

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

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Howrah MC	Ghare Phera	31.10.2019	i) Bio- Metric Attendance	SUDA	
				ii) Requirement of CCTV	SUDA	31.12.2019
2	Englishbazar	ANUBHAB	06.11.2019	NA		
3	Arambagh	Bhabaghure Bhavan	05.11.2019	i) Requirement of CCTV for security purpose	SUDA	31.12.2019
				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		
8	Krishnanagar	Krishnanagar	01.11.2019	i) Fire excursion expired fund required for refill	SUDA	30.11.2019
				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 toilitary 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 Bhawan	06.11.2019	i) Agarbati Manufacturing initiaton	ULB	15.11.2019
				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		
16 A	KMC	Amar Asray		Not Submitted		
16 B	KMC	Gouri Bari Lane		Not Submitted		
17	Coochbehar	THIKANA	06.11.2019	i) Cleaning of Surface drainage	ULB	15.11.2019
				ii) Requirement of CCTV with TV	SUDA	31.12.2019
				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	

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

**Format for functional SUH visit by CMMU**

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
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			
(I) Condition of Shelter			
Number of inmates at present		32	
Number of inmates left out the shelter in the present month		2	
Remarks			
II) Inventory of soft furnishings usable		Total	Usable Not
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 purchased	
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?		1(functional)	
IV) Please specify the group of urban homeless cater in the shelter			
a.	Men	8	
b.	Women / Single Women and their dependent children	16	
c.	Children	8	

d.	Aged	7
e.	Physically Challenged	2
f.	Mentally Disabled	2
g.	Family	3
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 ]	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 maintained?	yes ( but due to shortage of land it initiated in very small scale)
(vi)	Are toiletries 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	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

*Ashu Jay . 5/11/2019*

MANAGER SOCIETY DEVELOPMENT  
MORWARA MUNICIPAL CORPORATION

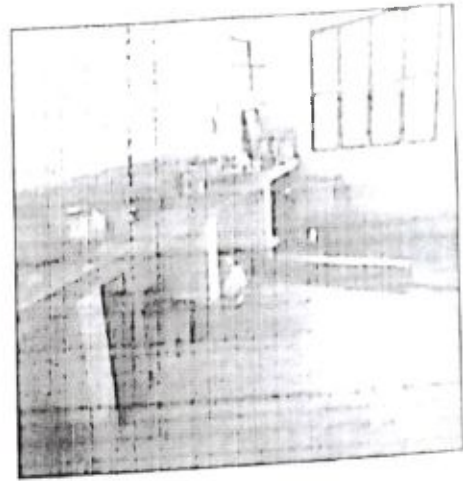
Sl. No.	Recommendations for improvements	Action to be taken by ULB/SUDA	Timeline
4.	CCTV Camera Bio-Metric Attendance		

5. Photographs taken at the time of visit

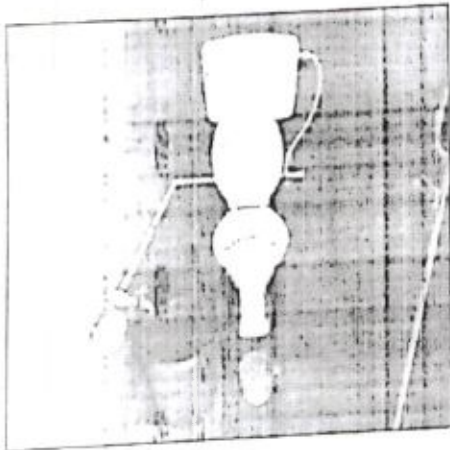
A) Dormitory with inmates



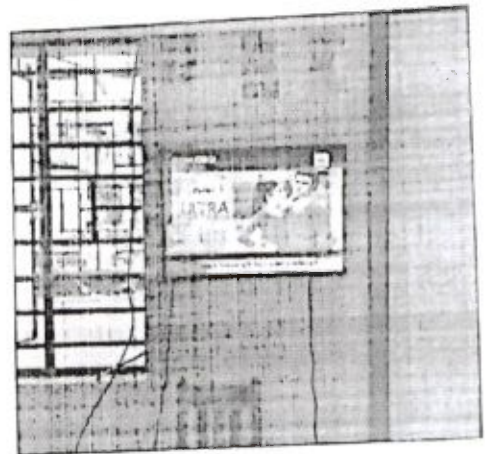
b) Kitchen with cooking arrangements



c) Toilet blocks



d) Entertainment Facility



**Format for functional SUH visit by CMMU**

Month: OCTOBER- 2019

Date of visit--06.11.2019

Name of ULB: ENGLISHBAZAR

Name of SUH : ANUBHAB

Capacity : 50

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:		NA
C) Physical Verification		Condition of Shelter	GOOD
	Number of inmates at present		14



