	2	
b.	Women / Single Women and their dependent children	1	
C.	Children	0	
d	Aged	16	
e.	Physically Challenged	0	
f.	Mentally Disabled	1	
g.	Family	4	
1.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)		
D)	Other issues		

(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Ration Card applied		
	Health check up & screening test of inmates arranged in the present month [Yes / No]	No		
	If yes, mention the date & how many people covered in this:			
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	30/08/2019.Sonarpur and Subhasgram Railway Station. 6 Female and 4 male identified.2 Female rescued.		
(iv)	Did you have meal with the inmates? If yes, quality of the meal	Yes, Good Taste		
(v)	Is the kitchen garden being raised and maintained?	Yes		
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	Toothbrush, Toothpaste, Hair Oil, Shampoo, Soap for Bath and Toilet.		
(E)	General Observations			
ı	Good Practices:	Public donation makes possible four time food provision to inmates.Inmates help in Cooking Cleaning.		
ā.	General Hygiene maintained by inmates:	Good		
b.	Cooking practices	Low oil and less spicy food. Apron . Cap and Gloves used		
c				
-	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Yes		
d		Yes LED TV with Dish channels		
	& menu for the inmates on that time			
d	& menu for the inmates on that time Entertainment facility	Yes.LED TV with Dish channels		

45.

Action to be taken by ULB	Timeline
Agarbathi Manufacturing initiation	15/11/2019
	Agarbathi Manufacturing



perhatory with Immate-



Kitchen with Cooking Arrangements



TOILET BLOCKS



Lacordinates Parities

398mi 6/11/19

MANAGER

SOCIAL DEVELOPMENT & INFRAST UCTUF
NATIONAL URBAN LIVELINGC IS MESSON
RAJPUR-SONARPUR MUNICIPALITY

Month: October 2nd Quarter

Date of visit: 01/11/2019

Name of ULB: Maheshtala

Name of SUH: Shelter for Urban Homeless

Capacity:

50

Type: General

Shelter Management Committee meeting held (Yes / No), if yes mention the date: No

A)	Documents Verification	Observation			
	Are all the registers as mentioned below maintained properly in shelter? Checked-(Yes/No)				
	Register of inmates	Yes			
	Permanent Register	Yes			
	Stock Register	Yes			
	Attendance Register	Yes			
	Accounts / Cash Book	Yes			
	Staff Attendance Register	Yes			
	Shelter Management Committee meetings register	Yes			
	Complaints and Suggestions Register	Yes			
	Are all the registers updated?	Yes			
	Are all the records regarding the inmates maintained properly?	Yes			
	Study type of grievances redressed in Grievance Register?	No			
В)	Work verification				
	Have all the staff aware about their duty?	Yes			
	Has 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 person identified & rescued				
C)	Physical Verification				
(1)	Condition of shelter				
	Number of inmates at present	4			
	Number of inmates left out the shelter in the present fortnight (Certain Period)	no			

5. Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email)

Dormitory with inmates









	Remarks				
H	Inventory of soft furnishing	Total	Usable	Not Usable	
	Bed sheets	50	49	1	
	Pillows	50	49	1	
	Pillow covers	20	19	1	
	Mosquito nets	50	49	1	
	Water Purifier	2		'	
Ш	Check whether the water purifier is functional				
	Whether it is covered under AMC? If yes, mention the date up to which it is covered	Under w	arranty		
	Entertainment facility	No			
	How many televisions are there and whether they are functional?	0			
IV)	Please specify the group of urban homeless catered in th	e shelter			
a.	Men	4			
b.	Women / Single Women and their dependent children	0			
C.	Children	0			
d.	Aged (More than 65 Years)	2			
e.	Physically Challenged	0			
f.	Mentally Disabled	0			
g.	Family	0			
h.	Any Other (as mentioned in Para 3.3 of the SUH Guidelines)	0			
D)	Other Issues				
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	No			
(ii)	Health Check up & Screening test of inmates arranged in the present month [Yes/No]	Yes			
	If yes, mention the date & how many people covered in this:	01/10/20)19, 4 people w	vere covered	
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)				
(iv)	Did you have meal with the inmates? If yes, quality of the meal		dinner is being ents left the sh		

A SAMA

		the morning to go for their working place
(v)	Is the Kitchen Garden being raised and maintained?	Yes
(vi)	Are toiletries supplied to the inmates? If yes, mention the items	Yes, Soap
E)	General Observations	
1	Good Practices	
a.	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	Not yet started. Purchased food are being provided
C.	Is the food provided to inmates tested & quality of food & menu for the inmates on that time	Only dinner is being provided as all the residents left the shelter early in the morning to go for their working place
d.	Entertainment facility	No
e.	Is there any Livelihood opportunity created for inmates:	Residents are already working in small shops or as labour
2	Any infrastructure related issue:	No
3	Poor practices:	No

4.

Recommendations for improvement	Action to be taken by ULB/ SUDA	Timeline
Urgent training of the staff needed	• SUDA	

Anindita Papahondhay

Format for functional SUH visit by CMMU

Mouth: October (2nd forth night)

Date of Visit 30/10/2019

Name of ULB: Bongson Municipality Name of SUH: Sharonya

Name of SUH: Sharenya Abason

Capacity: 50

Type:

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A) Documents Verification	Documents Verification			
Are all the registers as mention properly in the shelter? Check	ned below maintained yes.			
Register of inmates	yes			
Permanent Register	Yes			
Stock register	yes			
Attendance Register	Yes			
Accounts/ Cash Book	yes .			
Staff Attendance Register	yes			
Shelter Management Committ	ee meetings register Jes			
Complaints and suggestions re	gister Jes			
Are all the registers updated?	Jes			
Are all the records regarding, the properly?	e inmate maintained %.			
Study grievance addressed in G	rievance Register?			
Work Verification				
Have all the staff aware about th	eir duty? Yes.			
Have all the staff received the ca training for O & M of SUH?	pacity building Yes			
Is the night survey conducted in t identification of homeless? Yes/N				
If yes mention the date & number identified & rescued:	of person			
Physical Verification				

Manager Mastructure

Social Development & MULIM

BONGAON MUNICIPALITY

(1)	Condition of Shelter		Good	1.
	Number of inmates at present		45N	0.
	Number of inmates left out the shelter in the present month		2 NO).
	Remarks	1 Ms. Parse It another	on bied person lef	font to her
11)	Inventry of soft furnishings	Total	Usable	Not usable
	Bed Sheets:	50	50	-
	Pilows	60	55	. 5
	Pilow Covers	60	55	5
	Mosquito nets	50	50	_
	Water purifier	1	1	_
III)	Check whether the water purifier is functional	yes,	functional	
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.		NO.	
	Entertainment facility	Television Proper Room	imall flow, i	Music System 48es. 1 oze
	How many televisions are there and whether they are functional?	3NO. Tele Jun	vision tall ctional	ore.
IV)	Please specify the group of urban homeless cater in the	e shelter		
a.	Men		14 NO.	
b.	Women / Single Women and their dependent children		28 NO.	
c.	Children		3 NO.	
d.	Aged		8 NO.	
c.	Physically Challenged		3 NO.	A STATE OF THE PARTY OF THE PAR

Manager

Social Development & Intrastructure

NULM

BONGAON MUNICIPALITY

MI OIL MC

-	10	12.8 10.1 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0
raj-	f. Mentally Disabled	1 no.
g	. Family	4 NO.
h	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	4 70.
(D	Other issues	1 11
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	yes.
(ii)	Unglish -t - 1	Yes, 18/10/2019
	If yes, mention the date & how many people covered in this:	18/10/2019, 45NO, PEOPLE.
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	18/10/2019, 45NO, People. Covered 26/09/2019, failway station Market place etc.
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	yes, anality of food 18 good.
(v)	Is the kitchen garden being raised and maintained?	Yes, Maintained by the immules of the sut
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	yes, Hand wash, sonf, sope, Hail oil
(E)	General Observations	
ı	Good Practices;	Maintained a Kitchen Gurden
a.	General Hygiene maintained by inmates:	Yet.
b.	Cooking practices	
c.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	yes, deasted the quality of food is Good and the menuare ORice, DRISE, DEG cover
d.	Entertainment facility:	Payer Room, Music System, Yoga classes. Televission, mall flair,
е.	Is any Livelihood opportunity created for inmates:	Televission, mall flair, Making paper thousa and sell it in Market Shop.
		Manket Shop. Manager Manager Social Development & Infrastructus NULM RONGAON MUNICIPALIT Scanned by CamScanre

Month:September

Date of Visit:-31/10/2019

Name of ULB: Jiaganj-Azimganj

Name of SUH: Valobasa

Capacity:

50

Type:

Shelter Management Committee meeting held Yes/ No, If Yes mention the date: Yes, 28.12.2018

(2	Documents Verification				
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	YES			
	Register of inmates	YES			
	Permanent Register	YES			
	Stock register	YES			
	Attendance Register	YES			
	Accounts/ Cash Book	YES			
	Staff Attendance Register	YES			
	Shelter Management Committee meetings register	YES			
	Complaints and suggestions register	YES			
	Are all the registers updated?	YES			
	Are all the records regarding, the inmate maintained properly?	YES			
	Study grievance addressed in Grievance Register?	YES			
B)	Work Verification				
	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 person identified & rescued:	31/10/2019 ,4 Person Identified & 03 of them are rescued.			
Cı	Physical Verification				
(1)	Condition of Shelter				
	Number of inmates at present	9			

	number of inmates left out the shelter in the present		2	
R	temarks			
() li	nventry of soft furnishings	Total	Usable	Not usable
	Bed Sheets		30	
100	Pilows		20	
F	Pilow Covers		20	
7	Mosquito nets		20	
	Water purifier		2	
(III)	Check whether the water purifier is functional		Yes	
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.			
	Entertainment facility			
	How many televisions are there and whether they are functional?			
IV)	Please specify the group of urban homeless cater in the	shelter		
a	Men		1	
b	Women / Single Women and their dependent children		5	
С	Children			
d	Aged			
e_	Physically Challenged			m11 =
1	Mentally Disabled			
g.	Family			
h	Any other (as mentioned in Para 3.3 of the SUH Guidelines)		N	IA
	Other issues			

3)	Any linkage with social entitlements & if yes mention it with number of beneficiaries	
11)	Health check up & screening test of inmates arranged in the present month [Yes / No]	
	If yes, mention the date & how many people covered in thus	NO
111)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Yes, on 31/10/2019 I was present with CMMU team in Night Survey in this survey we 04persons we found & we rescued 03 of them to SUH.
(ISC)	Did you have meal with the inmates? If yes, quality of the meal	Yes,I have done,Quality of the Meal is So Nice.
(v)	house raised and maintained?	No, Yet not because the surroundings of SUH have not any open space to raise kitchen Garden, when the work related to Boundary Wall will be started than we will definertly do it.
(V)	Aare toilatiries supplied to the inmates? If yes, mentio the items.	n
(E)	General Observations	
1	Good Practices	
3.	General Hygiene maintained by inmates:	YES
ь	Cooking practices	Yet Not,Start
С	Is the food provided to inmates tested& Quality of for & menu for the inmates on that time	
i	C	Yes, We Install 32" LED TV on each Floor(02 not & We gave them LUDO Board for their Entertainment
c	Is any Livelihood opportunity created for inmates:	NO
	Any issue Infrastructure related	NO

2000年。 1

Recommendation for improvement	Action to be taken by SUDA/ULB	Timeline
and the second s		

9 Photographs taken at the time visit:

a Dormitory With Inmates



Toilet blocks.



b.kitchen With cooking arrangements.



d)Entertainment facility

Available

Outre 11/2019

Month: 6th November' 19

Name of ULB: Cooch Behar Municipality

Name of SUH: Thikana

Capacity:

50 Beded

Type: Functional

Shelter Management Committee meeting held Yes/ No. If Yes mention the date. No

A)	Documents Verification	Observation		
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes		
-	Register of inmates	Yes		
	Permanent Register	Yes		
	Stock Register	Yes		
	Attendance Register	Yes		
	Accounts/ Cash Book	Yes		
	Staff Attendance Register	Yes		
	Shelter Management Committee meetings register	Yes		
	Complaints and Suggestions Register	Yes		
	Study type of grievances redrssed in Grievance Register?	Not Yet		
B)	Work verification			
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & M of SUH?	Yes		
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes		
	If yes mention the date & number of person identified & rescued:	29.08.19, Identified 5 Persons and Rescued		
()	Physical Verification			
(h	Condition of Shelter	Very Good		
	Number of inmates at present	12		
	Number of inmates left out the shelter in the present fortnight (Certain period)			
	Remarks			

L	11)	Please specify the group of urban homeless cate	red in the shelter
	1.	Men	10
	h.	Women / Single Women and their dependent childr	an.
	c_	Children	,
-	d.	Aged (More than 65 Yeras)	0
		Physically Challenged	1
-	+		0
		Mentally Disabled	0
g	-	amily	0
ĥ.	,A	any other (as mentioned in Para 3.3 of the SUH inidelines)	
D	0	ther verification	
(i)	A	ny linkage with social entitlements & if yes mention ith number of beneficiaries:	it No
ii)	He	ealth check up & screening test of inmates arranged a present month [Yes / No]	in Health Check up arranged 4th week of thi
	If ;	es, mention the date & how many people covered in	N.A
(2	Ge	neral Observations	
	Go	od Practices:	
	Ger	neral Hygiene maintained by inmates:	Wall
	Coc	oking practices	Well maintained
	ls th & n	ne food provided to inmates tested& quality of food nenu for the inmates on that date	Hygenic Rice, Dal., Mixed Veg
	Ente	ertainment facility:	
	ls th	ere any Livelihood opportunity created for inmates.	N.A
- 1		infrastructure related issue:	N.A Surface Drainage System, CC T.V Camera with TV monitor
_			With IV money from

Managers, 19 Social Development and Infrastructure NULM

Recommendationas for Improvement	Actions ULB/SUI	to be taken by DA	Timeline	
Surface Drainage System, CC T.V Camera with TV monitor, Repairing Toilet Flash	I. H.	Bank Account Opening for inmates Enrollment for Swastha Sathi Scheme Enrollment for Antodaya Yojona	November 19	

- 5. Photogtraph taken at the time of visit (please ensure minimum 72 dpi images & attach with report submission email)

a Dormatory with inmates b. Kichen with coocking arrangements



c Toilet Block



d Entertainment Facility

Social Development and Infrastructure NULM Cooch Behar Municipality

KATWA MUNICIPALITY

P.O- KATWA, DIST- PURBA BARDHAMAN NATIONAL URBAN LIVELIHOODS MISSION

Format for functional SUH visit by CMMU

Name of SUH :- THIKANA

Capacity :- 50 Beds Shelter Management Committee Meeting held on :- 10.06.2019

	Shelter Management Committee Meeting held on :- 10.06.20	19
A	Documents Verification	
	Are all the	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes, No)	Yes
	Register of inmates	Yes
	Permanent Register	
	Stock register	Yes
		Yes
	Attendance Register	Yes
	Accounts/ Cash Book	Yes
	Staff Attendance Register	Yes
	Staff Attendance Register	Yes
	Complaints and suggestions register	Yes
	Are all the registers updated?	V-
		Yes
	Are all the records regarding, the inmate maintained properly?	Yes
	Study grievance addressed in Grievance Register?	Yes
В	Work Verification	
	Have all the staff aware about their duty?	
		Yes
	Have all the staff received the capacity building training for O & M of SUH?	Yes
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes
	If yes mention the date & number of person identified & rescued:	Visiting Date :- 31.08.2019 at 12 am Total - 5
	Physical Verification - Yes	3 Male & 2 Female homeless person collection
)	Condition of Shelter- Very Good	
	Number of inmates at present	
		36
	Number of inmates left out the shelter in the present month	
	Remarks	The allotted amount supposed to be in sufficient for old age person.

11)	Inventry of soft furnishings Total Usat	ple Not usable
	Bed Sheets :	50
-	Pilows	50
	Pilow Covers	50
	Mosquito nets	50
	Water purifier	Available as per GO
(H)	Check whether the water purifier is functional	Yes
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Yes .
	Entertainment facility	No
	How many televisions are there and whether they are functional?	No
iV)	Please specify the group of urban homeless cater in the shelter	
	Меп	18
-	Women / Single Women and their dependent children	11
	Children	4
	Aged	2
	Physically Challenged	2
	Mentally Disabled	13
	Family	1(one mother with four child)
	Any other (as mentioned in Para 3.3 of the SUH Guldelines)	: 20
(D)	Other issues	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	No
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Yes
	If yes, mention the date & how many people covered in this:	36 people check up date:-07.10.2019
(Bi)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Yes Place of visit – Railway station , Bus stand, 3 Male & 2 Female homeless person collection
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Very Good
(v)	Is the kitchen garden being raised and maintained?	Yes
(vi)	Aare toiletries supplied to the inmates? If yes, mention the items.	Yes Coconut Oil, Tooth Pest & Brush, Mirror

(E)	General Observations	
1	Condonnia	
1	Good Practices:	Regular Health Check up camp & Medicine Supply
ð.	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	Gas, Clean Kitchen
C.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Yes Per Day
i.	Entertainment facility:	No
2.	Is any Livelihood opportunity created for inmates:	Currently No
2	Any issue infrastructure related:	No
3	Poor practices:	No

Recommendation for improvement	Action to be taken by ULB/SUDA	Timeline
Entertainment Facility Livelihood opportunity	Training of SUH staff	By one month.

5. Kolm.

Manager
Skills Micro Enterprise
MIS & ME
Katwa Municipality

Month: Calescal

Date of Visit 314 0766en 2019

Name of ULB: Chaudenage as

Name of SUH: Vine kanguida Abas

Capacity: 40

Type: yeural

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A)	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)			
	Register of inmates	Yes		
	Permanent Register	Yes		
	Stock register	Tec		
	Attendance Register	100		
	Accounts/ Cash Book	700		
	Staff Attendance Register	Yes		
	Shelter Management Committee meetings register			
	Complaints and suggestions register	Complain box (40)		
	Are all the registers updated?	Yes		
	Are all the records regarding, the inmate maintained properly?	Tes		
	Study grievance addressed in Grievance Register?	None -		
В)	Work Verification			
	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 person identified & rescued:	10-10-19 (Inomen and		
(°)	Physical Verification			
(1)	Condition of Shelter			
	Number of inmates at present	21		

	Number of inmates left out the shelter in the present month			
	Remarks			
П)	Inventry of soft furnishings	Total	Usable	Not usable
	Bed Sheets:	50	21	
	Pilows	50	21	
	Pilow Covers			
	Mosquito nets	50	21	
	Water purifier	1		
111)	Check whether the water purifier is functional	485		
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Yes	for 8 400	MS
	Entertainment facility		Not get	
	How many televisions are there and whether they are functional?			
IV)	Please specify the group of urban homeless cater in the	shelter		
a.	Men		6	
b.	Women / Single Women and their dependent children		15	
C	Children		2	
d.	Aged		10	
e.	Physically Challenged		1	
f.	Mentally Disabled		1	
130	Family	4	1	
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)			
(D)	Other issues			

(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	bank account & be done after Engather perja Paraccord of I morrowle done
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Yes
	If yes, mention the date & how many people covered in this:	25 10.19
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	29.08.19 Im and arrend chandemagare Railway Malor 8 people identified - 4 women, 4 cha soness
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yee.
(v)	Is the kitchen garden being raised and maintained?	Yec
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	loap, haisoit, washing detergent
(E)	General Observations	
1	Good Practices:	eleaning of morms
a.	General Hygiene maintained by inmates:	Recourt immater needs
b.	Cooking practices	yood
c.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Lice, dal, Soyabran & migetables curry
d.	Entertainment facility:	Not get
e.	Is any Livelihood opportunity created for inmates:	Under Process.
2	Any issue Infrastructure related:	A aguaguard to be installed mirring far aguaguard installation to L.
3	Poor practices:	Recently few inventus are vistating interested of the shorter of the shorter one courseled.
	RECOMMENDATION	
	wiring for agraguard	

	ACTION TAKEN AGAINST PREVIOUS RECOMMENDATION	
SL NO	PREVIOUS RECOMMENDATION	ACTION TAKEN
	Counseling of inmates	Regular consisting is being done and rigular checkup it done.

Redina Chakerabosty 31.10.19.

Actionable points based on visit made by CMMU for O&M of SUH (1st Fortnight, October,19)

	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
Howrah MC	Ghare Phera	17.10.2019	i) Providing Bed, Bedding, blanket, personal lokcer for 18 inmates	ULB	31.10.2019
Englishbazar	ANUBHAB	16.10.2019	NA	NA	31.10.2019
					31.10.2019
American	Bhoboghure	01000121	i) Required C.C Camera for security purpose	SUDA	31.12.2019
0	Bhawan	11.10.2017	ii) Required L.C.D T.V for Entertainment	SUDA	31.12.2019
Haldia	Matangini Abas	16.08.2019	NA	NA	NA
Midnapore	Janakalyan Bhavan	16.10.2019	NA	NA	NA
Jalpaiguri	ASHRAY	14.08.2019	AN	NA	NA
Nabadwip	Mamatalay	11.10.2019	i) Arragnge some trainings for inmates for differtent handicraft works	ULB	31.10.2019
			i) Fund for Fire extinguisher refilling	SUDA	31.10.2019

31.10.2019	NA	30.10.2019	30.10.2019	30.10.2019	31.10.2019	31.10.2019	31.10.2019					31.12.2019	31.10.2019
31.10	Z	30.10	30.10	30.10	31.10	31.10	31.10					31.12	31.10
SUDA	NA	ULB	ULB	ULB	ULB	ULB	SMA					ULB & SUDA	ULB
ii) Fund required for providing toilatory items to inmates	NA	i) One tap in female dormitory bathroom is not workin	ii) Two tube lights in G floor need to be changed	iii)Two taps washres in bathrooms are need to be changed		14.10.2019 i)Bank account opening for inmates	i) Record of items send for laundry to be maintained by Shelter Manager	Not mentioned	Not mentioned	Report is not submitted	Report is not submitted	i) Surface Drainage System, CCTV Camera with TV monitor	ii) Replenishment of flash in toilet
17.10.2019	16.10.2019		17.10.2019		17.10.2019	14.10.2019	17.10.2019	16.10.2019	17.10.2019			17.10.2019	
Krishnanagar	ABHAYASHRA M		Vivekananda Bhawan		Nivedita Bhawan	Vivekananda Abasan	Abas	Saranya	Valobasa SUH	Amar Asray	Gouri Bari Lane	THIKANA	
Krishnanagar	Durgapur MC		Habra		Rajpur Sonarpur	Chandernagar	Mahestala	Bongaon	Jiaganj Azimganj	KMC	KMC	Coochbehar	
∞ .	6		10		111	12	13	14	15	16 A	16 B	17	



KATWA MUNICIPALITY

P.O- KATWA, DIST- PURBA BARDHAMAN

NATIONAL URBAN LIVELIHOODS MISSION

Format for functional SUH visit by CMMU

Name of SUH :- THIKANA

Capacity :- 50 Beds

Shelter Management Committee Meeting held on :- 10.06.2019

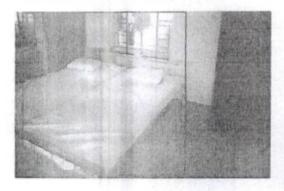
A	Documents Verification	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes
	Register of inmates	Yes
	Permanent Register	Yes
	Stock register	Yes
	Attendance Register	Yes
	Accounts/ Cash Book	Yes
	Staff Attendance Register	Yes
	Staff Attendance Register	Yes
	Complaints and suggestions register	Yes
	Are all the registers updated?	Yes
	Are all the records regarding, the inmate maintained properly?	Yes
	Study grievance addressed in Grievance Register?	Yes
В	Work Verification	
	Have all the staff aware about their duty?	Yes
	Have all the staff received the capacity building training for O & M of SUH?	Yes
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes
	If yes mention the date & number of person identified & rescued:	Visiting Date :- 31.08.2019 at 12 am, Total - 5 3 Male & 2 Female homeless person collection
C)	Physical Verification - Yes	
(1)	Condition of Shelter- Very Good	
	Number of inmates at present	33
	Number of inmates left out the shelter in the present month	
	Remarks	The allotted amount supposed to be in sufficient for old age person.

11)	Inventry of soft furnishings Total Usabl	e Not usable
	Bed Sheets:	50
	Pilows	50
	Pilow Covers	50
	Mosquito nets	50
	Water purifier	Available as per GO
(11)	Check whether the water purifier is functional	Yes
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Yes
	Entertainment facility	No
	How many televisions are there and whether they are functional?	No
(V)	Please specify the group of urban homeless cater in the shelter	
	Men	18
	Women / Single Women and their dependent children	11
	Children	4
	Aged	2
	Physically Challenged	2
	Mentally Disabled	13
	Family	1(one mother with four child)
	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
(D)	Other issues	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	No
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Yes
	If yes, mention the date & how many people covered in this:	33 people check up date:-12.09.2019
ili)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Yes Place of visit – Railway station , Bus stand, 3 Male & 2 Female homeless person collection
iv)	Did you have meal with the inmates? If yes, quality of the meal.	Very Good
(v)	Is the kitchen garden being raised and maintained?	Yes
(vi)	Aare toiletries supplied to the inmates? If yes, mention the items.	Yes Coconut Oil, Tooth Pest & Brush, Mirror

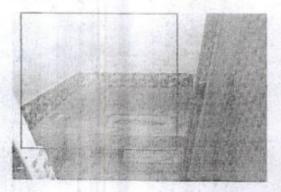
(E)	General Observations	
1	Good Practices	Regular Health Check up camp & Medicine Supply
a.	General Hygiene maintained by inmates.	Yes
b.	Cooking practices	Gas, Clean Kitchen
C.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Yes Per Day
ď.	Entertainment facility:	No
2.	Is any Livelihood opportunity created for inmates:	Currently No
2	Any issue Infrastructure related:	No
3	Poor practices	No

Recommendation for improvement	Action to be taken by ULB/SUDA	Timeline
1. Entertainment Facility	Training of SUH staff	By one month.
2. Livelihood opportunity		

- 5. Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email).
- a) Dormitory with inmates



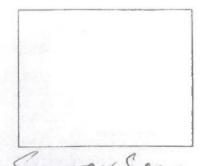
c) Toilet blocks



b) Kitchen with arrangements



d) Entertainment facility



Social Development & Infrastructure Katwa Municipality

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Format for functional SUH visit by CMMU

Month:SEPTEMBER
Date of Visit:-16.09.2019

Name of ULB: JIAGANJ AZIMGANJ

Name of SUH: VALOBASA

Capacity:

50

Type:

Shelter Management Committee meeting held Yes/No, If Yes mention the date: YES, 28.12.2018

A)	Documents Verification				
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	YES			
	Register of inmates	YES			
	Permanent Register	YES			
	Stock register	YES			
	Attendance Register	YES			
	Accounts/ Cash Book	YES			
	Staff Attendance Register	YES			
	Shelter Management Committee meetings register	YES			
	Complaints and suggestions register	YES			
	Are all the registers updated?	YES			
	Are all the records regarding, the inmate maintained properly?	YES			
	Study grievance addressed in Grievance Register?	YES			
B)	Work Verification				
	Have all the staff aware about their duty?	YES			
	Have all the staff received the capacity building training for O & M of SUH?	Yes,From CMMs of Jiaganj-Azimganj Municipality			
	Is the night survey conducted in this month for identification of homeless? Yes/No	15.09.2019			
	If yes mention the date & number of person identified & rescued: 03 Persons Identified ,but any one of want to come in Shelter, Because the manually Challenged				
C)	Physical Verification				
(I)	Condition of Shelter				
	Number of inmates at present	Good			

	Number of inmates left out the shelter in the present month	
L	Remarks	
	II) Inventry of soft furnishings	Total Usable Not usable
	Bed Sheets:	30
	Pilows	20
	Pilow Covers	20
	Mosquito nets	20
	Water purifier	2
Ш	Check whether the water purifier is functional	Yes
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	
	Entertainment facility	
	How many televisions are there and whether they are functional?	
IV)	Please specify the group of urban homeless cater in the sh	elter
a.	Men	4
b.	Women / Single Women and their dependent children	
0.	Children	
1.	Aged	3
	Physically Challenged	
	Mentally Disabled	
	Family	
	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	NA



Month: 17th September, 2019

Date of Visit: 16th September' 2019

Name of ULB: Cooch Behar Municipality

Name of SUH: Thikana

Capacity: 50 Bed

Type: Functional

Shelter Management Committee meeting held Yes/ No, If Yes mention the date: No.

/	Documents Verification					
1	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes				
-	Register of inmates	Yes				
	Permanent Register	Yes				
	Stock register	Yes				
	Attendance Register	Yes				
	Accounts/ Cash Book	Yes				
	Staff Attendance Register	Yes				
	Shelter Management Committee meetings register	Yes				
	Complaints and suggestions register	No				
	Are all the registers updated?	Yes *				
	Are all the records regarding, the inmate maintained properly?	Yes				
	Study grievance addressed in Grievance Register?	No				
B)	Work Verification					
	Have all the staff aware about their duty?	Yes				
	Have all the staff received the capacity building training for O & 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 person identified & rescued:					
C)	Physical Verification					
(I)	Condition of Shelter: Very Good					
	Number of inmates at present	16				

	Number of inmates left out the shelter in the present month	Nil
	Remarks	a west of this groups
1)	Inventry of soft furnishings	Total Usable Not usable
	Bed Sheets:	50
	Pilows	50
	Pilow Covers	50
	Mosquito nets	50
	Water purifier	2
II)	Check whether the water purifier is functional	yes
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	
	Entertainment facility	No
	How many televisions are there and whether they are functional?	No.
IV)	Please specify the group of urban homeless cater in the shelter	
a.	Men	
b.	Women / Single Women and their dependent children	
c.	Children	Nil
d.	Aged	Les Stationes Reviews, CC TV Carpyr
e.	Physically Challenged	Nil
f.	Mentally Disabled	Nil
g	Family	Nil
h	Any other (as mentioned in Para 3.3 of the SUH	
(I		

1		
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Last week of this month
	If yes, mention the date & how many people covered in this:	Regall 1
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	29.08.19 Place: New Cooch Behar Station Cooch Behar Station, Madan Mohan Mondir, Sani Mondir, Bus Stand Identified 5 Persons: 2 nos. Female, 3 Nos Male and Rescued: 2 nos. Male
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes and Good Quality
(v)	Is the kitchen garden being raised and maintained?	Yes ,
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	
(E)	General Observations	
1	Good Practices:	Well maintained
a.	General Hygiene maintained by inmates:	Hygenic
b.	Cooking practices	Rice, Dal , Mixed Veg
c.	Is the food provided to inmates tested Quality of food & menu for the inmates on that time	N.A
d.	Entertainment facility:	N.A
e.	Is any Livelihood opportunity created for inmates:	No
2	Any issue Infrastructure related:	Surface Drainage System, CC T.V Camera with TV monitor
3	Poor practices:	

Manager
Social De relopment and
Infrastructure, NULM
Jooch Behar Municipalit

,	Any linkage with social entitlements & if yes mention it with number of beneficiaries	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	
	If yes, mention the date & how many people covered in this:	NO
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Yes, on 15.09.2019, I was present with my CMMU team in Night Survey, in this survey we found 01 Female(50 Years Old & 01 Male(40 Years Old) person with Mentally Challenged Near Azimganj City station, & 01 Male(55 Years Old) person
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	No, Yet Not but the inmates never exomplaint about food quality
(v)	Is the kitchen garden being raised and maintained?	No, Yet Not because the surroundings of SUH have not any open space to raise kitchen Garden, when the Work related to Baoundary wall will be started then we can do it.
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	
(E)	General Observations	
1	Good Practices:	
a.	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	Yet Not Start
C.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Yes
d	Entertainment facility:	NO
e.	Is any Livelihood opportunity created for inmates:	NO
2	Any issue Infrastructure related:	, NO
3	Poor practices:	NA

SUDA/ULB	Timeline
	100000000000000000000000000000000000000
The same of the sa	

- 5 Photographs taken at the time visit:
- a. Dormitory With Inmates



c. Tollet blocks.



b.kitchen With cooking arrangements.



d)Entertainment facility

At present there is no Entertainment Facility is available

City Mission Manager Skills Micro Enterprises MIS & ME.

DAY-NULM Jiaganj-Azimganj Municipality

Chairman Jiaganj-Azimganj Municipality





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

 তারিখ 13·09.2019

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Haldia Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight
September, 2019

Sir/Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of Sep 2019 (1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Haldia	Matangini Abas	13.09.2019	i) CCTVs are required for better surveillance of inmates as well as staff	SUDA	31.10.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the 2 nd fortnight September, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

23-09-19

Addl. Mission Director, WBSULM





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

S	U	D	A	-3	9	3	2	0	1	9	10	5	R	6
											100	-	1-34	~

ক্রমিক নং

23.09.2019

তারিখ

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Nabadwip Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight
September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of Sep 2019(1st fortnight) is noted below.

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Nabadwip	Mamatalay	11.09.2019	i) Some training is required for the inmates of engage them for different works	ULB	30.09.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the 2 nd fortnight September, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

81

Addl. Mission Director, WBSULM





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-393/2019/65&7 ক্রমিক নং

23'09.2019

তারিখ

From :

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Bongaon Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight
September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of September, 2019(1st fortnight) is noted below.

SI No.	ULB Name of SUH Date of visit Actionable point		Action to be taken by SUDA/ ULB	Timeline		
1	Bongaon	Saranya	02.09.2019	i) Gas burner of SUH is very bad position & iit is needed to change as ealry as possible	ULB	30.09.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of 2 nd fortnight September, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

Addl. Mission Director, WBSULM

redui mission birector, whoeler.

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-393/2019/6588

23[.]09.2019 তারিখ

From:

.

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Mahestala Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight

September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of September, 2019(1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Mahestala	Abas	16.09.2019	i) Urgent training of the staff needed ii) Record of items send for laundry	SUDA	30.09.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of 2 nd fortnight September, 2019.

Yours faithfully,

Thordson

Jt. Secretary, UD & MA Dept.

8

Addl. Mission Director, WBSULM





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-393/2019/65&৭

তারিখ 23-09.2019

From

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Katwa Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight

September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of September, 2019(1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Katwa	THIKANA	04.09.2019	i) Entertainment facility ii) Involvement of inmates in Livelihood activities iii) Training of SUH Staff	ULB	30.09.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of 2 nd fortnight September, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

&

Thandham 23.09.19

Addl. Mission Director, WBSULM





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-393/2019/6590

23,09,2019

ক্রমিক নং

From :

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Commissioner,

Durgapur Municipal Corporation

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight

September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of September, 2019(1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Durgapur MC	Abhayasram	14.09.2019	i) Stop quarral among the inmates ii) Special care for mentally challenged boy	SMA	30.09.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of fortnight September, 2019.

Yours faithfully.

Jt. Secretary, UD & MA Dept.

8

Prandler 23.09.19

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক	FSUDA-393/2019/6591
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তারিখ

23.09.2019

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Commissioner,

Howrah Municipal Corporation

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight

September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of Sep 2019(1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Howrah MC	Ghare Phera	13.09.2019	i) Bio- Metric Attendance ii) CCTV	SUDA	31.10.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the 2 nd fortnight September, 2019.

Yours faithfully.

Jt. Secretary, UD & MA Dept.

23.09.19

80

Addl. Mission Director, WBSULM





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-393/2019/6592

ক্রমিক নং

23-09.2019

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Administrator,

Midnapore Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight

September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of September, 2019(1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Midnapore	Janakalyan Bhavan	13.09.2019	i) Need more Counselling of the inmates with the help of NGO and create awareness and aware inmates about social life and social issues	ULB	30.09.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of September, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

&z

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





তারিখ 23.09.2019

"**ইলগাস ভবন**", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-393/2019/6594

From :

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Administrator,

Habra Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight

September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of September, 2019(1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Habra	Vivekananda Bhawan	16.09.2019	i) Social welfare pension for entitled inmates ii) Toilet Door Knob broken in the third floor need to be replaced iii) Fan not working in 2nd floor	ULB	30.09.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the 2 nd fortnight of September, 2019.

Yours faithfully,

Dander 33.09.19

Jt. Secretary, UD & MA Dept.

Addl. Mission Director, WBSULM

मृत्राय : २७৫৮ ७८०७ / ৫৭৬৭, क्यां**ज** : २७৫৮ ৫৮००

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-393/2019/6593

ক্রুমিক নং .

তারিখ 23-09.2019

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Administrator,

Krishnanagar Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight

September, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of September, 2019(1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Krishnanagar	Krishnanagar	16.09.2019	NA	NA	NA

Please ensure compliance within the timeline and the same should be reflected in the report in the 2 nd fortnight of September, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept. & Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





'**'ইলগাস ভবন''**, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ

"ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-393/2019/6584

ক্রমিক নং

2309.2019

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Jalpaiguri Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the month of 1 st fortnight September, 2019

Sir/ Madam.