(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	YET TO BE DONE
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No ]	NO, YET TO BE ARRANGED
	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))	Total Beneficiaries Identified-08, Malda Town Station, Male-06, Female-02, Aged-13 to 55 (Male), Female-70 to 80 aged.
(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)	Are toiletries supplied to the inmates? If yes, mention the items.	
(E)	General Observations	
1	Good Practices:	GOOD, 2 inmates are making handicrafts items for their own.
a.	General Hygiene maintained by inmates:	GOOD,
b.	Cooking practices	At Present Food Supplied from Home Delivery ( day time) But inmates are
c.	Is the food provided to inmates tested & Quality of food & menu for the inmates on that time	YES, 06.11.2019 AT 1.45 Pm
d.	Entertainment facility:	NIL
e.	Is any Livelihood opportunity created for inmates:	YET TO BE CREATED
2	Any issue Infrastructure related:	1. 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
3	Poor practices:	Waste Segregation is not Started

88M 6/11/19

Manager-S.D. & Infrastructure

Englisgbazar Municipality, Malda

Number of inmates left out the shelter in the present month	0	
Remarks		
II) Inventory of soft furnishings	Total	Usable
Bed Sheets :	50	28
Pilows	50	14
Pilow Covers	50	28
Mosquito nets	20	14
Water purifier	02	02
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.	AMC Details send to WBSUIM	
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	14	
c. Children	NIL	
d. Aged	6	
e. Physically Challenged	3	
f. Mentally Disabled	3	
g. Family	NIL	
h. Any other (as mentioned in Para 3.3 of the SUH Guidelines)		
(D) Other issues		

SUH VISIT - 06.11.2019

C. Toilet Blocks



D. Entertainment Facility



A. Dormitory with inmates



B. Kitchen with cooking arrangements



Format for functional STH visit by CAMU

Month: November

Date of visit: 05.11.2019

Name of TLB: Aravind Kumar

Name of STH: Bhalakurum ehalam

Capacity: 50

Type: Homelab 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)	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 SLH?	No
Is the night survey conducted in this month for identification of homeless? Yes/No	Yes
Identified & rescued:	30.10.19 / 0
C) Physical Verification	

(1)	Condition of Shelter	Good
	Number of inmates at present	18
	Number of inmates left out the shelter in the present month	18
	Remarks	
III	Inventory of soft furnishings	Total Usable Not usable
	Bed Sheets :	50 50
	Blankets	50 50
	Blanket Covers	50 50
	Mosquito nets	50 50
	Water purifier	yes
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	NO
	Entertainment facility	NIL
	How many televisions are there and whether they are functional?	Required Televisions
IV	Please specify the group of urban homeless cater in the shelter	
a	Men	3
b	Women Single Women and their dependent children	10
c	Children	4
d	Aged	0
e	Physically Challenged	1

f	Mentally Disabled	nil
g	Family	2
h	Any other (as mentioned in Para 3.3 of the SLH 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:	08.07.2019
(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.	yes - Good
(v)	Is the kitchen garden being raised and maintained?	yes
(vi)	Are toiletries supplied to the inmates? If yes, mention the items.	
(E)	General Observations	
I	Good Practices:	yes
a	General Hygiene maintained by inmates	yes
b	Cooking practices	Good
c	Is the food provided to inmates tested & Quality of food & menu for the inmates on that time	Good Quality food
d	Entertainment facility:	no
e	Is any Livelihood opportunity created for inmates.	no

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
A) Required C.C. Camera for security purpose.	Enclosed quotation	
B) Required Television for entertainment	Enclosed quotation	

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

a) Dormitory with inmates



b) Kitchen with cooking arrangements



c) Toilet blocks



d) Entertainment Facility



Mansak Nath Malik  
05.11.2019

2	Any issue Infrastructure related:	Televisions needed
3	Poor practices:	nil



### Format for functional SUH visit by CMMU

Month : October 2019 (2<sup>ND</sup>Half)

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)	<b>Documents Verification</b>	<b>Observation</b>
	Are all the registers maintained properly in the shelter? Checked - Yes / No	Yes
	Registers of inmates	Yes
	Permanent Resister	Yes
	Stock Register	Yes
	Attendance Register	Yes
	Accounts/Cash Book	Yes
	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)	<b>Work Verification:</b>	
	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:	No
(C)	<b>Physical Verification</b>	
(I)	<b>Condition of Shelter</b>	
	Number of inmates at present	Good
	Number of inmates left out the shelter in the present fortnight (certain period)	23
	Remarks:	0
(II)	<b>Please specify the group of urban homeless catered in the shelter:</b>	
(a)	Men	
(b)	Women/Single Women and their dependent children	12
(c)	Children	11
(d)	Aged	2
(e)	Physically Challenged	9
(f)	Mentally Disabled	2
(g)	Family	3
(h)	Any other (as mentioned in para 3.3 of the SUH guidelines)	4
(D)	<b>Other Verification</b>	
(i)	Any linkage with social entitlements & if yes, mention it with number of beneficiaries:	No
(ii)	Regular 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 month	26.10.2019
		19 persons