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of September, 2019(1st fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Jalpaiguri	ASHRAY	16.09.2019	NA	NA	NA

Please ensure compliance within the timeline and the same should be reflected in the report in the 2 nd fortnight of September, 2019.

Yours faithfully.

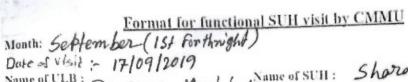
Jt. Secretary, UD & MA Dept. Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com

Actionable points based on visit made by CMMU for O&M of SUH (1st Fortnight, September,19)

	i) Stop quarral among the inmates ii)	
	NA	NA
i) Some training is required for the engage them for different works	required for the inmates for ferent works	i) Some training is required for the inmates for engage them for different works
NA	NA	NA
selling of the in nd create awarer ut social life and	i) Need more Counselling of the inmates with the help of NGO and create awareness and aware inmates about social life and social issues	i) Need more Counselling of the inmates with the help of NGO and create awareness and aware inmates about social life and social issues
i) CCTVs are required for better su of inmates as well as staff	i) CCTVs are required for better surveillance of inmates as well as staff	ired for better surveillance SUDA
NA	NA	NA
NA	NA	NA
		SUDA
i) Bio- Metric Attendance	endance	endance
Actionable point	tionable point	tionable point be taken by SUDA/

	SUDA	iii) Training of SUH Staff				
30.09.2019	ULB	04.09.2019 ii) Involvement of inmates in Livelyhood activities	04.09.2019	THIKANA	Katwa	18
	ULB	i) Entertainment facility				
		NA	16.09.2019	THIKANA	Coochbehar	17
15.08.2019	SMA	Not Submitted		Gouri Bari Lane	KMC	16 B
15.08.2019	SMA	Not Submitted		Amar Asray	KMC	16 A
		NA	16.09.2019	Valobasa SUH	Jiaganj Azimganj	15
30.09.2019	ULB	i) Gas burner of SUH is very bad position & iit is needed to change as ealry as possible	02.09.2019	Saranya	Bongaon	14
30.09.2019	ULB	ii) Record of items send for laundry	10.03.2017	ADas	Manestala	1.3
30.09.2019	SUDA	i) Urgent training of the staff needed	0100 00 31	مماه	Mahadala	1
		NA	16.09.2019	Vivekananda Abasan	Chandernagar	12
		NA	02.09.2019	Rajpur Sonarpur Nivedita Bhawan 02.09.2019	Rajpur Sonarpur	1
30.09.2021	ULB	iii)Fan not working in 2nd floor				
30.09.2020	ULB	16.09.2019 ii)Toilet Door Knob broken in the third floor need to be replaced	16.09.2019	Vivekananda Bhawan	Habra	10
30.09.2019	ULB	i) Social welfare pension for entitled inmates				



ngaon Mmieipality Shoranya Abason

Capacity: 50

Shelter Management Committee meeting held Yes. No. If Yes mention the date:

A)	Documents Verification	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	YES
	Register of inmates	YES
	Permanent Register	YES
	Stock register	YES
	Attendance Register	YES
	Accounts/ Cash Book	YES
	Staff Attendance Register	YES
	Shelter Management Committee meetings register	YES
	Complaints and suggestions register	YES
	Are all the registers updated?	yes.
	Are all the records regarding, the inmate maintained properly?	Jes.
	Study grievance addressed in Grievance Register?	yes.
B)	Work Verification	
	Have all the staff aware about their duty?	YES.
	Have all the staff received the capacity building training for O & 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 person identified & rescued:	
C)	Physical Verification	



Manager Social Development & Infrastructure NULM BONGAON MUNICIPALITY

)	Condition of Shelter		Good. 46 NO.			
	Number of inmates a	t present	46 NO. N.A			
	Number of inmates I	eft out the shelter in the present				
	Remarks					
II)	inventry of soft furr	nishings	Total	Usable	Not usable	
	Bed Sheets:		50	50	-	
	Pilows		60	55	5	
	Pilow Covers		60	55	5	
	Mosquito nets		50	50	_	
	Water purifier		1	1		
1	Check whether the water purifier is functional Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.		Jes, functional			
				NO.		
	Entertainment facility		1) Televis 1) Music (1) Yaga	don in all f system @ Pa classes	lows, rayez Room	
	How many televisions are there and whether they are functional?			tole vision	and functional	
I	/) Please specify the group of urban homeless cater in the		e shelter			
a	Men		14 No.			
b	Women / Single W children	omen and their dependent		28 NO.		
¢.	Children			3 NO.		
d.	Aged			8 NO.		
e.	Physically Challeng	ged		3 NO.		



Manager NULM NULM BONGAON MUNICIPALITY

r.	Mei	ntally Disabled	1 No.
g.	Far	nity	4 NO.
h.		ny other (as mentioned in Para 3.3 of the SUII uidelines)	
(D)	0	Mher issues	
(i)	1	Any linkage with social entitlements & if yes nention it with number of beneficiaries:	YES, 25 NO.
(ii	i)	Health check up & screening test of inmates arranged in the present month [Yes / No]	NO.
		If yes, mention the date & how many people covered in this:	
	iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	22/08/2019, Rallway Station, Market Place ste. 4 NO. (Two Man & Two Women) Person indentified Kresewed one women
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Jes. quality of food is good.
	(v)	Is the kitchen garden being raised and maintained?	yes, Maintained by the immutes of the SUH.
-	(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	Yes, Toothpest, Handwash. Sorf, Sope, Hainoil etc.
-	(E)	General Observations	
	1	Good Practices:	Inmates of SUH Maintained a Kitchen garder at sharanya Abason
	a.	General Hygiene maintained by inmates:	YES.
	b.	Cooking practices	
	c.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Jes, tested the quality of food is bood and he menuis. Office, Rulses, Porwal courses, Moshed Potato. Proyer Room, Music System, Juga dalles Television in all flows.
	d.	Entertainment facility:	Proyer Room, Musle System, yoga dalles
	e.	Is any Livelihood opportunity created for inmates:	Television in all flows.



Manager Intrastructure
NULM
BONGAON MUNICIPALITY





improvement	ULB/SUDA	i incinc	
Gras Bionner of SUH is very Bod Position & it is needed to change as early as Possible	ULB	7 days.	
1			1.1. 119
Photographs taken at the time of the report submission email) a) Dormatory with inmates	visit (Please ensure minimu	om 72 dpi images & attach with chen with cooking arrange Rong	Manages Intrastructure NULM NULM NULM NULM NUNICIPALIT
		BONG	YOU
e) Toilet blocks	d) I	Intertainment Facility	



Format for functional SUH visit by CMMU

Month: September 1st Quarter

Date of visit: 16/09/2019

Name of ULB: Maheshtala

Name of SUH: Shelter for Urban Homeless

Capacity:

50

Type: General

Shelter Management Committee meeting held (Yes / No), if yes mention the date: No

A)	Documents Verification	Observation				
	Are all the registers as mentioned below maintained properly in shelter? Checked-(Yes/No)					
	Register of inmates	Yes				
	Permanent Register	Yes				
	Stock Register	Yes				
	Attendance Register	Yes				
	Accounts / Cash Book	Yes				
	Staff Attendance Register	Yes				
	Shelter Management Committee meetings register	Yes				
	Complaints and Suggestions Register	Yes				
	Are all the registers updated?	Yes				
	Are all the records regarding the inmates maintained properly?	Yes				
	Study type of grievances redressed in Grievance Register?	No				
B)	Work verification					
	Have all the staff aware about their duty?	Yes				
	Has 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 person identified & rescued					
C)	Physical Verification					
(1)	Condition of shelter					
	Number of inmates at present	4				
	Number of inmates left out the shelter in the present fortnight (Certain Period)	1				

	Remarks	Staying v	with his son's fa	amily		
11	Inventory of soft furnishing	Total	Usable	Not Usable		
	Bed sheets	50	49	1		
	Pillows	50	49	1		
	Pillow covers	20	19	1		
	Mosquito nets	50	49	1		
	Water Purifier	2				
Ш	Check whether the water purifier is functional					
	Whether it is covered under AMC? If yes, mention the date up to which it is covered	Under wa	arranty			
	Entertainment facility	No				
	How many televisions are there and whether they are functional?	ions are there and whether they are 0				
IV)	Please specify the group of urban homeless catered in the	he shelter				
a.	Men	4				
b.	Women / Single Women and their dependent children	0				
c.	Children	0				
d.	Aged (More than 65 Years)	2				
e.	Physically Challenged	0				
f.	Mentally Disabled	0				
g.	Family	0				
h.	Any Other (as mentioned in Para 3.3 of the SUH Guidelines)	0				
D)	Other Issues	92				
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	No				
(ii)	Health Check up & Screening test of inmates arranged in the present month [Yes/No]	Need bas	ed checkup bei	ng provided		
	If yes, mention the date & how many people covered in this:					
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	surroundi were ther between	.9, Nangi rail st ing area. 3 men re. Probably the 40-50 years, as vere given rega	and 2 women by were no clear		

(iv)	Did you have meal with the inmates? If yes, quality of the meal	No, Only dinner is being provided as all the residents left the shelter early in the morning to go for their working place
(v)	Is the Kitchen Garden being raised and maintained?	Yes
(vi)	Are toiletries supplied to the inmates? If yes, mention the items	Yes, Soap
E)	General Observations	
1	Good Practices	
a.	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	Not yet start. Purchased food are being provided
c.	Is the food provided to inmates tested & quality of food & menu for the inmates on that time	Only dinner is being provided as all the residents left the shelter early in the morning to go for their working place
d.	Entertainment facility	No
e.	Is there any Livelihood opportunity created for inmates:	Residents are already working in small shops or as labour
2	Any infrastructure related issue:	No
3	Poor practices:	No

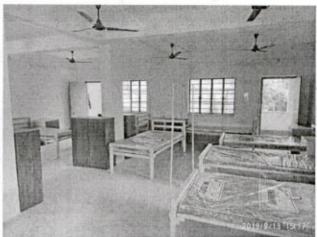
4.

Recommendations for improvement	Action to be taken by ULB/ SUDA	Timeline
 Urgent training of the staff needed Record of items send for 	SUDA UL B will supervise	By September 2019 By September 2019
laundry	ULB will supervise	By September 2019

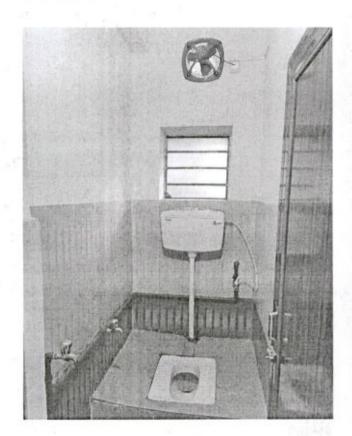
5. Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email)

Dormitory with inmates





Toilet blocks



Auto miking



Format for functional SUH visit by CMMU

Month: 1st Farlnight visit of september 2019

Date of Visit

Name of ULB: Chandernagare . H. C. Name of SUH: Vinekananda Abas

Capacity: 50

Type:

General.

Shelter Management Committee meeting held Yes/No, If Yes mention the date: 09.08.19

A)	Documents Verification				
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes			
	Register of inmates	Yes.			
	Permanent Register	Yes			
	Stock register	Yes			
	Attendance Register	Yes			
	Accounts/ Cash Book	Yes .			
	Staff Attendance Register	yes.			
	Shelter Management Committee meetings register	yes.			
	Complaints and suggestions register	complain box has been detry			
	Are all the registers updated?	Yes.			
	Are all the records regarding, the inmate maintained properly?	Yes.			
	Study grievance addressed in Grievance Register?	Yes-mone			
	Work Verification				
	Have all the staff aware about their duty?	Yes.			
	Have all the staff received the capacity building raining for O & M of SUH?	NO			
	s the night survey conducted in this month for dentification of homeless? Yes/No	NO			
	f yes mention the date & number of person dentified & rescued:	-			

(l)	Condition of Shelter				
	Number of inmates at present		15		
	Number of inmates left out the shelter in the present month	he has be	1 immati	d man ette	
	Remarks				
II)	Inventry of soft furnishings	Total	Usable	Not usable	
	Bed Sheets:	50			
	Pilows	50			
	Pilow Covers	50			
	Mosquito nets	50			
	Water purifier	2	1	1	
III)	Check whether the water purifier is functional	Yes 1 is functional			
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Yes 1 is functional Yes it is far 3 years			
	Entertainment facility	Not yet.			
	How many televisions are there and whether they are functional?	е			
IV)	Please specify the group of urban homeless eater in	the shelter			
a.	Men		3		
b.	Women / Single Women and their dependent children		11		
c.	Children				
d.	Aged				
c.	Physically Challenged		01		

1	any Livelihood opportunity created for inmates:	Under Process.
	intertainment facility:	. tak tou
	s the food provided to inmates tested& Quality of ood & menu for the inmates on that time	Flees suk lo dals sabili
	Cooking practices	Cooking gas prosentiment man possess, stones for sound for
	General Hygiene maintained by inmatest	L 00R, 23Y
1	Good Practices:	בלנתחונות של הימחוג וטמנוונים
E)	General Observations	
(iv	Aure toilatiries supplied to the inmates? If yes, mention the items,	Supplied a 2 immalle - balland Soap, bailoil and washing powder.
(A)	Is the kitchen garden being raised and maintained?	. 25%
(vì	Did you have meal with the inmates? If yes, quality of the meal.	. 297
(111)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	29.08.19. In and around station & women and fresh to women
	If yes, mention the date & how many people covered in this:	11 monder coursed.
(ii)	Health check up & sereening test of immates arranged in the present month [Ves / No]	प्रधः 27.08.49. Next dat is
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Under Grocess . Boukaucutt
(a)		
·ų	Any other (as mentioned in Para 3.3 of the SUH	60
8	Ylime	
J	Mentally Disabled	10

2	Any issue Infrastructure related:	Ome aquaquaid R be installed, plaster ploblem in lanched area being looked after by the capparation.
3	Poor practices:	Fighting arrong Themselvey Proper toilet channel under process.

Restone Chargesaborty

Glimpses of at SUH, Chandernagar MC





Inmates of family room

Inmates taking lunch





Spcially challenged inmates



Format for functional SUH visit by CMMU

Month-1st fortnight of September Date of Visit 14/09/2019

Name of ULB: Rajpur Sonarpur Municipality

Name of SUH: Nibedita Bhavan

Capacity: 50

Type: General

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A)	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes		
	Register of inmates	Yes		
	Permanent Register	Yes		
	Stock register	Yes		
	Attendance Register	Yes		
	Accounts/ Cash Book	Yes		
	Staff Attendance Register	Yes		
	Shelter Management Committee meetings register	Yes		
	Complaints and suggestions register	Yes .		
	Are all the registers updated?	Yes		
	Are all the records regarding, the inmate maintained properly?	Yes		
	Study grievance addressed in Grievance Register?	Yes		
B)	Work Verification			
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & 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 person identified & rescued:			
C)	Physical Verification			
(1)	Condition of Shelter			
	Number of inmates at present	34		

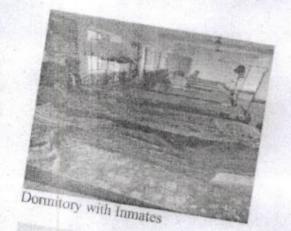
	er of inmates left out the shelter in the present	2		
	Remarks			
II)	Inventry of soft furnishings	Total Usable Not usable		
	Bed Sheets	Usable 50		
	Pilows	Usable 50		
	Pilow Covers	Usable 50		
	Mosquito nets	Usable 50		
	Water purifier	Usable 2		
III)	Check whether the water purifier is functional			
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Yes,4/4/23		
	Entertainment facility	ludo,khanjani,kartal		
	How many televisions are there and whether they are functional?	Application for fund sent to account section		
IV)	Please specify the group of urban homeless cater in the	shelter		
a.	Men			
b.	Women / Single Women and their dependent children			
C.	Children 7*			
d.	Aged	20		
e.	Physically Challenged			
f.	Mentally Disabled			
g.	Family			
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)			
(D)	Other issues			

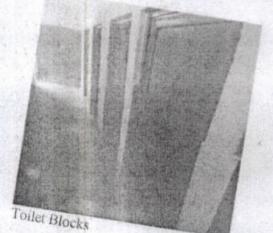
	nkage with social entitlements & if yes mention it a number of beneficiaries:	Ration card applied
	/lealth check up & screening test of inmates arranged in the present month [Yes / No]	No
	If yes, mention the date & how many people covered in this:	
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	30/08/2019.Sonarpur and Subhasgram Railway Station.6 female 4 male identified,2 female rescued.
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes Good taste.
(v)	Is the kitchen garden being raised and maintained?	Yes
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items	Toothbrush, Toothpaste, Hair oil, Shampoo, Soap for bath and toilet.
(E)	General Observations	
1	Good Practices:	Public participation makes possible for four times food provision to inmates.
a.	General Hygiene maintained by inmates:	Donation of grocery, food items regular, Dress given by IWC.
b.	Cooking practices	low oil and less spicy
c.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Yes
d.	Entertainment facility:	Yes
e.	Is any Livelihood opportunity created for inmates:	Dialogue is going on with agarbathi and refill company.
2	Any issue Infrastructure related:	Boundary wall work order Issued but for waterlogging work not started.
3	Poor practices:	

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MANAGER
SOCIAL DEVELOPMENT & INFRASTRUCTURE
NATIONAL URBAN LIVELIHOODS MISSION
RAJPUR- SONARPUR MUNICIPALITY

decommendations br improvement	Action to be taken by ULB/SUDA	Timeline
	Fund requisition given to accounts department. After receiving the fund T.V will be purchased	30/09/2019







Kitchen with Cooking Arrangements



Egsmi 1249/19

MANAGER SOCIAL DEVELOPMENT & INFRASTRUCTURE NATIONAL URBAN LIVELIHOODS MISSION RAJPUR- SONARPUR MUNICIPALITY



Format for functional SUH visit by CMMU

Month: September 2019 Date of Visit: 16/09/2019

Name of ULB: Habra Municipality

Name of SUH : vibekananda Bhawan

Capacity: 50

Type: General

Shelter Management Committee meeting held Yes' No, If Yes mention the date:

No

A)	Documents Verification				
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes. No)	Yes			
	Register of inmates	Checked - Found OK			
	Permanent Register	Checked - Found OK			
	Stock register	Checked - Found OK			
	Attendance Register	Checked - Found OK			
	Accounts/ Cash Book	Checked - Found OK			
	Staff Attendance Register	Checked - Found OK			
	Shelter Management Committee meetings register	Checked - Found OK			
	Complaints and suggestions register	Checked - Found OK			
	Are all the registers updated?	Checked - Found OK			
	Are all the records regarding, the immate maintained properly?	Checked - Found OK			
	Study-grievance addressed in Grievance Register?	No grievances reported yet			
B)	Work Verification				
	Have all the staff aware about their duty?	yes			
	Have all the staff received the capacity building training for O & M of SUH?	CBT of two SUH staff pending from SUDA end			
	Is the night survey conducted in this month for identification of homeless? Yes/No	No			
	If yes mention the date & number of person identified & rescued	N.A.			
C)	Physical Verification				
(1)	Condition of Shelter				
	Number of inmates at present	17			
	Number of inmates left out the shelter in the present month	4			
	Remarks				

Mang 9/19

Social Dev. & Intrastructure DAY-NULM, HABRA MUNIC, PALITY. City Project Officer DAY-NULM, HASRA MUNICIPALITY

71)	Inventry of soft furnishings	Total	Usable	Not usable	
	Bed Sheets	50	50	0	
	Pilows	50	50	0	
	Pilow Covers	50	50	0	
	Mosquito nets	50	50	0	
	Water purifier	1	1	0	
Ш	Check whether the water purifier is functional				
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered	Under warar	nly for I year, AMC	under process	
	Entertainment facility		yes		
	How many televisions are there and whether they are functional?				
V	Please specify the group of urban homeless cater in the	shelter	clier		
a,	Men	5			
ŧs.	Women / Single Women and their dependent children	12			
5.	Children	0			
d.	Aged		12		
8	Physically Challenged		1		
ſ	Mentally Disabled		1		
9	Family		1		
Tu.	Any other (as mentioned in Para 3/3 of the SUH Guidelines)		0		
D)	Other issues				
1)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	6 members were pro-	6 members were provided with Pradhan Mantri Suraksha Bim Yojana		
i)	Health check up & screening test of inmates arranged in the present month [Yes / No]		yes		
	If yes, mention the date & how many people covered in this:	6th Septemb	per 2019.18 inmates	coverd in this	

Dausi a 19

Manager Social Dev. & Intrastructure DAY-NULM, HABRA MUNICIPALITY Uh, 149/19

City Project Offices DAY-NULM, HABRA MUNICIPALITY

BER E		
	Then were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	22nd August 2019. Places Visited - Bus Stands, Joygachs Supermarket, Banipur Market, Railway Station. Beneficiary Identified: 7 males 1 Female. Rescued 6 males
(iv)	Did you have meal with the inmates? If yes, quality of the meal	yes, the quality of the meal is good
(v)	Is the kitchen garden being raised and maintained?	yes
(vi)	Aare toilatiries supplied to the immates? If yes, mention the items	Soap, Shampoo, Toothpaste, Hair oil
(E)	General Observations	
1	Good Practices:	1-Free fooding provide to all the inmates. 2-kitchen garden nurtured regularly by inmates. 3-morning and evening prayer
a	General Hygiene maintained by inmates:	General hygiene well maintained
ь.	Cooking practices	Hygiene
c.	Is the food provided to inmates tested& Quality of food & mens for the inmates on that time	Rice, Dal, fish
d,	Entertainment facility:	yes
c.	Is any Livelihood opportunity created for inmates:	yes, weekly order for "latkan" manufacturing
3	Any issue Infrastructure related:	water logging inside rooms during heavy rainfall
3	Poor practices:	No poor practice observed

Sauge 19

Menager Social Dev. & Infrastructura DAY-BULM, HABRA MUNICIPALITY City Project difficer

Recommendations for Improvement	Actions to be taken by ULB/SUDA	Timeline
Toilet door knob broken in third floor need to be replaced Fan not working in 2 nd floor	a. Social welfare pension for entitled inmates	September 2019

- 5. Photographs taken at the time of visit (Please ensure minimum 72 dpl images & attach with the report submission email)
- a. Dormitory with inmates



c. Toilet Blocks



Manager Social Dev. & Intrastructura DAY-NULM, HABRA MUNICIPALITY b. Kitchen with cooking arrangements



d. Entertainment Facility



City Project Officer
DAY-NULM, HABRA MUNICIPALITY

Month: September °19

Date of visit - 14/9/19

Name of ULB: Durgopur MC Name of SUH: Abhayo

Name of SUH: Abhayashram

Capacity: 50

Type: ALL

Shelter Management Committee meeting held Yes/No, If Yes mention the date:

A)	Documents Verification	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes
	Register of inmates	Yes
	Permanent Register	-
	Stock register	Yes
	Attendance Register	Yes
	Accounts/ Cash Book	Yes
	Staff Attendance Register	Yus
	Shelter Management Committee meetings register	Yes
	Complaints and suggestions register	Yes
	Are all the registers updated?	Yes
	Are all the records regarding, the inmate maintained properly?	Yes
	Study grievance addressed in Grievance Register?	-
B)	Work Verification	
	Have all the staff aware about their duty?	Yes
	Have all the staff received the capacity building training for O & M of SUH?	Yes
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes
	If yes mention the date & number of person identified & rescued:	11/9/19
(C)	Physical Verification	

	(1)	Condition of Shelter			- 0
		Number of inmates at present		00	
		Number of immates left out the shelter in the p	resent	29	
		Remarks		0	The second second
	11)	Inventry of soft furnishings		_	
-		Bed Sheets :	Total	Usable	Not usable
1	P	ilows	50	50	-
r	P	ilow Covers	50	50	-
	-		50	50	
-		Mosquito nets		50	-
	W	ater purifier	2	2	
11	I) Ch	eck whether the water purifier is functional			
_	Wh	ether it is covered under AMC? If yes, attorned the date upto which it is covered.	No		
_	Ente	ertainment facility	Y		69,55
	How	many televisions are there and whether they artificial?	-	. Both an	0
()	Pleas	e specify the group of urban homeless cater in t	he sheiter	Bothan	1 function
	Men		8	100	
	Wome	en Single Women and their dependent	15	500	
	Childn	en	6		-1-
	Aged		19		
	Physica	lly Challenged	1.1	10.3	

ſ.	Mentally Disabled	2	
g.	Family	2	
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	-	
(D)	Other issues		
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:		24
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	2 inmates we in the SDH !	Health Check
	If yes, mention the date & how many people covered in this:	up camp was	organized
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	all the inmat covered. 30/8/19; H-3,	to whe
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	I had lunch was good.	
(v)	Is the kitchen garden being raised and maintained?	The Dist Horrican arranging for a	I true Dypt is Project with
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	arraying for a Yes; the HGO.	arranges for fi
(E)	General Observations		
1	Good Practices:		The state of the s
a.	General Hygiene maintained by inmates:	Mostly good.	
Ь.	Cooking practices	Food is prep Hyganic mans	
C.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Yes.	
d.	Entertainment facility:	Present	
e.	Is any Livelihood opportunity created for inmates:	Immates are 21 Washing of Clea	grand in con

	Nil.	Any issue Infrastructure related:	2
amory mentally	Quarraling inmates. The	Poor practices:	3
n el	challedged becomes v	root practices:	• 1

ACTIVITIES UNDER ABHAYASHRAM

DURGAPUR MUNICIPAL CORPORATION







HEALTH CHECK-UP CAMP



INMATES ENGAGED IN GARDENING







Month: 16.09.2019

Date of Visit: 16.09.2019

Name of SUH: Krishnanagar Name of ULB: Krishnanagar

Capacity: 50

Type: General

Shelter Management Committee meeting held Yes/ No, If Yes mention the date: No

7	Documents Verification		
	properly in the shelter? Checked - (Yes/ No)	Yes	
	Register of inmates	Cheked and OK	
	Permanent Register	Cheked and OK	
	Stock register	Cheked and OK	
	Attendance Register	Cheked and OK	
	Accounts/ Cash Book	Cheked and OK	
	Staff Attendance Register	Cheked and OK	
	Shelter Management Committee meetings register	Cheked and OK	
	Complaints and suggestions register	Cheked and OK	
	Are all the registers updated?	Yes	
	Are all the records regarding, the inmate maintained properly?	Yes	
	Study grievance addressed in Grievance Register?	No	
B)	Work Verification		
	Have all the staff aware about their duty?	Yes	
	Have all the staff received the capacity building trainir for O & M of SUH?	Only one staff not recieved	
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes	
	If yes mention the date & number of person identified & rescued:	Date: 31.08.2019 Identified: 22 Rescued: 2	
(C) Physical Verification		
	I) Condition of Shelter:	Good	

	umber of inmates at present	34		
	number of inmates left out the shelter in the present	0		
R	temarks	7		
) I	nventry of soft furnishings	Total	Usable	Not usable
E	Bed Sheets:	Total: 32	Usable: 17	
I	Pilows	Total: 32	Usable: 27	
1	Pilow Covers	Total: 32		Not available:
	Mosquito nets	Total: 32 10	Usable : 22	Not available:
	Water purifier	OK.		
	Check whether the water purifier is functional	Yes		
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	No	\$ 4	
	Entertainment facility	Luddo, T	V	
	How many televisions are there and whether they are functional?	1, Function	onal	
IV)	Please specify the group of urban homeless cater in the	e shelter		
a.	Men			
b.	Women / Single Women and their dependent childre	n		
c.	Children			
d.	Aged			
e.	Physically Challenged			
f.	Mentally Disabled			
g.				
h	Any other (as mentioned in Para 3.3 of the SUH Guidelines)			

1	Other issues	
1)	with number of beneficiaries:	Old age pension on process
i)	Health check up & screening test of inmates arranged in the present month [Yes / No]	No
	If yes, mention the date & how many people covered in this:	
iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	21-08-2019(Rail station, Identified - 6, Rescued - 3)
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes, Good
(v)	Is the kitchen garden being raised and maintained?	yes raised and maintained
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	No ·
(E)	General Observations	
1	Good Practices:	
a.	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	yes
c.	Is the food provided to inmates tested& Quality of foo & menu for the inmates on that time	Good
d	0.334	Tv
e	Is any Livelihood opportunity created for inmates:	Paper Bag
2	Any issue Infrastructure related:	No
	Poor practices:	

Manager
Skill & Micro Enterprises
(NULM)
Krishnanagar Municipality

Month of September 2019







Month: September 1st Report Date of Visit:-11.09.2019

Name of ULB : Nabadwip Municipality

Name of SUH: -Mamatalay

Capacity:

50

Type: General

Shelter Management Committee meeting held Yes/No, If Yes mention the date:

Printeglynn		
A)	Documents Verification	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	Yes & Found Ok
	Register of inmates	Yes & Found Ok
	Permanent Register	Yes & Found Ok
	Stock register	Yes & Found Ok
	Attendance Register	Yes & Found Ok
	Accounts/ Cash Book	Yes & Found Ok
	Staff Attendance Register	Yes & Found Ok
	Shelter Management Committee meetings register	Yes & Found Ok
	Complaints and suggestions register	Yes & Found Ok
	Are all the registers updated?	Yes
	Are all the records regarding, the inmate maintained properly?	Yes
	Study grievance addressed in Grievance Register?	
3)	Work Verification	
	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:-Survey will be conduct on 25h September 2019
of annual space	If yes mention the date & number of person identified & rescued:	NA NA
)	Physical Verification	
)	Condition of Shelter:-	Good
	Number of inmates at present	20

Rasdelf chatters C.O. NULM, N.

	Number of inmates left out the shelter in the present month	177	7		1
	Remarks				
11)	Inventry of soft furnishings Tota	al	Usable Not usa	able	
	Bed Sheets:	30	30	0	
	Pilows	30	30		
	Pilow Covers	30	30		
	Mosquito nets	30	30		
	Water purifier	1	1		
III)	Check whether the water purifier is functional	Yes			
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	of an artist and a state of the			
	Entertainment facility	Weekly			
	How many televisions are there and whether they are functional?				
IV)	Please specify the group of urban homeless cater in the she	elter			
a.	Men		20		
b.	Women / Single Women and their dependent children		NA		
C.	Children		0		
d.	Aged		20		
e.	Physically Challenged		0		
f.	Mentally Disabled		0		
g.	Family		0		
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)				
D)	Otherissues		10000		-

Rajdeep chatterisce C.O. Avum, M.M

(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Process is going on
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	No
	If yes, mention the date & how many people covered in this:	
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Last survry conducted on:- 24.08.2019, Visited 9 nos. of beneficiary
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes,Good
(v)	Is the kitchen garden being raised and maintained?	Yes
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	Yes,Soap,Shampoo etc
(E)	General Observations	
1	Good Practices:	Kitchen Gardening, Morning & evening Prayer, Gardening
a.	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	No
C.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Rice,Bhaja,Soyabin
d.	Entertainment facility:	
e.	Is any Livelihood opportunity created for inmates:	6 bank accounts has been opened.
2	Any issue Infrastructure related:	NO
3	Poor practices:	

Rasdeer chatterse

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
It is revealed that some training is required for the inmates for engage them for different works		

Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email)

a. Kitchen Garden

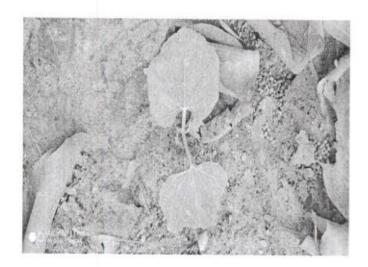
b Garden

Attached with the mail

fasteer chattersee

Glimpses of Kitchen Garden at SUH, Nabadwip







Month:

Date of Visit 16/09/2019

Name of ULB: Jalpaiguri

Name of SUH: ASHRAY

Capacity:

50

Type:

Shelter Management Committee meeting held Yes/ No, If Yes mention the date: 27/08/2019

1)	Documents Verification		
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	YES	
	Register of inmates	YES	
	Permanent Register	YES	
	Stock register	YES	
	Attendance Register	YES	
	Accounts/ Cash Book	YES	
	Staff Attendance Register	YES	
	Shelter Management Committee meetings register	YES	
	Complaints and suggestions register	YES	
	Are all the registers updated?	YES	
	Are all the records regarding, the inmate maintained properly?	YES	
	Z		
B)	Work Verification		
	Have all the staff aware about their duty?	YES	
	Have all the staff received the capacity building training for O & M of SUH?	I CAREGIVER AND I MANAGER	
	Is the night survey conducted in this month for identification of homeless? Yes/No	NO/ night survey will be conducted on 24/09/2019	
	If yes mention the date & number of person identified & rescued:		
C)	Physical Verification		
(I)	Condition of Shelter		
	Number of inmates at present	11	

Number of inmates left out the shelter in the present month Remarks Inventry of soft furnishings II) Total Usable Not usable Bed Sheets: 50 50 Pilows 50 50 Pilow Covers 50 50 Mosquito nets 50 49 1 Water purifier 2 1 1 Not istalled Check whether the water purifier is functional Π Whether it is covered under AMC? If yes, mentioned the date upto which it is covered. not yet Entertainment facility not yet How many televisions are there and whether they are functional? not yet Please specify the group of urban homeless cater in the shelter IV) Men a. Women / Single Women and their dependent children b. Children C. d. Aged Physically Challenged e. Mentally Disabled f. Family g. Any other (as mentioned in Para 3.3 of the SUH h. Guidelines) Other issues (D)

(i)	Any linkage with social entitlements & if yes mention with number of beneficiaries:	it widow pension from ULB and EPF pension.	
(ii)	Health check up & screening test of inmates arranged the present month [Yes / No]	yes	
	If yes, mention the date & how many people covered in this:	date: 16.09.2019, No of person covered 14	
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	28.08/2019 . Places Visited: ward No 24 .Sadar Hospital, Railway station. Identified person: 2Males (42 &45) and 2 women (55&35)	
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	yes meal is good	
(v)	Is the kitchen garden being raised and maintained?	yes	
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	yes . Bathing soap hand wash, Detol	
(E)	General Observations		
1	Good Practices:	Meditation periods	
a.	General Hygiene maintained by inmates:	over all good	
b.	Cooking practices	safe and good	
c.	Is the food provided to inmates tested Quality of food & menu for the inmates on that time	yes	
d.	Entertainment facility:		
e.	Is any Livelihood opportunity created for inmates:	not yet	
2	Any issue Infrastructure related:	tender for boundary wall floated and the opening date is 21/09/2019	
3 1	Poor practices:	none as such	



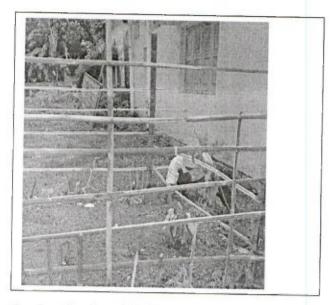
PICTURES TAKEN DURING VISIT OF SUH -ASHRAY, JALPAIGURI MUNICIPALITY, 16thSeptember,2019



Food served at SUH



Health check up ofinnmates in The SUH



Bamboo fencing of Kitchen Garden at SUH





Month: September, 2019 Date OF Visit: 13/09/2019

Name of ULB: MIDNAPORE MUNICIPALITY Name of SUH: JANAKALYAN BHAVAN

Capacity:50

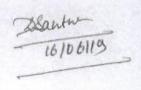
Type:

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:31/07/2019

A)	Documents Verification	Observation		
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	YES		
	Register of inmates	YES		
	Permanent Register	YES		
	Stock Register	YES		
	Attendance Register	YES		
	Accounts/ Cash Book	YES		
	Staff Attendance Register	YES		
	Shelter Management Committee meetings register	YES		
	Complaints and Suggestions Register	YES		
	Are all registers Updated?	YES		
	Are all the records regarding, The inmates maintained Properly	YES		
	Study type of grievances redrssed in Grievance Register?	YES		
B)	Work verification			
	Have all the staff aware about their duty?	YES		
	Have all the staff received the capacity building training for O & 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 person identified & rescued:	Night Survey held on 29/08/2019 05 Nos person identified & 03 Nos rescued		
C)	Physical Verification			
(I)	Condition of Shelter	GOOD		
	Number of inmates at present	23		
	Number of inmates left out the shelter in the present fortnight (Certain period)	0		
	Remarks			