(E)	General Observations:	
1	Good Practices: They use to clean their rooms and veranda daily	
a.	General Hygiene our inmates used to take bath daily during this winter time	Yes
b.	Cooking Practices inmates are taking interest to cook different dishes with our cook	Cooked foods served daily
c.	Is the food provided to inmates tested & quality of food & menu for the inmates on that day	Rice, Veg & Fish Curry 31.10.2019
d.	Entertainment Facility	Morning walk & Evening Walk.
e.	Is there any Livelihood opportunity of inmates	No
2	Any Infrastructure related issue:	No
3	Poor practice	Inactive
4		
	Recommendation for improvement : Action to be taken by ULB	Timeline
	Requirement of CCTV : SMMU	By 30 <sup>th</sup> 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

 06.11.19

CPO-NULM  
&  
Executive officer  
Haldia Municipality



## Format for functional SUH visit by CMMU

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
	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?	1 CAREGIVER AND 1 MANAGER
	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	
	Number of inmates at present	11

	Number of inmates left out the shelter in the present month	0		
	Remarks			
II)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets :	50	50	
	Pilows	50	50	
	Pillow Covers	50	50	
	Mosquito nets	50	49	1
	Water purifier	2	1	1 Not istalled
III)	Check whether the water purifier is functional			
	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		
IV)	Please specify the group of urban homeless cater in the shelter			
a.	Men			7
b.	Women / Single Women and their dependent children			4
c.	Children			
d.	Aged			
e.	Physically Challenged			
f.	Mentally Disabled			
g.	Family			
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:	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 tolatiries 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

78  
05/11/2019  
City Mission Manager  
WISULAM DAY-HULM  
Jalpaiguri Municipality

Format for functional SUH visit by CMMU

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:

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?	
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

Sumipa Basak

	Number of inmates left out the shelter in the present month	7		
	Remarks			
II)	Inventory of soft furnishings	Total	Usable	Not usable
	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			
	Entertainment facility	Weekly		
	How many televisions are there and whether they are functional?	0		
IV)	Please specify the group of urban homeless cater in the shelter			
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)	Other issues			

Sumipa Basak



(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:	
(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 survey 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
(vi)	Are toiletries 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:	7 bank accounts has been opened.
2	Any issue infrastructure related:	NO
3	Poor practices:	

Sunilpa Basak

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

Sunipa Basak

Format for functional SUH visit by CMMU

Month: Oct '19

Name of ULB: Durgapur MC

Name of SUH: Abhayashram

Capacity: 50

Type: A1

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

A1	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	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?	-
B1	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.	1
C1	Physical Verification	
(i)	Condition of Shelter	Good
	Number of inmates at present	30
	Number of inmates left out the shelter in the present fortnight (Certain period)	0
	Remarks	-

(A) Please specify the group of urban homeless catered in the shelter	
a. Men	8
b. Women / Single Women and their dependent children	15
c. Children	7
d. Aged ( More than 65 Years)	19
e. Physically Challenged	4
f. Mentally Disabled	1
g. Family	2
h. Any other (as mentioned in Para 3.3 of the SHH Guidelines)	—
(D) Other verification	
(i) Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Yes
(ii) Health check up & screening test of inmates arranged in the present month [Yes / No ]	The ill inmates have undergone check-up in the nearest DPC of PSC. Also in the SDH Hospital
If yes, mention the date & how many people covered in this:	—
(E) General Observations	
f. Good Practices:	
a. General Hygiene maintained by inmates:	The inmates maintain their own hygiene.
b. Cooking practices	Food is prepared hygienically
c. Is the food provided to inmates tested & quality of food & menu for the inmates on that date	Yes, the food provided to inmates are
d. Entertainment facility:	The Agency had arranged for Pujya Parikrama for the inmates

e	Is there any Livelihood opportunity created for inmates:	Inmates engaged in cooking & washing & cleaning.
f	Are inmates' welfare related issues:	No.
g	Best practices:	Nil.