	When were you last present for the night survey to identify benificiaries?mentioned the details(Place of Visiti,number identified,male,female,and aged breaku	Yes. Present at the time of Night Survey. Night Survey held on 29/08/2019. Place of Visit-Rai Station, Bus Stand, Flyover, Bus Stop Halting Place and all main places. 05 Nos person identified & 03 Nos rescued.		
(E) General Observations			
1	Good Practices:	Cleaning & Maintenance is done every Day.Health Check up Camp also done in every Month		
a.	General Hygiene maintained by inmates:	Hygienic and maintained well		
b.	Cooking practices	Hygienic		
c.	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	Quality of the Food is Good. Two Time Food Food provided to the inmanes Lunch and Dinner also Food was tested During Visit. Menu: (Rice, Dal, Sabji, Fish Curry)		
d.	Entertainment facility:	TV connection Present.		
3,	Is there any Livelihood opportunity created for inmates:	Paper Bag Making.		
2	Any infrastructure related issue:	Need to Install CCTV camera		
	Poor practices:	No as Such Poor Practice Found		





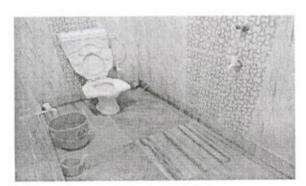
	Inventry of Soft Furnishings	TOTAL	USABLE	NOT USABLE
	Bed Sheets	50	30	20
	Pillow	50	27	23
	Pillow Cover	50	32	18
	Mosquito Nets	50	25	25
	Water Purifier	2	2	2
Ш)	Checked Wheather the water purifier is Functional	YES		
	Whether it is Covered under AMC? IF yes, mentioned the Date upto which it is Covered	YES. 10/06	/2020	
	Entertement Facility	YES. TV AV	VELABLE WITH	H CABLE
	How many Telivission are there and wheather they are Functional		TV AND FUNC	TIONAL
H)	Please specify the group of urban homeless catered	in the shelter		
a.	Men			7
b.	Women / Single Women and their dependent children			14
c.	Children			2
d.	Aged (More than 65 Yeras)			16
e.	Physically Challenged			1
f.	Mentally Disabled			0
g.	Family		- k(Ta)	1
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)		opposition for the second seco	
d.	OTHER ISSUE			
D)	Other verification			
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Old age pension Inmantes Vote address.	on Scheme-06 no	os of Inamtes. 05 ade at SUH
ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	YES		Oder Co.
t	f yes, mention the date & how many people covered in his:	Last Health Ch NOS of Inmate	neck up Camp Da	ate: 31/08/ V 23

Recommendations for improvement	Action to be taken by ULB	Timeline
1. Counselling of the Inmates.	Need More Counselling of the inmates with help of NGO. and create awareness and aware inmates about social life and social issues.	Will Be completed BY September ,19

Pictures



















Month: September 2019 1St Half

Date of Visit: 13-09-2019

Name of ULB: Haldia Municipality

Name of SUH: Matagini Abash

Capacity:

50

Type: General

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

4)	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Checked-Found Ok		
	Register of inmates	Checked- Found Ok		
	Permanent Register	Checked-Found Ok		
11	Stock register	Checked- Found Ok		
	Attendance Register	Checked- Found Ok		
	Accounts/ Cash Book	Checked-Found Ok		
	Staff Attendance Register	Checked- Found Ok		
	Shelter Management Committee meetings register	Checked-Found Ok		
	Complaints and suggestions register	Checked-Found Ok		
	Are all the registers updated?	Checked-Found Ok		
	Are all the records regarding, the inmate maintained properly?	Checked-Found Ok		
	Study grievance addressed in Grievance Register?	Checked- Found Ok		
B)	Work Verification			
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & M of SUH?	Manager SUH & 2 Caregivers		
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes,		
	If yes mention the date & number of person identified & rescued:	16.09.19, 5 persons identified & no one rescued		
C)	Physical Verification	er		
(l)	Condition of Shelter			
	Number of inmates at present	15		
	Number of immates left out the shelter in the present month	17		
	Remarks			

) In	iventry of soft furnishings	Total Usable Not usable	
	ed Sheets:	39	
P	ilows	47	
Р	ilow Covers	23	
N	fosquito nets	44	
V	Vater purifier	2	
	Check whether the water purifier is functional	01 functional & other is under service & will be delivered by 20/09/2019	
	Whether it is covered under AMC? If yes, mentioned he date upto which it is covered.	No	
	Intertainment facility	No	
F	How many televisions are there and whether they are functional?	N/A	
V) F	Please specify the group of urban homeless cater in the sh	elter	
	Ven	8	
b. 1	Women / Single Women and their dependent children	7	
-	Children	2	
_	Aged	7	
	Physically Challenged	2	
	Mentally Disabled	1	
-	Family	3	
h	Any other (as mentioned in Para 3.3 of the SUH Guidelines)		
	Other issues		
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	No	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	No	
	If yes, mention the date & how many people covered in this:	N/A	
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Township, Hatiberia, Durgachak, Khanjanchak on 16.09.19	
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes, Good	
(10)	Is the kitchen garden being raised and maintained?	Yes	
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	Yes, Acid, Phenyle, soap, Detergent etc	
(E)	General Observations		
(E)	Good Practices:	No	
-	General Hygiene maintained by inmates:	No	
<u>а.</u> b.	Cooking practices	Yes	
C.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	Rice, Mix Veg, Fish Curry	
1	Entertainment facility:	No	
d.	ls any Livelihood opportunity created for inmates:	No	
e.	Any issue Infrastructure related:		
2		Immates are lethargic	
3	Poor practices:		

Recommendation for Improvement	ULB /SUDA Action	Timeline
CCTVs are required for better surveillance of inmates as well as staff	Under Progress	By 31st October 2019

16/09/2019

CITY MISSION MANAGER NATIONAL URBAN LIVELINGOD MISSION HALDIA MUNICIPALITY



Month Septembers

Date of visit 17.00 9010

Name of CLB: A partage municipalisme of SCH Bhabaghune Bhaban.

Capacity: 50

Type:

Homeless Person

Shelter Management Committee meeting held Yes! No. If Yes mention the date:

A)	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes No)	786		
	Register of inmates	Yes		
	Permanent Register	Yes		
	Stock register	Yes		
	Attendance Register	Yes		
	Accounts/ Cash Book	yes		
	Staff Attendance Register	Jes		
	Shelter Management Committee meetings register	Tes		
	Complaints and suggestions register	Yes		
- 110	Are all the registers updated?	Yes		
	Are all the records regarding, the immae maintained properly?	Yes		
	Study grievance addressed in Grievance Register?	yes		
B)	Work Verification			
	Have all the staff aware about their duty?	yes		
	Have all the staff received the capacity building training for Q & M of SUH?	No		
	Is the night survey conducted in this month for identification of homeless? Yes/No	tes		
	If yes mention the date & number of person identified & rescued.	one		
(C)	Physical Ventionion			

(1)	Condition of Sholter	G-ood		
	Number of inmates at present	G-1	17	of the control of the
	Number of immates left out the shelter in the present month	A Trifuggin April	17	and the standing probability are executed
	Remarks	N-ma	and the state of t	
11)	Inventry of soft furnishings	fotal	Otable	Not usable
	Bed Sheets :	50	50	THE STATE OF THE S
	Pilows	50	50	Adam (Again)
	Pilow Covers	50	50	
	Mosquito nets	50	50	
	Water purifier		Yes	1810-1-1
10)	Check whether the water purifier is functional	Yero		
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered	-	No	order, integral or 9 mg ()
	Enternament facility	NIL		
	How many televisions are there and whether they are functional?	Reduir	ed tele	visions
(V)	Please specify the group of urban hometess cater in the	Ale liet		
a_	Men		3	## C ~ X
t	Women / Single Women and their dependent children	han die heel blood bevoor to de verbal de la	- Allerane	
c,	Children		2	
d.	Aged		4	
e.	Physically Challenged			Shallpy activities to prove the parties of the

:1	Mentally Disabled	Nil
-	Family	1
75	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
(D	Other (sauge)	
(1)	Any linkage with social entitlements & if yes mention it with number of beneficiaries.	No
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Yes
	If yes, mention the date & how many people covered in this:	8-7-19
(iii)	When were you lost present for the might survey to identify beneficiaries? Memion the details (places visited, number identified, male, female and age breakap)	Anambagh Railway Statis
(iv)	that you have meal with the inmates? If yes, quality of the meal.	Yes - Good
(v)	le the hitchen gunden being raised and maintained!	Yes
vi)	Aare to fauries supplied to the immates? If yes, mention the items.	
H)	General Observations	and the state of t
ř	Good Practices	Yes
1	General Hygrans maintained by inmates	Yes
0.	Cooking practices	Good
	Is the food provided to minutes testeds. Quality of food & memi for the inmutes on that time	Good Quality Good
-	Enterninment facility	No
	Is any Livelibood opportunity created for immates	No

2	Any issue Infrastructure related	covered by gill and collapsable gate needed
3.	Pour practices	Nill

13)

Format for functional SUH visit by CMMU

Month:-SEPTEMBER
Date of Visit:--14.09.2019

Name of ULB: ENGLISHBAZAR

Name of SUH: ANUBHAB

Capacity: 50 Beds

Type: Shelter

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A)	Documents Verification		
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	YES	
	Register of inmates	YES	
	Permanent Register	YES	
	Stock register	YES	
	Attendance Register	YES	
	Accounts/ Cash Book	YES	
	Staff Attendance Register	YES	
	Shelter Management Committee meetings register	YES	
	Complaints and suggestions register	YES	
	Are all the registers updated?	YES	
	Are all the records regarding, the inmate maintained properly?	YES	
	Study grievance addressed in Grievance Register?	YES	
B)	Work Verification		
	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	NO	
	If yes mention the date & number of person identified & rescued:		
C)	Physical Verification		
(I)	Condition of Shelter	GOOD	
	Number of inmates at present	15	

	Number of inmates left out the shelter in the present month		0	
	Remarks			
II)	Inventry of soft furnishings	Total	Usable	Not usable
	Bed Sheets:	50	30	20
	Pilows	50	15	35
	Pilow Covers	50	30	20
	Mosquito nets	20	15	05
	Water purifier	02	02	0.0
III)	Check whether the water purifier is functional	YES Both Are Functional		
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Yet to be covered under AMC		
	Entertainment facility	NIL		
	How many televisions are there and whether they are functional?	NIL		
IV)	Please specify the group of urban homeless cater in the shelter			
a.	Men	NIL		
b.	Women / Single Women and their dependent children	15		
c.	Children	NIL		
d,	Aged	12		
e.	Physically Challenged	4		
f.	Mentally Disabled	1		
g.	Family	NIL		
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)			
D)	Other issues			

	Any linkage with social entitlements & if yes mention it	We have planned to formation of one SUC	
(i)	with number of beneficiaries:	with the inmates.	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	YES	
	If yes, mention the date & how many people covered in this:	03.09.2019 (All inmates Covered)	
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Total Beneficiaries identified08, Malda Town Station, Male6 Female2, Male- age13 to 55. Female age-70 to 80	
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	YES, GOOD	
(v)	Is the kitchen garden being raised and maintained?	NO	
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.		
(E)	General Observations		
1	Good Practices:		
a.	General Hygiene maintained by inmates:	GOOD	
b.	Cooking practices	At present Home Delivery Service. But we have decided to engage SHGs for cooking purpose as early as possible.	
c.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	YES, Tested, Good, Rice, Fish Curry, Vegetables, Alo Fry, Chatni, Dal, 14.09.2019 at 12.30 Pm	
d.	Entertainment facility:	NO	
e.	Is any Livelihood opportunity created for inmates:	No	
2	Any issue Infrastructure related:	1. 20 Nos of Chair for Inmates to set out side the Room/Barandah. 2. One Computer, Printer, Scanner, Computer Chair & Table, 3. CCTV Camera .4. One Television, 5. Generator or Invator	
3	Poor practices:	Waste Segregation is not Started	

Manager-S. & Infrastructure NULM
Englishbaser Municipality, Malda

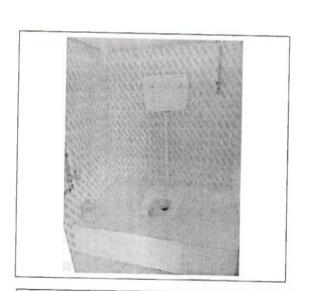
E.O & City Project Officer, NULM Englisgoszar Municipality, Malda

SUH Visit - 14.09.2019

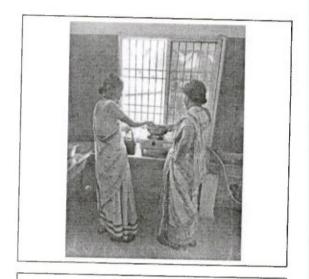
- A. Dormitory with inmates:
- B. Kitchen with cooking arrangements:
- C. Toilet blocks:
- D. Entertainment facility:



A. Dormitory with inmates



C. Toilet blocks



B. Kitchen with cooking arrangements



D. Entertainment facility



Month: August

Date of Visit: 13/09/2019

Name of ULB: Howrah Municipal Corporation

Name of SUH: Ghare

Phera

Capacity: 50

Type: Night Shelter

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A)	Documents Verification			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes		
	Admission Register of inmates	Yes		
	Permanent asset Register	Yes		
	Stock register (Consumable items)	Yes		
	Attendance Register of inmates	Yes		
	Accounts/ Cash Book	Yes		
	Staff Attendance Register	Yes		
	Shelter Management Committee meetings register	Yes Yes		
	Complaints and suggestions register			
	Are all the registers updated?	Yes		
	Are all the records regarding, the inmate maintained properly?	Yes		
	Study grievance addressed in Grievance Register?	Yes		
B)	Work Verification			
	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	No (as the capacity of Shelter is full)		

	If yes mention the date & number of person identified & rescued:	NA										
C)	Physical Verification	2			area area area area area area area area							
(1)	Condition of Shelter											
	Number of inmates at present	50										
	Number of inmates left out the shelter in the present month	6	-									
	Remarks											
11)	Inventry of soft furnishings usable	Total	Usable	Not								
	Bed Sheets:	30	30	0								
	Pilows	32	32	0								
	Pilow Covers	33	32	0								
	Mosquito nets	34	32	0	**							
	Water purifier	No	No	No								
Ш)	Check whether the water purifier is functional	Not yet pure	chased									
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	NA										
	Entertainment facility	yes										
	How many televisions are there and whether they are functional?											
IV)	Please specify the group of urban homeless cater is	n the shelter										
a.	Men		-		17							
b.	Women / Single Women and their dependent children	Control of the Contro			24							

d _c .	Children	9
d.	Aged	5
e.	Physically Challenged	2
f.	Mentally Disabled	2
g.	Family	8
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	NA
(D)	Other issues	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Not yet
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Yes
	If yes, mention the date & how many people covered in this:	07/09/2019 (43)
(iii)	When were you last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	no (as the capacity of Shelter is full)
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	not yet
(v)	Is the kitchen garden being raised and maintained?	yes (but due to shortage of land it initiated in very small scale)
(vi)	Aare toilatiries supplied to the inmates? If yes, mention the items.	yes (Soap, Washing powder, tooth pest, hair oil, talc, cream)
(E)	General Observations	
1	Good Practices:	
a.	General Hygiene maintained by inmates:	very good
b.	Cooking practices	very good

c.	Is the food provided to inmates tested& Quality of food & menu for the inmates on that time	not yet
d.	Entertainment facility:	yes (Televission and Indoor games)
e.	Is any Livelihood opportunity created for inmates:	Paper bag making andsome costume jwellery making
2	Any issue Infrastructure related:	18 nos of bed and beddings yet to be procured
3	Poor practices:	no

Sheri Jac. 16/9/2019

AHERI DAS

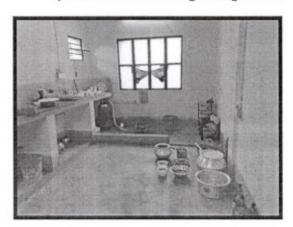
MANAGER-SOCIAL DEVELOPMENT & INFRASTRUCTULE SUM

HOWRAH MUNICIPAL CORPORATION

- 5. Photographs taken at the time of visit
- A) Dormitory with inmates



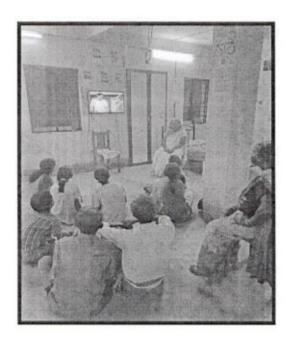
b) Kitchen with cocking arrangements



c) Toilet blocks



d) Entertainment Facility



Actionable points based on visit made by CMMU for O&M of SUH (2nd Fortnight, August,19)

		O ₁	#-		w			2					No.
100		Midnapore	Haldia		Arambagh		ſ	Englishbazar		Howrah MC			ULB
		Janakalyan Bhavan	Matangini Abas		Bhabaghure Bhavan			ANUBHAB		Ghare Phera			Name of SUH
	11 08 76 L	30.08.2019			06.09.2019			03.09.2019		02.09.2019			Date of visit
iliBounday wall	i) Rain shed Require (Tin)	ii) NGO is required to be engaged for Counselling of the inmates	i) Requirement of CCTV	iii) Required L.C.D T.V for Entertainment	ii) Required C.C Camera for security purpose	i) Covering varanda from 1st floor to 3rd floor and collapsable gate	ii) Installation of CCTV	i) Procurement of 20 nos of chair for inmates	iv) CCTV	iii) 18 Bed & bedding and Mosquito Net procured by ULB.	ii) Open balcony to be covered by Grill.	i) Boundary Wall	Date of visit Actionable point
	RTD	ULB	SUDA	ULB	SUDA	ULB		ULB & SUDA	SUDA	ULB	ULB	ULB	Action to be taken by SUDA/ ULB
	30,08,2019	30.09.2019	30.09.2019										Timeline

			1	ī	1				1		1	1				
0	0	17	16.18	5 /	15	-don		ū		12	Ξ	10	9	00		7
700		Coochbehar	SMS	KMC	Jiaganj Azimganj	Bongaon		Mahestala		Chandernagar	Rajpur Sonarpur	Habra	Durgapur MC	Krishnanagar		Nabadwip
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	TUIVANIA	THIKANA	Gouri Bari Lane	Aniii Asiay	Valobasa SUH	Saranya		Abas	Abasan	Vivekananda	Nivedita Bhawan	Vivekananda Bhawan	ABHAYASHRA M	Krishnanagar		Mamatalay
6102.50.50		04.09.2019	05.08.2019	05.08.2019	30.08.2019	02.09.2019		04.09.2019		31.08.2019	02.09.2019	03.09.2019	06.09.2019	06.09.2019		
i) Livelyhood Facility i) Training of SUH Staff	i) Entertainment Facility	with TV monitor, Repairing Toilet Flash ii) Bank accont opening for inmates iii) Enrollment for Swastha Sathi Scheme iv) Enrollment for Antodaya Yogona	it More identification of homeless to be done	i) Registers should be maintained propoerly by shelter staff			ii)Organise Health Check up Camp for inmates	i) Urgent training of the staff needed	ii) Regular counselling on proper cleaning of toilets and garbage dumping to be done	i) Bank accont opening of inmates under process with bank of india. chandernagore		i) Social welfare pension for entitled inmates	None	ii) A fund required for emergency purpose like illness of inmates. Car expenses for movement of hospitalization.emergency medicine.	i). Fire excursion must be refilled	i) To involve SUH inmates in different awarness programme
SUDA	ULB	ULB	SMA	SMA			ULB	SUDA	ULB	ULB		ULB		SUDA	SUDA	ULB
30,09,2019		30.09.2019	15,08.2019	15.08.2019			30.09.2019	30.09.2019				30.09.2019				02.09.2019 - 09.09.2019

Month: September

Name of ULB: Howrah Municipal Corporation

Name of SUH: Ghare Phera

Capacity: 50

Types: Night Shelter

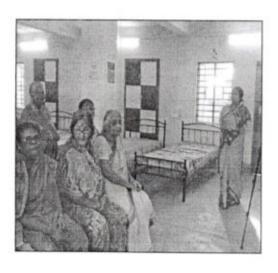
Shelter Management Committee meeting held Yes/No. If yes mention the date:

A)	Documents Verification	Observation
	Are all the register as mentioned below	
	(Yes/No)	Yes
	Register of inmates	
	Permanent Register	Yes
	Stock Register	Yes
	Attendance Register	Yes
	Accounts/ Cash Book	Yes
	Staff Attendance Register	Yes
	Shelter Management Committee meeting register	Yes
	Complaints and Suggestions Reregister	Yes
	Study type of grievances redressed in Grievance	Yes
	Register?	
)	Work Verification	
	Have all the staff aware about their duty?	
	Have all the staff received the capacity building	Yes
1	training for O & M of SUH?	No
	Is the night survey conducted in this month for identification of homeless? Yes/NO	Not Yet
	f yes mention the date & number of person	
	Dentitled & rescued:	B. L.A.
	dentified & rescued:	NA
F	Physical Verification	NA
F	Physical Verification Condition of Shelter	
F	Physical Verification Condition of Shelter Jumber of Inmates at present	Good
N N	Condition of Shelter Jumber of Inmates at present Jumber of inmates left out the shelter in the	
N N	Physical Verification Condition of Shelter Jumber of Inmates at present	Good

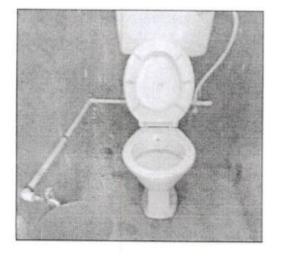
	of urban homeless cater	ed in the shelter
(11)	Please Specify the group of urban homeless catero	15
a	Men Laboir dependent	26
b	Women: Single Women and their dependent	20
	children	11
С	Children	7
d	Aged(More than 65 Years)	2
е	Physically Challenged	2
f	Mentally Disabled	8
g	Family	
h	Any other (as mentioned in Para3.3 of SUH	
	Guidelines)	
(D)	Other verification	
(i)	Any linkage with social entitlements & if yes	Not Yet
1.7	mention it with number of beneficiaries:	
(ii)	the state of the s	No Yet Tentative
	arranged in the present month (Yes/No)	07/00/2010
	If yes, mention the date & how many people	Tentative date 07/09/2019
	covered in this:	50
(E)	General Observations	
1	Good Practices:	
a.	General Hygiene maintained by inmates	Yes
b.		Yes
	Is the food provided to inmates tested & quality	Yes
C.	of food & menu for the inmates on that date	
d.		LED T.V. & indoor game
0	Is there any Livelihood opportunity created for	Paper bag (Thonga) Making
e.	inmates:	Junk Jewellery Making
2.	Any infrastructure related issue:	Balcony grill & water Purifier
3.	Poor practices:	

Recommendations for improvement	Actions to be taken by ULB/SUDA	Timeline
i)Boundary Wall	i)Estimate of Boundary Wall &	Already estimate of Boundary Wall sanctioned by SUDA.
ii) Open balcony to be covered by Grill.	Grill is being prepared. ii) Tender for Bed & bedding and Mosquito Net is in	
iii) 18 Bed & bedding and	process.	
Mosquito Net procured by		
ULB.		
iv) CCTV		

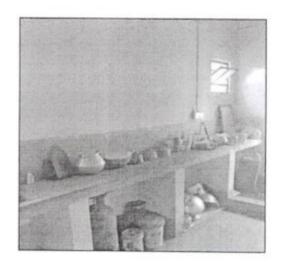
- 5. Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email)
- a) Dormitory with inmates



c) Toilet Blocks



b) Kitchen with cooking arrangements



d) Entertainment Facility



Month: SEPTEMBER

Name of ULB: ENGLISHBAZAR

Name of SUH: ANUBHAB

Capacity: 50 NOs

Type: SHELTER

Shelter Management Committee meeting held Yes/ No, If Yes mention the date: YET TO BE HELD

A)	Documents Verification	Observation				
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	YES				
	Register of inmates	YES				
	Permanent Register	YES				
	Stock Register	YES				
-	Attendance Register	YES				
	Accounts/ Cash Book	YES				
	Staff Attendance Register	YES				
	Shelter Management Committee meetings register	YES				
	Complaints and Suggestions Register	YES				
	Study type of grievances redrssed in Grievance Register?	Suggestion and further Improvement				
B)	Work verification					
	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 person identified & rescued:	27.08.19 (Three Women)				
C)	Physical Verification					
(I)	Condition of Shelter	GOOD				
	Number of inmates at present	14				
	Number of inmates left out the shelter in the present fortnight (Certain period)	2				
	Remarks					

II)	Please specify the group of urban homeless catered in	in the shelter					
a.	Men	NIL					
b.	Women / Single Women and their dependent children	14					
c.	Children	NIL					
d.	Aged (More than 65 Yeras)	9					
e.	Physically Challenged	4					
f.	Mentally Disabled	2					
g.	Family	NIL					
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)						
(D)	Other verification						
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	NO					
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	YES					
	If yes, mention the date & how many people covered in this:	Health Check up Camp Date is -08.08.19, All Inmates are Covered					
(E)	General Observations						
1	Good Practices:	GOOD					
a.	General Hygiene maintained by inmates:	GOOD					
b.	Cooking practices	At present Home Delivery Service.But we have decided to engage SHGs for cooking purpose as early as possible					
c.	Is the food provided to inmates tested & quality of food & menu for the inmates on that date	YES on 30.08.19 By CMM					

d.	Entertainment facility:	NIL
e.	Is there any Livelihood opportunity created for inmates:	YET TO BE CREATED
2	Any infrastructure related issue:	20 Nos of Chair for Inmate to set out side the room / barandah etc
3	Poor practices:	Waste Segregation is not started
4	Recommendations for Improvement	Procurement of 20 Nos of Chair for Inmates and Installed CCTV Camera.
	Actions taken by ULB/SUDA	After sanction of Fund from SUDA/ WBSULM necessery action will be taken for procurement of the Chair & CCTV Camera.
	1 meme	All works depleted within one month from received of the required fund from SUDA/WBSULM.

CPO,NULM

Englishbazar Municipality Malda

F. S. de in Project Office March. English hazar Manicipality, March.

Manager- Social Development & Infrastructure, EBM

An agency disk tatraction political inglishbazar Minny texhing Malda

Month: 06 Sept 2019

Name of ULB: Arambagh Municipality

Name of SUH; Bhabaghure Bhavan

Type: Homeless Person

SheWas Management Committee receive held Yes/ No. If Yes mentum the date: 25.06-2019

	8)											È
Have all the staff awage alvest their deals.	Work verification	Study type of grievances redrised in Grievance Reguster?	Complaints and Suggestions Register	Shelter Management Committee meetings register	Stoff Attendance Register	Accounts/ Cash Book	Attendance Register	Stock Register	Permanent Register	Register of minutes	Are all the registers as mentioned below maintained properly in the sheller? Checked - (Yes, No)	Documents Verification
Yes		4	Yo	5	řo	ř	53 X	Yo	Yo	You	Yo	Observation
						The second secon		editional despending				

			The second secon
2)	Charles of the state of the sta		
	Any other (as mentamed in Para 3.3 of the SUH (andelines)	70	
6	Other yerification		
-	Any linkage with social curiticinents & if ve., mention it with number of beneficiaries.	S.	
3	Health check up & screening test of unnates arranged in the present month [Yes / No.]	Yes	
	If yes, mention the date & how many people covered in this.	08-03-10	
1	(E) General (Shervations		
	Good Practices.	Yes	
60	(seneral Hygrene maintained by mentes.	Yes	
ع ا	Conking practices	Csoci	
u	Is the keed provided to unmates resectly quality of food. & suches for the menates on that date	Good Quality Food	

-	b	=	r	7		=				0	0			
Mentally Disabled	Physically Challenged	Aged (More than 65 Yeras)	Children	Warsen / Single Women and their dependent children	Mico	Mease specify the group of urban homeless carered in the shelter	#CTITUTE KS	fortungly (Certain period)	William Co. to Billiam Co. To Section Co.	Condainm of Sheller	Physical Verification	If yes mention the date & number of person identified & rescued.	identification of homeless? Yes/No	training for O & M of SUH?
No		de		11 (1) One dependent	L.	he shelter		17 (With an 3 Months)	16	(Second)		26/18/2019 &1	Yes	No

			ب	(U)	1.0	5	-
() Sequipped () Y V (or Employee	B) Remitted (Casser & Lawrence of the contraction	A) Covering Varanda from 1st floor to 3rd floor and collapsable gate	Recommendations for improvement	Post printees	Any intradricture related issue	Is there any Livelihood opportunity created for numates:	Entertainment facility:
ACCUPACION DESCRIPTION	The state of the s	Payasat will be sent	Action tobe taken by ULBSUDA	4.	Covered by gill and cullapsable gate needed	No	No
			Emeline				

6.9.19

Month:

August 2019 (2nd Half)

Name of ULB: Haldia Municipality

Name of SUH: Matangini Abas

Capacity: 50

Shelter Management Committee meeting held Yes/No, If yes mention the date:

Type: Functional

(A)	Documents Verification	
	Are all the registers maintained properly in the shelter? Checked- Yes/No	Observation
	Registers of inmates	Yes
	Permanent Resister	Yes
	Stock Register	Yes
	Attendance Register	Yes
_	Accounts/Cash Book	Yes
	Staff Attendance Register	Yes
	Shelter management Committee	Yes
	Shelter management Committee meeting Register Complaints and suggessions Register	Yes
	Study type of grievance redressed in Grievance Register	Yes
(B)	Work Verification:	Yes
	Have all the staff aware about their duty?	
	Have all the stoff received to	Yes
\neg	Have all the staff received the capacity building training for O & M of SUH?	Yes
	The manual Park Solver College Property Control of the second Park Solver College Property	Yes
	If yes, mention the date & number of person indentification of homeless? Yes/N Physical Verification:	27.08.19, 01 persons
4.00		
-	Condition of Shelter	Good
	Number of inmates at present	
]	Number of inmates left out the shelter in the present fortnight (certain period)	32
		0
II) I	Please sepcify the group of urban homeless catered in the shelter:	
a)	Men	
b) v	Vomen/Single Women and their dependent children	16
0)(Children Children	16
45	ged	2
_	hysically Challenged	7
	fentally Disabled	2

(g)	Family		4
h)	Any other (as mentioned in para 3.3	of the SUH guidelines)	
(D)	Other Verification		
(i)	Any linkage with social entitlements of beneficiaries:	s & if yes, mention it with number	No
(ii)	Regular health check up & screenin (Yes/No)	g test of inmates arranged in the present month	Yes
	If yes, mention the date &how many	people covered in this month:	29.08.19,15 Persons
(E)	General Observations:		
1	Good Practices:		
a.	General Hygiene maintained by inm	nates	Yes
b.	Cooking Practices		Cooked foods served daily
C.	Is the food provided to inmates testo the inmates on that day	ed & quality of food & menu for	31.08.2019, Rice, Veg & Macher Jhol
d.	Entertainment Facility		No
e.	Is there any Livelihood opportunity	of Inmates	No
2	Any Infrastructure related issue:		No
3	Poor practice		Inmates are lathergical
4			1 292
	Recommendation for improvement	Action to be taken by ULB	Timeline
	Requirement of CCTV	InstallationCCTV is under process by SMMU	By September

5 Psychiartist has already been engaged on 31.08.2019

6 Photographs taken at the time of visit (please ensure minimum 72 dpi images & attach with the report submission email)

Photograph is attached with this report

Sonali Chatterjee CO in charge of SUH NULM

Haldia Municipality

CPO-NUL

&

Executive officer Haldia Municipality

Month: August,2019 Date OF Visit: 30/08/2019

Name of ULB: MIDNAPORE MUNICIPALITY Name of SUH: JANAKALYAN BHAVAN

Capacity:50

Type:

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:31/07/2019

A)	Documents Verification	Observation				
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	YES				
	Register of inmates	YES				
	Permanent Register	YES				
	Stock Register	YES				
	Attendance Register	YES				
	Accounts/ Cash Book	YES				
	Staff Attendance Register	YES				
	Shelter Management Committee meetings register	YES				
Pak	Complaints and Suggestions Register	YES				
	Study type of grievances redrssed in Grievance Register?	YES				
B)	Work verification					
	Have all the staff aware about their duty?	YES				
	Have all the staff received the capacity building training for O & M of SUH?	YES				
	Is the night survey conducted in this month for identification of homeless? Yes/No	NO				
14.	If yes mention the date & number of person identified & rescued:	Night Survey held on 29/08/2019 05 Nos person identified & 03 Nos rescued:				
C)	Physical Verification					
(1)	Condition of Shelter	GOOD				
	Number of inmates at present	23				
	Number of inmates left out the shelter in the present fortnight (Certain period)					
	Remarks					
11)	Please specify the group of urban homeless catered	in the shelter Municipal				
a.	Men	S. Carrier P.				
b.	Women / Single Women and their dependent children	Called A				

c.	Children	2
d.	Aged (More than 65 Yeras)	16
e.	Physically Challenged	
ť.	Mentally Disabled	0
g.	Family	
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
(D)	Other verification	
(i)	Any linkage with social entitlements & 11 yes mention it	Old age pension Scheme-06 nos of Inamtes. 05 Inmantes Voter Id card also made at SUH address.
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	YES
	If yes, mention the date & how many people covered in this:	Last Health Check up Camp Date: 31/08/19, 23 NOS of Inmates health check up has been done.
(E)	General Observations	
1	Good Practices:	Cleaning & Maintenance is done every Day, Health Check up Camp also done in every Month
a.	General Hygiene maintained by inmates:	Hygienic and maintained well
b.	Cooking practices	Hygienic
C.	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	Quality of the Food is Good. Two Time Food Food provided to the inmanes Lunch and Dinner also Food was tested During Visit. Menu: (Rice, Alu Bhaja, Sabji)
d.	Entertainment facility:	TV connection Present.
e	Is there any Livelihood opportunity created for inmates	Paper Bag Making.
2	Any infrastructure related issue:	Need to Install CCTV camera
		No as Such Poor Practice Found

Recommendations for improvement	Action to be taken by ULB	Timeline
1. Counselling of the Inmates.	Need More Counselling of the inmates with help of NGO. and create awareness and aware inmates about social life and social issues.	Will Be completed BY September ,19

Pictures

















Format for functional SUH visit by CMMU Month: August 2019

Name of ULB : Nabadwip Municipality

Name of SUH: Mamatalay

Capacity:

50

Type: General

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A)	Documents Verification	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Observation
	Register of inmates	YES
	Permanent Register	YES
	Stock Register	YES
	Attendance Register	YES
	Accounts/ Cash Book	YES
	Staff Attendance Register	YES
	Shelter Management Committee meetings register	YES
	Complaints and Suggestions Register	YES
	Study type of grievances redrssed in Grievance Register?	YES
B)	Work verification	
	Have all the staff aware about their duty?	YES
	Have all the staff received the capacity building training for O & 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 person identified & rescued:	
C)	Physical Verification	
(1)	Condition of Shelter	Good
	Number of inmates at present	20
	Number of inmates left out the shelter in the present fortnight (Certain period)	0
	Remarks	
1)	Please specify the group of urban homeless cal	tered in the shelter
a	Men	20
b.	Women / Single Women and their dependent children	0

Suripa Basak

C.	Children	0
d.	Aged (More than 65 Yeras)	17
e.	Physically Challenged	0
f.	Mentally Disabled	0
g.	Family	0
h,	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
(D)	Other verification	on .
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Yes
	If yes, mention the date & how many people covered in this:	21.08.2019
(E)	General Observation	ons
1	Good Practices:	Gardening, washing the rooms &
a.	General Hygiene maintained by inmates:	toilets,morning & evening prayer Yes
b.	Cooking practices	
	is the food provided to inmates tested& quality of food &	
C.	menu for the inmates on that date	Yes,Menu:-Rice,Dal,Sabji
c. d.	menu for the inmates on that date Entertainment facility:	Yes,Menu:-Rice,Dal,Sabji Weekly
	menu for the inmates on that date	
d.	Entertainment facility:	Weekly

Surieba Basak

Recommendations for Improvement	Action to be taken by ULB/SUDA	Timeline
To involve SUH inmates different awareness programmee	Concerned authority of Nabadwip Municipality going to organize a awareness programmee in connection with Solid Waste Management & water conservation from 2nd September 2019 to 9th September 2019 & concerned authority of Nabadwip Municipality decided to involve SHG members & SUH inmates for different awareness programmee.	2nd Sep 2019 to 9th Sep 201

5 Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email)

a. Kitchen Garden

b Awareness Programmee Attached with the mail

Suriba Barak

-



Month: September 2019

Name of ULB: Krishnananagar

Name of SUH: Krishnanagar

Capacity: 50

Type: General

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A)	Documents Verification	Observation
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes
	Register of inmates	Maintained
	Permanent assets Register	Maintained
	Stock Register	Maintained
	Attendance Register	Maintained
	Accounts/ Cash Book	Maintained
	Staff Attendance Register	Maintained
	Shelter Management Committee meetings register	Maintained
	Complaints and Suggestions Register	Maintained
	Study type of grievances redrssed in Grievance Register?	Maintained
B)	Work verification	
	Have all the staff aware about their duty?	Yes
	Have all the staff received the capacity building training for O & M of SUH?	Only one staff not received CB&T training till now
	Is the night survey conducted in this month for identification of homeless? Yes/No	To be conducted.
	If yes mention the date & number of person identified & rescued:	21-08-2019. Identified -6 Rescued -3
C)	Physical Verification	
(I)	Condition of Shelter	Good
	Number of inmates at present	34
	Number of inmates left out the shelter in the present fortnight (Certain period)	
	Remarks	
II)	Please specify the group of urban homeless catered	d in the shelter
а.	Men	11
b.	Women / Single Women and their dependent children	23
C.	Children	0

d.	Aged (More than 65 Yeras)	MCD
e.	Physically Challenged	M- 5, F- 17
f.	Mentally Disabled	3
g.	Family	0
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	0
(D)	Other verification	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Old age pension on process.
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	No
	If yes, mention the date & how many people covered in this:	
(E)	General Observations	
y-man)	Good Practices:	1.Plantation of kichen garden, 2. Toiletory items distribution among inmates, 3. Excess food of BOT&BOA training distributed among inmates.
1.	General Hygiene maintained by inmates:	Yes
).	Cooking practices	Yes
	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	checked
l.	Entertainment facility:	TV, Ludo board, news paper
•	Is there any Livelihood opportunity created for inmates:	Making of paper bag
	Any infrastructure related issue:	
	Do on	Most of the inmates are begger.