Naswati Roy  
 17/10/19  
 Manager (SM & ID), NULM  
 Durgapur Municipal Corporation

## Format for functional SUH visit by CMMU

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	Checked and OK		
	Permanent Register	Checked and OK		
	Stock register	Checked and OK		
	Attendance Register	Checked and OK		
	Accounts/ Cash Book	Checked and OK		
	Staff Attendance Register	Checked and OK		
	Shelter Management Committee meetings register	Checked and OK		
	Complaints and suggestions register	Checked 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			
(I)	Condition of Shelter:	Good		
	Number of inmates at present	35		
	Number of inmates left out the shelter in the present month	0		
	Remarks			
II)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets :	Total: 32	Usable : 25	Not Usable : 07
	Pilows	Total: 32	Usable : 27	Not available : 5
	Pilow Covers	Total: 32	Usable : 27	Not available : 5

	Mosquito nets	Total: 32 Usable : 22 Not available : 10
	Water purifier	OK
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.	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 shelter	
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
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:	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 tolatiries 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 food & menu for the inmates on that time	Good Menu: Rice, dal, Mix veg
d.	Entertainment facility:	Tv
e.	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
<p>1. Fire excursion expired fund</p> <p>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.</p> <p>3. Fund required for toiletry items.</p>	<p>ULB</p> <p>Action taken by SUDA</p>	

6

*Srinani*  
 01/11/19  
 Manager  
 Skill & Micro Enterprises  
 (SULME)  
 Krishnanagar Municipality



November 2019



Format for functional SUH visit by CMMU

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
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 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.
C) Physical Verification	
(I) Condition of Shelter	
Number of inmates at present	15
Number of inmates left out the shelter in the present month	1
Remarks	

*[Signature]*  
 Manager

Social Dev. & Infrastructure  
 DAY-NULM, HABRA MUNICIPALITY

*[Signature]*  
 Finance Officer  
 Habra Municipality

(I)	Inventry of soft furnishings	Total	Usable	Not usable
	Bed Sheets :	50	17	33
	Pilows	50	17	33
	Pilow Covers	50	17	33
	Mosquito nets	50	17	33
	Water purifier	1	1	0
III)	Check whether the water purifier is functional			
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	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 shelter			
a.	Men	4		
b.	Women / Single Women and their dependent children	11		
c.	Children	0		
d.	Aged	12		
e.	Physically Challenged	1		
f.	Mentally Disabled	1		
g.	Family	1		
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:	6 members were provided with Pradhan Mantri Suraksha Bima Yojana		
(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:	6th September 2019. 18 inmates covered 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)	Are toiletries supplied to the inmates? If yes, mention the items.	Soap, Shampoo, Toothpaste, Hair oil, Surf
(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
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
e.	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

*Rangit*  
5/11/19

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

*Rangit*  
Finance Officer  
Habra Municipality

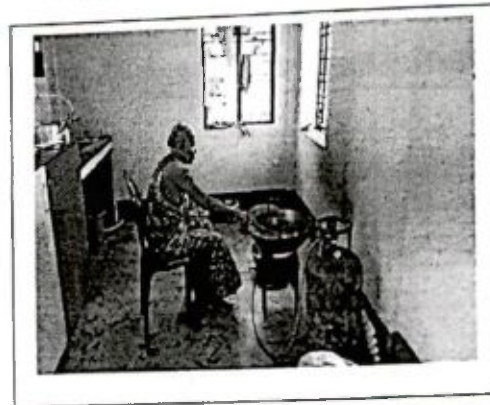
Recommendations for improvement	Actions to be taken by ULB/SUDA	Timeline
All the previous recommendation have been adressed	a. Social welfare pension for entited inmates	November 2019

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

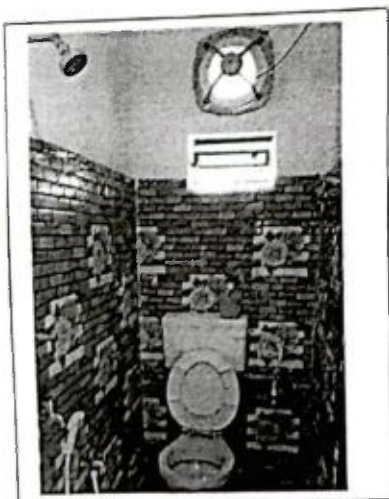
a. Dormitory with inmates



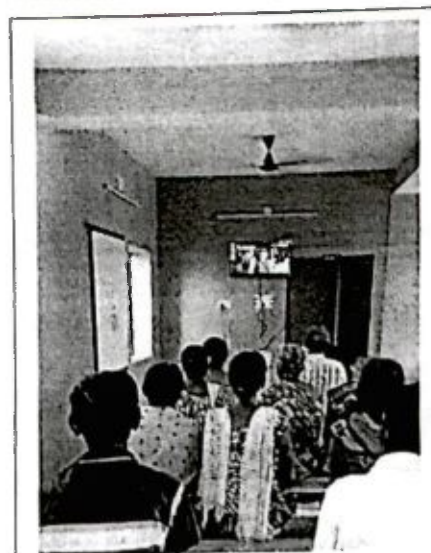
b. Kitchen with cooking arrangements



c. Toilet Blocks



d. Entertainment Facility



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

*July 15/11/19*  
 Finance Officer  
 Habra Municipality

**Format for functional SUH visit by CMMU**

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:

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	
(I) Condition of Shelter	
Number of inmates at present	28

	Number of inmates left out the shelter in the present month	
	Remarks	
II)	Inventory 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, 04/04/2023
	Entertainment facility	T.V with Cable,Ludo,Khanjani,Kartal
	How many televisions are there and whether they are functional?	One .Functional
IV)	Please specify the group of urban homeless cater in the shelter	
a.	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
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:	Ration Card applied
(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)	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)	Are toiletries supplied to the inmates? If yes, mention the items.	Toothbrush,Toothpaste,Hair Oil,Shampoo,Soap for Bath and Toilet.
(F)	General Observations	
1	Good Practices:	Public donation makes possible four times food provision to inmates.Inmates help in Cooking,Cleaning.
a	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	Entertainment facility:	Yes.LED TV with Dish channels
e	Is any Livelihood opportunity created for inmates:	Agarmathi manufacturing machine ordered
2	Any issue Infrastructure related:	Boundary Wall cannot be started for waterlogging
3	Poor practices:	No



Recommendations for improvement	Action to be taken by ULB	Timeline
Livelihood	Agarbathi Manufacturing <i>initiation</i>	15/11/2019



Dormitory with Inmates



Kitchen with Cooking Arrangements



Toilet Blocks



Exercise Yard Facility

*Zygmunt* 6/11/19

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

**Format for functional SUH visit by CMMU**

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
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	
(I)	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			
<b>II</b>	<b>Inventory of soft furnishing</b>	<b>Total</b>	<b>Usable</b>	<b>Not Usable</b>
	Bed sheets	50	49	1
	Pillows	50	49	1
	Pillow covers	20	19	1
	Mosquito nets	50	49	1
	Water Purifier	2		
<b>III</b>	<b>Check whether the water purifier is functional</b>			
	Whether it is covered under AMC? If yes, mention the date up to which it is covered	Under warranty		
	Entertainment facility	No		
	How many televisions are there and whether they are functional?	0		
<b>IV)</b>	<b>Please specify the group of urban homeless catered in the shelter</b>			
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		
<b>D)</b>	<b>Other Issues</b>			
(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:	01/10/2019, 4 people were 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	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
<b>E)</b>	<b>General Observations</b>	
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
<ul style="list-style-type: none"> <li>Urgent training of the staff needed</li> </ul>	<ul style="list-style-type: none"> <li>SUDA</li> </ul>	

Anindita Panchodhary

yes, etc  
A.I.A. OIT

Format for functional SUH visit by CMMU

Month: October (2nd fourth night)

Date of visit 30/10/2019


Name of ULB: Bongaon Municipality Name of SUH: Sharanya Abason

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	

  
 Manager  
 Social Development & Infrastructure  
 NULM  
 BONGAON MUNICIPALITY

05/11/19


Maintain

(I)	Condition of Shelter	Good.		
	Number of inmates at present	45 NO.		
	Number of inmates left out the shelter in the present month	2 NO.		
	Remarks	1 No. Person Died & another person left out to her home.		
II)	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 in all floor, Music System Prayer Room, Yoga classes.		
	How many televisions are there and whether they are functional?	3 NO. Television & all are functional		
IV)	Please specify the group of urban homeless cater in the shelter			
a.	Men	14 NO.		
b.	Women / Single Women and their dependant children	28 NO.		
c.	Children	3 NO.		
d.	Aged	8 NO.		
e.	Physically Challenged	3 NO.		

  
05/11/2019  
Manager  
Social Development & Infrastructure  
NULM  
BONGAON MUNICIPALITY



f.	Mentally Disabled	
g.	Family	1 NO.
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	4 NO.
(D) Other issues		
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Yes.
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No]	Yes, 18/10/2019
	If yes, mention the date & how many people covered in this:	18/10/2019, 45 NO, People 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)	26/09/2019, Railway station Market place etc.
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes, quality of food is good.
(v)	Is the kitchen garden being raised and maintained?	Yes, Maintained by the inmates of the sub
(vi)	Aare tolatiries supplied to the inmates? If yes, mention the items.	Yes, Hand wash, soap, Soap, Hair oil etc
(E) General Observations		
I	Good Practices:	Maintained a Kitchen Garden
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	Yes, tested the quality of food is Good and the menu are (Rice, (D)ulse, (E)gg curry.
d.	Entertainment facility:	Payer Room, Music System, Yoga classes. Television, mall floor,
e.	Is any Livelihood opportunity created for inmates:	Making paper thonga and sell it in Market shop.