4 Recommendations for improvement:

Recommendations for improvement	Action to ULB/SUDA	be t	aken	by	Timeline
1.Fire excursion must be refilled. 2. A fund required for emergency purpose like- illness of inmates, car expenses for movement of hospitalization, emergency medicine.	Action ta	ken by S	SUDA		

STEWN AUTO CONT.

CHARLES AND THE STREET

Manager
Skill & Micro Enterprises
(NULM)
Krishnanagar Municipality

CHARLES OF

Month: August 2019

Name of ULB: Durgopur MC. Name of SUH: ABHAYASHRAM.

Capacity: 50 Bed.

Type: ALL

Shelter Management Committee meeting held Yes/ No, If Yes mention the date: No.

A)	Documents Verification	Observation		
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	_		
	Register of inmates	Yes		
	Permanent Register	Yes		
	Stock Register	Yes		
	Attendance Register	Yes		
	Accounts/ Cash Book	Yes		
	Staff Attendance Register	Yes		
	Shelter Management Committee meetings register	Yes		
	Complaints and Suggestions Register / 80%	Yes		
	Study type of grievances redrssed in Grievance Register?	Done		
B)	Work verification			
	Have all the staff aware about their duty?	Yes		
	Have all the staff received the capacity building training for O & M of SUH?	Yes		
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes		
	If yes mention the date & number of person identified & rescued:	30/8/19; Iduntifed - 7; Rescued -		
C)	Physical Verification			
(I)	Condition of Shelter			
	Number of inmates at present	28		
	Number of inmates left out the shelter in the present fortnight (Certain period)	0		
-				

11)	Please specify the group of urban homeless catered in the shelter		
à.	Men	9	
b.	Women / Single Women and their dependent children	14	
C.	Children	5	
d.	Aged (More than 65 Yeras)	16	
c.	Physically Challenged	4	
ſ.	Mentally Disabled	2	
g,	Family	2	
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	None	
(D)	Other verification	*	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	None	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	None	
	If yes, mention the date & how many people covered in this:	_	
(E)	General Observations		
1	Good Practices:		
a.	General Hygiene maintained by inmates:	As mentioned earlier	
b.	Cooking practices	23	
c.	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	I do test the food each time I visit the SUH. The quality of food is good.	
d.	Entertainment facility:	As mentioned earlier	

e,	Is there any Livelihood opportunity created for inmates:	Making thousa by Inmates 10 inmates are Involved.
2	Any infrastructure-related issue:	Done
	Poor practices:	None

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
None	_	

ormitory with inmates	b) Kitchen with cooking arran
ilet blocks	d) Entertainment Facility
net blocks	-,,
ilet blocks	

Manager (SM & ID), NULM
Durgapur Municipal Corporation





NIGHT SURVEY FOR IDENTIFICATION OF INMATES



CELEBRATING SENIOR CITIZENS DAY ON 21ST AUGUST 2019 AT ABHAYASHRAM

Month Sep-19

Name of SUH : Vivekananda Bhawan

Name of ULB : Habra Municipality

Type: Functional

Capacity : 50 bedded

Shelter Management Committee meeting held Yes/No, If yes mention the date: No

A)	Documents Verification	Observation			
	Are all the registers as mentioned below maintained propoerly in the shelter : Checked - (Yes/No)	Yes			
	Register of Inmates	Yes			
	Permanent Register	Yes			
	Stock Register	Yes			
	Attendance Register	Yes			
	Accounts/Cash Book	Yes			
	Staff Attendance Register	Yes			
	Shelter Management Committee meetings Register	Yes			
	Complaints and Suggestion Register	Yes			
	Study type of grievances redressed in Grievance Register	No grievances reported yet			
B)	Work Verification				
	Have all the staff aware about their duty?	Yes			
	Have all the staff received the capacity building training for O&M of SUH?	CBT for care givers under SUH is require			
	Is the night survey conducted in this month for	from SUDA			
	identification of homeless ? Yes/No	Yes			
	If Yes mention the date & number of person identified &	22/08/2010 9 2000			
	rescued:	22/08/2019, 9 person were identified an			
C)	Physical Verification	6 of them were rescued			
(1)	Condition of Shelter	Van German			
	Number of Inmates at Present	Very Good			
	Number of Inmates left out the shelter in the present	21			
	fortnight (Certain Period)	1			
	Remarks	8 inmates left out the shelter since inception & 1 inmate died since inception			
(11)	Please specify the group of urban homele	ess catered in the shelter			
a)	Men				
b)	Women/Single Women and their dependent children	8			
c)	Children	13			
d)	Aged (More than 65 years)	0			
e)	Physically Challenged	12			
-		2			
f)	Mentally Disabled	2			

Kould

Manager Social Dev. & Infrastructure DAY-NULM, HABRA MUNICIPALITY

City Project Officer DAY-NULM, HABRA MUNICIPALITY

h)	Any Other(as mentioned in Para 3.3 of the SUH Guidelines)	0
D)	Other Verification	
(i)	Any linkage with social entitlements & if yes mention with number of beneficiaries	Bank account of 6 inmates have been don & they are under process of enrolling into old age pension under Social welfare department. Six inmates has been linked t Pradhan Mantri Suraksha Bima Yojana
(ii)	Health Check up & Screening test of inmates arranged in the present month [Yes/No]	Yes - on 8th August 2019 & next is scheduled on 6th September 2019
	If yes, mention the date & how many people covered in this:	21
E)	General Observation	
1	Good Practice	a) Free fooding provided to all the inmate b) Kitchen garden nurtured regularly by inmates
		c) Morning & Evening Prayer practised by inmates
a. b.	General Hygiene maintained by inmates:	General hygiene well maintained
D.	Cooking Practice	Hygeinic
C.	Is the food provided to inmates tested & quality of food & menu for the inmates on that date	Yes Menu: Rice, Dal, Mixed Veg, Egg Curry
d.	Entertainment facility	Telivision and d2h connection provided many types of functions(15 th august, senior citizens day etc.)
		In house game provided (LUDO)
e.	Is there any Livelihood opportunity created for inmates:	Yes
2	Any infrastructure related issue:	Yes, watterlogging in rooms during heave rainfall due to absence of sunshed above balcony
3	Poor Practices:	No

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Manager Social Dev. & infrastructure DAY-NULM, HABRA MUNICIPALITY

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City Project Öfficer DAY-NULM, HAERA MUNICIPALITY

ecommendations for mprovement	Actions to be taken by ULB/SUDA	Timeline
	a. Social welfare pension	
NA	for entitled inmates	September 2019

- 5. Photographs taken at the time of visit (Please ensure minimum 72 dpl Images & attach with the report submission email)
- a. Dormitory with inmates



c. Toilet Blocks

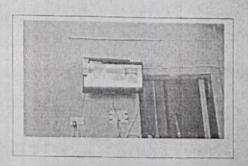


Manager Social Dev. & Infrastructure DAY-NULM, HABRA MUNICIPALITY

b. Kitchen with cooking arrangements



d. Entertainment Facility



City Project Officer DAY-NULM, HABRA MUNICIPALITY Month: 02/09/19

Name of ULB: RAJPUR SONARPUR MUNICIPALITY Name of SUH: NIBEDITA BHAVAN Capacity: 50 Type:

Shelter Management Committee meeting held Yes/No, If Yes mention the date:

A)	Documents Verification	Observation			
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)				
	Register of inmates	Yes			
	Permanent Register	Yes			
	Stock Register	Yes			
	Attendance Register	Yes			
	Accounts/ Cash Book	Yes			
	Staff Attendance Register	Yes			
	Shelter Management Committee meetings register	Yes			
	Complaints and Suggestions Register	Yes			
	Study type of grievances redressed in Grievance Register?				
B)	Work verification				
	Have all the staff aware about their duty?	Yes			
	Have all the staff received the capacity building training Yes for O & M of SUH?				
	Is the night survey conducted in this month for identification of homeless? Yes/No	No			
	If yes mention the date & number of person identified & rescued:				
C)	Physical Verification				
(I)	Condition of Shelter	Good			
	Number of inmates at present	33			
	Number of inmates left out the shelter in the present fortnight (Certain period)	i			
	Remarks				

d)	Please specify the group of urban homeless catered	l in the shelter
a.	Men	3
b.	Women / Single Women and their dependent children	6
c	Children	0
d.	Aged (More than 65 years)	21
e.	Physically Challenged	
f.	Mentally Disabled	0
g.	Family	ı
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
(D)	Other verification	
(i)	Any linkage with social entitlements & if yes mention i with number of beneficiaries:	
(ii)	Health check up & screening test of inmates arranged in the present month [No]	

If yes, mention the date & how many people covered in this:

	**	Inmates cleaning their own room.
1	Good Practices:	Gardening by inmates. Rice, Chicken, Fish and other Groceries items donated by people/NGO Weekly dinner provided by Sai Ashram. Refrigerator donated by IWC Jodhpur Park
a	General Hygiene maintained by inmates:	Monthly kit provided to each inmates. (Toothpaste Brush, Soap (for bathing and toilet),Oil, Shampoo, Detergent Powder)
b.	Cooking practices	Cap. Apron Gloves used by cook. Inmates mainly women helping in cooking.

d.	Entertainment facility:	Yes. Board games like ludo provided. Kartal and khanjani(Musical Instruments) provided for kirtans/Bhajans.
e	Is there any Livelihood opportunity created for inmates Initial dialogues started with a N.G.O for paper bag/Agarbati making by inmates.	
2	Any infrastructure related issue: Extra Water Pump is fitted and land demarcation done for Boundary Wall.	
	Poor practices: No	
3	Poor practices: No	

purchase delayed as Chairman				
eager to provide T.V. otiations going on to convince				
		(
	otiations going on to convince			

a) Dormitory with inmates	b) Kitchen with cooking arr	angements
) Toilet blocks	d) Entertainment Facility	
	COCIAL DEVELOP	ANAGER MENT & INFRASTRUCT IN LIVELIHOODS MISSINARPUR MUNICIPALITY

Format for functional SUH visit by CMMU Month: 31st August, 2019 Name of ULB: Chandernagase Name of SUH: Ushekamanda Abas Capacity: 50 Shelter Management Committee meeting held Yes/ No, If Yes mention the date: 09-08-19 Documents Verification Observation Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No) Register of inmates Yes Permanent Register Yes Stock Register Yes 10 % Attendance Register Yes Accounts/ Cash Book Yes Staff Attendance Register Yes Shelter Management Committee meetings register Yes Complaints and Suggestions Register Yes No guerrence Submitted Study type of grievances redrased in Grievance Work verification Yes Have all the staff aware about their duty? Have all the staff received the capacity building training NO for O & M of SUH? Is the night survey conducted in this month for Yes

If yes mention the date & number of person identified

Number of inmates left out the shelter in the present

& rescued:

O

Physical Verification

Condition of Shelter

fortnight (Certain period)

Number of inmates at present

identified basin process of but

THE WALL STREET

15

None

(1)	Please specify the group of uchan homeless catered in	the shelter
	Men	4
h.	Women / Single Women and their dependent children	11
c,	Children	
d.	Aged (More than 65 Yerns)	
c.	Physically Challenged	01
1	Mentally Disabled	01
g.	Family	03.
h	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
(D)	Other verification	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	process done for a tunate.
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	27 40.19
	If yes, mention the date & how many people covered in this:	Il "inmates"
(E)	General Observations	
1	Good Practices:	Having Dimer Llench in time. watering The Plants. Cleaning of soon
il.	General Hygiene maintained by immates:	900d.
b.	Cooking practices	Process, stone is being used for cooking
Ċ.	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	yes, good quality; Dat, mixed Menu-Rèce, Lemon, Dat, mixed veg, Bhindi curry.
a	Entertainment facility:	None.

1	Is there any Livelihood opportunity created for inmates:	under process,
2	Any infrastructure related issue:	One agraquard to be installed
3	Poor practices:	Proper yashage dumps and loilet cleaning under process.

	Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
	Bank account oping of invocates under Process with Bank of India, chandenage Regular councelling on proper cleaning of toileti and garbage dumping to be done.	yal connection under process.	
			Reslima eliakrab 31.08.19.
5.	Photographs taken at the time of the report submission email)	visit (Please ensure minimum	
a) l	Dormitory with inmates	b) Kitch	hen with cooking arrangements
		L	
0)]	Foilet blocks	d) E	ntertainment Facility
The state of the s			
Promotion of the control of the control of			
-			

Format for functional SUH visit by CMMU

Month:

September 2019

Name of ULB: Maheshtala

Name of SUH: Shelter for Urban Homeless

Capacity:

50

Type: General

Shelter Management Committee meeting held (Yes / No), if yes mention the date: No

A)	Documents Verification	Observation			
	Are all the registers as mentioned below maintained properly in shelter? Checked-(Yes/No)	Yes			
	Register of inmates	Yes			
	Permanent Register	Yes			
	Stock Register	Yes			
	Attendance Register	Yes			
	Accounts / Cash Book	Yes			
	Staff Attendance Register	Yes			
	Shelter Management Committee meetings register	Yes			
	Complaints and Suggestions Register	Yes			
	Study type of grievances redressed in Grievance Register?	No			
В)	Work verification				
	Have all the staff aware about their duty?	Yes			
	Has 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 person identified & rescued	21 & 30 August 2019. 15 people identified but a few of them were drunkards. 2 people (husband wife) started living in the SUH			
C)	Physical Verification				
(1)	Condition of shelter	Good			
	Number of inmates at present	4			
	Number of inmates left out the shelter in the present fortnight (Certain Period)	1			
	Remarks	One inmate died due to Pulmonary Tuberculosis on 21.8.2019. He was admitted to Vidyasagar S.G. Hospital on 16.08.2019. He was under treatment since beginning of the			

H)	Please specify the group of urban homeless catered in the shelter		
a.	Men	3	
b.	Women / Single Women and their dependent children	1	
C.	Children	0	
d.	Aged (More than 65 Years)	1	
e.	Physically Challenged	0	
f.	Mentally Disabled	0	
g.	Family00	1 (Husband and wife)	
h.	Any Other (as mentioned in Para 3.3 of the SUH Guidelines)		
D)	Other Verification		
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	No	
(11)	Health Check up & Screening test of inmates arranged in the present month [Yes/No]	No	
	If yes, mention the date & how many people covered in this:		
E)	General Observations		
1	Good Practices		
a.	General Hygiene maintained by inmates:	Yes	
b.	Cooking practices	Not yet started	
c.	Is the food provided to inmates tested & quality of food & menu for the inmates on that date	Yes	
d.	Entertainment facility	Yes	
e.	Is there any Livelihood opportunity created for inmates:	Residents are already working in small shops or as labour	
2	Any infrastructure related issue:	No	
3	Poor practices:	No	

Recommendations for Improvement	Action to be taken by ULB/ SUDA	Timeline		
Urgent training of the staff needed	• SUDA	By August 2019		
Organise health check up	• ULB	By August 2019(Process has been initiated with Health department of the ULB). On emergency basis medical checkup was conducted of an inmate and admitted to hospital		

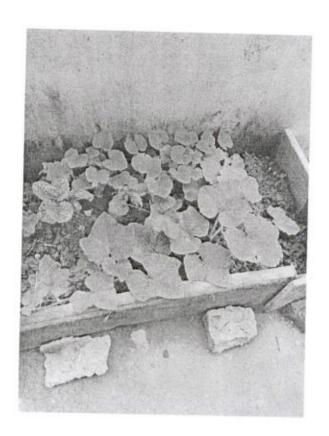
Visited by: Anindita Roychoudhury

Signature: Anindita Raychondhay

Designation: Manager-SD&I (NULM) Date of visit: 04/09/2019

Night Survey





Growing up kitchen garden

Month: August (3154 August)

Name of ULB: Bongaon

Capacity: 50

Name of SUH: SHARANYA ABASON

Type:

GENERAL

Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

TA,	Documents Verification	Observation	
-	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	YES	
	Register of inmates	AES AES	
	Permanent Register		
	Stock Register		
	Attendance Register	YES	
	Accounts/ Cash Book	YES	
	Staff Attendance Register	YES	
	Shelter Management Committee meetings register	YES	
	Complaints and Suggestions Register	JES	
	Study type of grievances redrssed in Grievance Register?	YES	
3)	Work verification		
	Have all the staff aware about their duty?	YES	
	Have all the staff received the capacity building training for O & M of SUH?	YES	
	Is the night survey conducted in this month for identification of homeless? Yes/No	YES,	
	If yes mention the date & number of person identified & rescued:	22/08/2019, 4NO. Person identified A. rescued one Person	
C)	Physical Verification		
(I)	Condition of Shelter	6200d.	
	Number of inmates at present	46 NO.	
	Number of inmates left out the shelter in the present fortnight (Certain period)	3 No. (1 Nomen 2 children)	
	Damarka	Manager Social Development & Infrastr	

ø	1		
•	11)	Please specify the group of urban homeless entere	ed in the shelter
	a.	Men	14 NG.
1	b.	Women / Single Women and their dependent childre	n 28 NO.
	c.	Children	3 NO.
r	d.	Aged (More than 65 Yeras)	8 NO.
-	e.	Physically Challenged	3 NO.
+	f.	Mentally Disabled	1 NO.
-	-	Family	4 NO.
-	A	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
(1	-	Other verification	
(i) A	ny linkage with social entitlements & if yes mention ith number of beneficiaries:	it YES, 25 NO.
(ii	Health check up & screening test of inmates arranged in		n YES.
	If ;	yes, mention the date & how many people covered in s:	31/08/2019, 25 No. inmates
(E)	Ge	neral Observations	
1	+	od Practices:	garden at Sharanya Abasan, Bongasan Municipality.
a.	Gen	neral Hygiene maintained by inmates:	YES
b.	Coo	king practices	
c.	Is the	e food provided to inmates tested& quality of food enu for the inmates on that date	VES, tested the quality of food is good and the minu is wnitten below. () Rice, Pulse, fined Pototo & Udish finger Parwal Curry,
d	Enter	rainment facility:	1) Television in All flows 1) Missle System (1) Prayer Foom (1) Yoga Classes. Social Development & infrastruction NULLM BONGAON MUNICIPALITY

0		
•	ls there any Livelihood opportunity created for inmates;	
2	Any infrastructure related issue;	,
3	Poor practices;	Gas Burner of Sharonya Abason is very Bad Position & it is needed to change as early as Possible.



Manager Intrastructure
Social Development & Intrastructure
NULLM
BONGAON MUNICIPALITY

Format for functional SUH visit by CMMU

Manth: July, (22 forstright writ)

Name of ULB: Tiegay - Azingay

Name of SUH: Volobona

Capacity: 50 (fifty) Seded Type:

Shelter Management Committee meeting held Yes . If Yes mention the date: 28.12.2018



A)	Documents Verification	Observation					
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	Yes					
	Register of inmates	Properly Maintained					
	Permanent Register	Properly Maintained					
	Stock Register	Properly Maintained					
	Attendance Register	Reperty Maintained					
	Accounts/ Cash Book						
	Staff Attendance Register	Properly haintains					
	Shelter Management Committee meetings register	yor, Maintained					
	Complaints and Suggestions Register	Yu Maintained					
	Study type of grievances redrssed in Grievance Register?	Yu.					
B)	Work verification						
	Have all the staff aware about their duty?	Yen,					
	Have all the staff received the capacity building training for O & M of SUH?	Yes, from CMMs of Tiagen - Azingan Municipalin					
	Is the night survey conducted in this month for identification of homeless? Yes/No	Y-en,					
	If yes mention the date & number of person identified & rescued:	29-08-2019, 2(Two) purson I dentified or nesered to 544, Valosana, of TAM					
C)	Physical Verification	,0,7,1,7,1					
(I)	Condition of Shelter	Good					
	Number of inmates at present	6					
	Number of inmates left out the shelter in the present fortnight (Certain period)	02					
	Remarks						

7	The second secon	[3/corn 1006]
11)	Please specify the group of urban homeless catered in t	the shelter
a.	Men	3
ь.	Women / Single Women and their dependent children	1
c.	Children	
d.	Aged (More than 65 Yeras)	2 (1 male, 61 femal
e.	Physically Challenged	
f.	Mentally Disabled	
g.	Family	Sec.
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	No
(D)	Other verification	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	NO
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	NO
	If yes, mention the date & how many people covered in this:	NA
(E)	General Observations	
l	Good Practices:	
a.	General Hygiene maintained by inmates:	to
b.	Cooking practices	No,
C.	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	to
d.	Entertainment facility:	No

		SHGANJ MU
e.	Is there any Livelihood opportunity created for inmates:	ESTD-1896
2	Any infrastructure related issue:	НО
3	Poor practices:	NA

ESTD-1896

Recommendation for	Action to be taken by		
improvement	SUDA/ULB	Timeline	

5 Photographs taken at the time visit:

a. Dormitory With Inmates



c. Tollet blocks.



b.kitchen With cooking

arrangements.

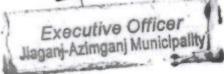


d)Entertainment facility

At present there is no Entertainment Facility is available

Only 0 of 2019

City Mission Manager Skills Micro Enterprises MiS & ME.-DAY-NULM -Jiaganj-Azimganj Municipality 30/08/19



Format for functional SUH visit by CMMU

Month: 4th September'19

Name of ULB: Cooch Behar Municipality

Name of SUH: Thikana

Capacity:

50 Beded

Type: Functional

Shelter Management Committee meeting held Yes/ No, If Yes mention the date: No

A)	Documents Verification	Observation					
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/No)	Yes					
	Register of inmates	Yes					
	Permanent Register	Yes					
	Stock Register	Yes					
	Attendance Register	Yes					
	Accounts/ Cash Book	Yes					
	Staff Attendance Register	Yes					
	Shelter Management Committee meetings register	Yes					
	Complaints and Suggestions Register	Yes					
	Study type of grievances redrssed in Grievance Register?	Not Yet					
B)	Work verification						
	Have all the staff aware about their duty?	Yes					
	Have all the staff received the capacity building training for O & M of SUH?	Yes					
	Is the night survey conducted in this month for identification of homeless? Yes/No	Yes					
	If yes mention the date & number of person identified & rescued:	29.08.19, Identified 5 Persons and Rescued 2 Persons					
C)	Physical Verification	2 r Clouis					
(I)	Condition of Shelter	Very Good					
	Number of inmates at present	12					
	Number of inmates left out the shelter in the present fortnight (Certain period)	1					
	Remarks						

img296.jpg

Open with

	I	l) Please specify the group of urban
	6	Women / Single Women and their de
	e.	Children
	d.	Ages (More than 65 Yerns)
1	e.	Physically Challenged
1	t	Mentally Dissibled
1	2	Family
I	h.	Any other (as mentioned in Para 3.3 of the Guidelines)
10	1	Other verification
10		Any linkage with social entitlements & if with number of beneficiaries:
(1)	. 1	lealth check up & screening test of annual to present month [Yes / No]
		yes, mention the date & hore
(E)	-	rucrai Observations
1	-	od Practices
4.	Ge	neral Hygiene maintained by inmates:
h.	Co	okiag practices
6.	As of	he food provided to increates tested& qua- nemu for the inmates on that date
d.	Ent	retainment facility:
q.		ere any Livelihood opportunity created
2		infrastructure relate
- 1		practices:
neial nfrai	Ma De /	Property and cture. NULM

П	II) Please specify the group of urban homeless catered in the shelter				
a.	Men	10			
b.	Women / Single Women and their dependent children	1			
c.	Children	as been the contract of			
d.	Aged (More than 65 Yeras)				
e.	Physically Challenged	0			
f.	Mentally Disabled	0			
g.	Family	0			
h.	Any other (as mentioned in D. 2.2. Cit. com				
(D)	AL REPORTED PARCELLA CONTROLLA CONTR				
(i)	Any linkage with social entitlements & if yes mention with number of beneficiaries:	it No			
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Health Check up arranged 4th week of thi month			
	If yes, mention the date & how many people covered in this:	N.A			
E)	General Observations				
1	Good Practices:				
a.	General Hygiene maintained by inmates:	Wall			
b.	Cooking practices	Well maintained			
). 	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	Hygenic Rice, Dal , Mixed Veg			
	Entertainment facility:				
	Is there any Livelihood opportunity created for inmates:	N.A			
	Any infrastructure related issue:	N.A Surface Drainage System, CC T.V Camera with TV monitor			
· 1	Poor practices:	No No			

Manager

Social Development and
Infrastructure, NULM
Cooch Behar Municipalit

Cooch Behar Municipality

Recommendationas for Improvement	Actions !	to be taken by DA	Timeline
Surface Drainage System, CC T.V Camera with TV monitor, Repairing Toilet Flash	I.	Bank Account Opening for inmates	September'19
	11.	Enrollment for Swastha Sathi Scheme	
		Enrollment for Antodaya Yojona	and the same of th

- 5. Photogtraph taken at the time of visit (please ensure minimum 72 dpi images & attach with report submission email)
 - a. Dormatory with inmates

b. Kichen with coocking arrangements

c. Toilet Block

d. Entertainment Facility

04.09.19 Manager Social Development and

Infrastructure, NULM
Cooch Behar Municipalit

SKB
04:09:2019
executive Officer
Cooch Behar Municipality

KATWA MUNICIPALITY

P.O- KATWA, DIST- PURBA BARDHAMAN NATIONAL URBAN LIVELIHOODS MISSION

Format for functional SUH visit by CMMU

Name of SUH :- THIKANA

Capacity :- 50 Beds

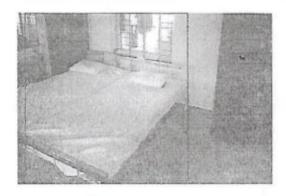
Shelter Management Committee Meeting held on:- 10.06.2019

Α	Documents Verification	2019
<u> </u>	Documents Verification	Observation
	Aare all the register as mentioned below maintained properly in the shelter?	Yes
	Register of inmates	Yes
	Permanent Register	Yes
	Stock Register	yes Yes
	Attendance Register	Yes
	Accounts/Cash Book	Yes
	Staff Attendance Register	Yes
	Complaints and Suggestion Register	Yes
604	Study type of grievances redressed in Grievance Register?	Yes
В	Work verification	
	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
	If Yes mention the date & number of person identified & rescued:	Yes
С	Physical Verification	
1)	Condition of Shelter	Good
	Number of inmates at present	33
	Number of inmates left out the shelter in the present fortnight(Certain period)	
	remarks	
2)	Please specify the group of urban homeless catered in the shelter	
a	Man	18
b	Women/single women and their dependent children	11
С	Children	4
d	Aged (more than 65 years)	2
е	Physically Challenged	2
f	Mentally Disabled	13
g	Family	1(one mother with four child)
h	Any other(as mentioned in para 3.3 of the SUH Guidelines)	The state of the s
D	Other verification	
1	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	No
2	Health check up & screening test of inmates arranged in the present month	Yes
3	If yes, mention the date & how many people covered in this:	33 people check up date:-
E	General Observation	02.09.2019
1	Good Practices:	Regular Health check up camp Medicine supply
a	General Hygiene maintained by inmates:	Yes
b	Cooking practices	Gas, clean kitchen
Ç	Is the food provided to inmates tested & quality of food & menu for the inmates	Yes
	on that date	Per day
Ė	Entertainment facility:	No
5	Is there any Livelihood opportunity created for inmates:	Currently No
2	Any infrastructure related issue:	No No
3	Poor practices:	No

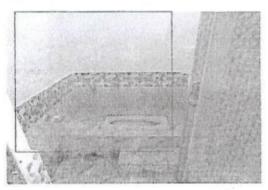
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Recommendation for improvement	Action to be taken by ULB/SUDA	Timeline
1.Entertaintment Facility 2.Livelihood opportunity	Training of SUH staff	By one month.

- 5. Photographs taken at the time of visit (Please ensure minimum 72 dpi images & attach with the report submission email).
- a) Dormitory with inmates



c) Toilet blocks



Som Su

Manager SM & ID

1107

Katwa Municipality

Manager
Social Development & Infrastructure
Katwa Municipality

b) Kitchen with arrangements



d) Entertainment facility

SUDA-

16.08.2019

From:

Director, SUDA &

Mission Director, WBSULM

To

Commissioner,

Kolkata Municipal Corporation

Sub: Fortnightly inspection of functional SUH within KMC and submission of reports

Sir,

Apropos the captioned subject, we have put in place a system for a visit and inspection to the functional SUHs by the City Mission Management Unit (CMMU) once every fortnight and submission of a comprehensive report mentioning the good practices and shortcomings if any for betterment of the living conditions and services provided to the inmates at the shelters. In this regard, I would request you to appropriately instruct the CMMU to make the regular visits and submit a detail report with action points for implementation / corrective action to be taken by the SUH, KMC, SUDA or by the Department.

Looking forward to your kind cooperation.

Yours faithfully,

Director, SUDA

de

Mission Director, WBSULM

SUDA-

16.08.2019

Copy for information to:

(1) PS to Honb'le MIC, UD & MA Department & Mayor, Kolkata Municipal Corporation

(2) Senier PA to Principal Secretary, UD & MA Department

Yours faithfully,

Director, SUDA

&

Mission Director, WBSULM





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্ৰমিক নং SUDA - 393/2019 5515

তারিখ 13.08.19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Commissioner,

Howrah Municipal Corporation

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019(2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1				i) Boundary Wall estimate to be submitted	ULB	31.07.2019 (Already over)
	Howrah MC .	Ghare Phera	30.07.2019	ii) Open balcony to be covered by Grill.	ULB	15.08.2019
				iii) 18 Bed & bedding and Mosquito Net procured by ULB.	ULB	20.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং SUDA-393 2019 5516

जाविश 13.08.19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Commissioner,

Kolkata Municipal Corporation

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	KMC	Amar Asray	05.08.2019	i) Registers should be maintained properly by shelter staff	SMA	15.08.2019
2	KMC	Gouri Bari Lane	05.08.2019	i) More identification of homeless to be done	SMA	15.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

de

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবন্ধ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্ৰমিক নং SUDA - 393 2019 5518

তারিখ 13.08.19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Bongaon Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam.

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Bongaon	Saranya	24.07.2019	i) Night Survey to be conducted by SMA	ULB	15.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

&

Addl. Mission Director, WBSULM

দূরভাষ ঃ ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাল্ল ঃ ২৩৫৮ ৫৮০০

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

क्रिक नर SUDA-393 2019 5519

তারিখ 13.08.19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Mahestala Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019 Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Mahestala	Abas	05.08.2019	i) Installation of fire extinguisher	ULB	31.08.2019
•	Wallestala	Abd3	03.08.2013	ii)Organise Health Check up Camp for inmates	ULB	31.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

Si

Dandlow.

Addl. Mission Director, WBSULM





তাৰিখ 13 08 19

"ইলগাস ভবন", এইচ-সি ব্রক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং SUDA - 393 | 2019 | 5520 From: Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Commissioner,

Chandernagar Municipal Corporation

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam.

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
				i)Formation of SHG Bank account opening under process	ULB	31.08.2019
1	Chandernagar	Vivekananda Abasan	01.08.2019	ii) Regular counselling and field visit to be done so that the inmates discard their previous dwelling	UL8	31.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্ৰমিক নং SUDA-393 2019 5521

তাবিখ 13 - 08 - 19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Habra Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	· Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1 Habra			i. Bank account opening of 9 inmates	ULB	15.08.2019	
	Habra	Vivekananda Bhawan	03.08.2019	ii. Social welfare pension for entitled inmates	ULB	30.08.2019
				iii. Enrolment to Pradhan Mantra Suraksha Bima Yojana	ULB	30.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

8.

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্ষিক নং SUDA - 393 12019/5522

তারিখ 13.08.19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Commissioner,

Durgapur Municipal Corporation

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
	1		18.07.2019	As most of the inmates are old		
1	Durgapur MC	ABHAYASHRAM	26.07.2019	& infirm regular medication & hospitalisation is a routine	SUDA	30.09.2019
			30.07.2019	process, Hence, recurring medical expenses are required.		

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

8

Addl. Mission Director, WBSULM





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্ৰমিক নং SUDA - 393/2019/5523

তারিখ 13.08.19

From

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Krishnanagar Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
				Window glass is broken on 3rd floor.	ULB	30.08.2019
1	Krishnanagar	SUH- Krishnanagar	19.07.2019	2. We list out names of inmates who do not get any social benefit. Among them many inmates do not have any documents. But without any documents it is critical to give any social benefit through bank account.	ULB	15.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

80

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"**ইলগাস ভবন**", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং SUDA - 393 2019 5524
From: Jt. Secretary, UD & MA Department &

তারিখ 13.08.19

Addl. Mission Director, WBSULM

To

Chairperson,

Jalpaiguri Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam.

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Jalpaiguri	ASHRAY	31.07.2019	Estimate for Rain shed with MS-structure to be submitted	ULB	30.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

Addl. Mission Director, WBSULM





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

क्रिक नः SUDA-893/2019/5525

তারিখ 13.08.19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Midnapore Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Midnapore	Janakalyan Bhavan	25.07.2019	NGO is required to be engaged for Counselling of the inmates	ULB	30.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

13/08/19

SI

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

क्रिक नः SUDA - 393/2019/5526

তারিখ 13.08.19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Arambagh Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Arambagh	Bhabaghure Bhavan	05.08.2019	Installation of Grill & Collapsible gate in SUH; Estimate to be submitted	ULB	30.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং SUDA - 393/2019 5527

जातिम 13.08.19

From :

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Englishbazar Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam.

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Englishbazar	ANUBHAB	01.08.2019	i)Procurement of Generator or Inverter	ULB & SUDA	30.09.2019
-				ii) Computer Table & Chair	ULB & SUDA	30.09.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্ৰমিক নং SUDA-393/2019/5528

তারিখ 13 : 08 : 19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Rajpur Sonarpur Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam.

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Rajpur Sonarpur	Nivedita Bhawan	18.07.2019	Installation of T.V. in Shelter	ULB	15.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

82

Addl. Mission Director, WBSULM





''ইলগাস ভবন'', এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্ৰমিক নং SUDA - 393/2019/5529

जाविश 13·08·19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To:

Chairperson,

Haldia Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019 Sir/ Madam.

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Haldia	Matangini Abas	01.08.2019	Counselling is required for unity among inmates, One psychologist is to be engaged	ULB	31.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

8

Addl. Mission Director, WBSULM

Tel: 2358 6403/5767, Fax: 2358 5800, E-mail: wbsudadir@gmail.com





"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ "ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং SUDA - 393/2019/5530

তারিখ 13 . ০৪ . 19

From:

Jt. Secretary, UD & MA Department &

Addl. Mission Director, WBSULM

To

Chairperson,

Coochbehar Municipality

Sub: Actionable points subsequent to the visit to the SUH by CMMU during the 2nd fortnight of July, 2019

Sir/ Madam,

As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

The actionable point of the SUH for the visit in the month of July, 2019 (2nd fortnight) is noted below.

SI No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Coochbehar	THIKANA		i) Night Survey to be conducted by SMA	ULB	31.08.2019

Please ensure compliance within the timeline and the same should be reflected in the report in the month of July, 2019.

Yours faithfully,

Jt. Secretary, UD & MA Dept.

X.

Addl. Mission Director, WBSULM

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