 05/11/19  
 Manager  
 Social Development & Infrastructure  
 NULM  
 BONGAON MUNICIPALITY

**Format for functional SUH visit by CMMU**

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

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	YES
If yes mention the date & number of person identified & rescued:	31/10/2019 ,4 Person Identified & 03 of them are rescued.
C) Physical Verification	
(1) Condition of Shelter	
Number of inmates at present	9

	Number of inmates left out the shelter in the present month	2		
	Remarks			
II)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets		30	
	Pilows		20	
	Pilow Covers		20	
	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		4	
b.	Women / Single Women and their dependent children		5	
c.	Children			
d.	Aged		3	
e.	Physically Challenged			
f.	Mentally Disabled			
g.	Family			
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	
(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 31/10/2019 I was present with CMMU team in Night Survey, in this survey we 04 persons we found & we rescued 03 of them to SUH.
(iv)	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)	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 Boundary Wall will be started than we will definitely do it.
(vi)	Are toiletries 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:	Yes, We Install 32" LED TV on each Floor (02 nos ) & We gave them LUDO Board for their Entertainment
e	Is any Livelihood opportunity created for inmates:	NO
2	Any issue Infrastructure related:	NO
3	Poor practices:	NO

4

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

5 Photographs taken at the time visit:

a Dormitory With inmates



c Toilet blocks.



b.kitchen With cooking arrangements.



d)Entertainment facility



*Abraham  
07/11/2019*

**Format for functional SUH visit by CMMU**

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 redressed 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	
(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	

<b>II) Please specify the group of urban homeless catered in the shelter</b>	
a. Men	10
b. Women / Single Women and their dependent children	1
c. Children	0
d. Aged ( More than 65 Yeras)	1
e. Physically Challenged	0
f. Mentally Disabled	0
g. Family	0
h. Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
<b>(D) Other verification</b>	
(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 ]	Health Check up arranged 4th week of this month
If yes, mention the date & how many people covered in this:	N.A
<b>(E) General Observations</b>	
1 Good Practices:	
a. General Hygiene maintained by inmates:	Well maintained
b. Cooking practices	Hygenic
c. Is the food provided to inmates tested& quality of food & menu for the inmates on that date	Rice, Dal , Mixed Veg
d. Entertainment facility:	N.A
e. Is there any Livelihood opportunity created for inmates.	N.A
2 Any infrastructure related issue:	Surface Drainage System, CC T.V Camera with TV monitor
3 Poor practices:	No

Recommendations for Improvement	Actions to be taken by ULB/SUDA	Timeline
Surface Drainage System, CC T.V Camera with TV monitor, Repairing Toilet Flush	I. Bank Account Opening for inmates II. Enrollment for Swastha Sathi Scheme III. Enrollment for Antodaya Yojana	November 19

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

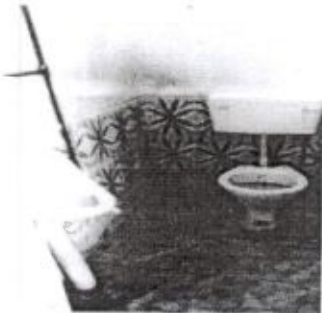
a. Dormitory with inmates


b. Kitchen with cooking arrangements



c. Toilet Block

d. Entertainment Facility



  
 07.11.19  
 Manager  
 Social Development and  
 Infrastructure NULM  
 Cooh 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

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
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:	Visiting Date :- 31.08.2019 at 12 am, Total - 5 3 Male & 2 Female homeless person collection
C)	Physical Verification - Yes	
(I)	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.

(i)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets :			50
	Pilows			50
	Pilow Covers			50
	Mosquito nets			50
	Water purifier			Available as per GO
(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.			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			
	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 entitiements & 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
(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 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
d.	Entertainment facility:	No
e.	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		

S. Kelm.

**Manager**  
**Skills Micro Enterprise**  
**MIS & ME**  
**Katwa Municipality**

## Format for functional SUH visit by CMMU

Month: *October*

Date of Visit: *21st October 2019*

Name of ULB: *Chaudanagar Municipal Corporation*

Name of SUH: *Vivekananda Abai*

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)	
Register of inmates	<i>Yes</i>
Permanent Register	<i>Yes</i>
Stock register	<i>Yes</i>
Attendance Register	<i>Yes</i>
Accounts/ Cash Book	<i>Yes</i>
Staff Attendance Register	<i>Yes</i>
Shelter Management Committee meetings register	
Complaints and suggestions register	<i>Complain box (Yes)</i>
Are all the registers updated?	<i>Yes</i>
Are all the records regarding, the inmate maintained properly?	<i>Yes</i>
Study grievance addressed in Grievance Register?	<i>None</i>
B) Work Verification	
Have all the staff aware about their duty?	<i>Yes</i>
Have all the staff received the capacity building training for O & M of SUH?	<i>NO</i>
Is the night survey conducted in this month for identification of homeless? Yes/No	<i>Yes</i>
If yes mention the date & number of person identified & rescued:	<i>10-10-19 (1 women and 3 child rescued)</i>
C) Physical Verification	
(I) Condition of Shelter	
Number of inmates at present	<i>21</i>

	Number of inmates left out the shelter in the present month			
	Remarks			
II)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets :	50	21	
	Pilows	50	21	
	Pilow Covers			
	Mosquito nets	50	21	
	Water purifier	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.	Yes for 3 years		
	Entertainment facility	Not yet		
	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		
g.	Family	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 to be done after Singathu papa Pan card of inmates 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 In and around Chudemagare Railway Station 8 people identified - 4 women, 4 men
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes
(v)	Is the kitchen garden being raised and maintained?	Yes
(vi)	Are toiletries supplied to the inmates? If yes, mention the items.	Soap, hair oil, washing detergent
(E)	General Observations	
1	Good Practices:	cleaning of rooms
a.	General Hygiene maintained by inmates:	Recent inmates needs counseling
b.	Cooking practices	Wood
c.	Is the food provided to inmates tested & Quality of food & menu for the inmates on that time	Rice, dal, Soyabean & vegetables curry
d.	Entertainment facility:	Not yet
e.	Is any Livelihood opportunity created for inmates:	Under process
2	Any issue Infrastructure related:	A aquaguard to be installed. Waiting for aquaguard installation to be done
3	Poor practices:	Recently few inmates are violating rules of the shelter they have been repeatedly warned and counseled.
RECOMMENDATION		
waiting for aquaguard installation to be done.		

	ACTION TAKEN AGAINST PREVIOUS RECOMMENDATION	
SI NO	PREVIOUS RECOMMENDATION	ACTION TAKEN
	Connecting of inmates	Regular consulting is being done and regular checkup is done.

Reetina Chakraborty  
31.10.19.

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

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ULB	Timeline
1	Howrah MC	Ghare Phera	17.10.2019	i) Providing Bed, Bedding, blanket, personal locker for 18 inmates	ULB	31.10.2019
2	Englishbazar	ANUBHAB	16.10.2019	NA	NA	31.10.2019 31.10.2019
3	Arambag	Bhoboghure Bhawan	17.10.2019	i) Required C.C Camera for security purpose ii) Required L.C.D T.V for Entertainment	SUDA SUDA	31.12.2019 31.12.2019
4	Haldia	Matangini Abas	16.08.2019	NA	NA	NA
5	Midnapore	Janakalyan Bhavan	16.10.2019	NA	NA	NA
6	Jalpaiguri	ASHRAY	14.08.2019	NA	NA	NA
7	Nabadwip	Mamatalay	11.10.2019	i) Arrange some trainings for inmates for different handicraft works	ULB	31.10.2019
				i) Fund for Fire extinguisher refilling	SUDA	31.10.2019



8	Krishnanagar	Krishnanagar	17.10.2019	ii) Fund required for providing tolatory items to inmates	SUDA	31.10.2019
9	Durgapur MC	ABHAYASHRAM	16.10.2019	NA	NA	NA
10	Habra	Vivekananda Bhawan	17.10.2019	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	ULB	30.10.2019
11	Rajpur Sonarpur	Nivedita Bhawan	17.10.2019	i) Livelihood generation for inmates of SUH	ULB	31.10.2019
12	Chandernagar	Vivekananda Abasan	14.10.2019	i) Bank account opening for inmates	ULB	31.10.2019
13	Mahestala	Abas	17.10.2019	i) Record of items send for laundry to be maintained by Shelter Manager	SMA	31.10.2019
14	Bongaon	Saranya	16.10.2019	Not mentioned		
15	Jiaganj Azimganj	Valobasa SUH	17.10.2019	Not mentioned		
16 A	KMC	Amar Asray		Report is not submitted		
16 B	KMC	Gouri Bari Lane		Report is not submitted		
17	Coochbehar	THIKANA	17.10.2019	i) Surface Drainage System, CCTV Camera with TV monitor ii) Replenishment of flash in toilet	ULB & SUDA	31.12.2019
					ULB	31.10.2019

**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

<b>A</b>	<b>Documents Verification</b>	
	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
<b>B</b>	<b>Work Verification</b>	
	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
<b>C)</b>	<b>Physical Verification - Yes</b>	
<b>(i)</b>	<b>Condition of Shelter- Very Good</b>	
	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.

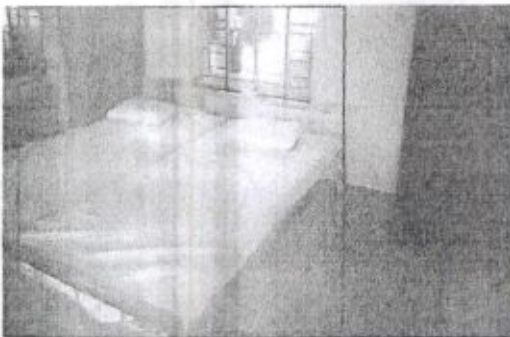
II)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets :			50
	Pilows			50
	Pilow Covers			50
	Mosquito nets			50
	Water purifier			Available as per GO
III)	Check whether the water purifier is functional			Yes
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.			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			
	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
(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 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
d.	Entertainment facility:	No
e.	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 ).

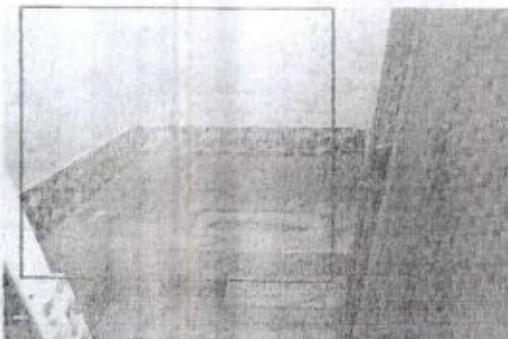
a) Dormitory with inmates



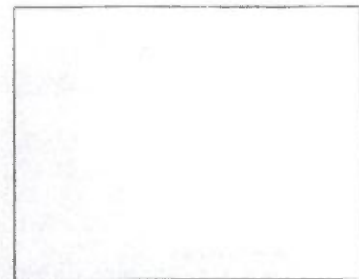
b) Kitchen with arrangements



c) Toilet blocks



d) Entertainment facility



Somvar Sen  
 18/09/2019  
 Manager  
 Social Development &  
 Infrastructure  
 Katwa Municipality

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 don't want to come in Shelter, Because they are mantally 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		1		
Remarks				
II)	Inventry of soft furnishings	Total	Usable	Not usable
	Bed Sheets :		30	
	Pilows		20	
	Pilow Covers		20	
	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		4	
b.	Women / Single Women and their dependent children			
c.	Children			
d.	Aged		3	
e.	Physically Challenged			
f.	Mentally Disabled			
g.	Family			
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)		NA	
(D)	Other issues			

Format for functional SUH visit by CMMU

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.

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	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	
II)	Inventory of soft furnishings	Total Usable Not usable
	Bed Sheets :	50
	Pilows	50
	Pilow Covers	50
	Mosquito nets	50
	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	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	12
b.	Women / Single Women and their dependent children	4
c.	Children	Nil
d.	Aged	2
e.	Physically Challenged	Nil
f.	Mentally Disabled	Nil
g.	Family	Nil
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:	
(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:	
(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)	Are latrines supplied to the inmates? If yes, mention the items.	
(E)	General Observations	
1	Good Practices:	Well maintained
a.	General Hygiene maintained by inmates:	Hygienic
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:	

  
 17.09.19  
 Manager  
 Social Development and  
 Infrastructure, NULM  
 Cooch 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 tolatiries 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

4

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

5 Photographs taken at the time visit:

a. Dormitory With inmates



b. kitchen With cooking arrangements.



c. Toilet blocks.



d) Entertainment facility

At present there is no Entertainment Facility is available

*16/04/2019*  
 City Mission Manager  
 Skills Micro Enterprises MIS & ME.-  
 DAY-NULM  
 Jaganj-Azimganj Municipality

*[Signature]*  
 Chairman  
 Jaganj-Azimganj Municipality



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/৫৫৪৫

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<sup>st</sup> 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 (1<sup>st</sup> fortnight) is noted below.

Sl 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<sup>nd</sup> fortnight September, 2019.

Yours faithfully,

*Chandhan*  
23-09-19

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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/৫৫৫৬

23-09-2019

ক্রমিক নং .....

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<sup>st</sup> 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(1<sup>st</sup> 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 to 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<sup>nd</sup> fortnight September, 2019.

Yours faithfully,

*Shoubo*  
23.09.19  
Jt. Secretary, UD & MA Dept.  
&  
Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

SUDA

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/৫৫৫৭

তারিখ 23/09.2019

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(1<sup>st</sup> 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	02.09.2019	i) Gas burner of SUH is very bad position & it is needed to change as early 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,

*Chandana*

23/09/19

Jt. Secretary, UD & MA Dept.  
&

Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

SUDA

## STATE URBAN DEVELOPMENT AGENCY

“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

ক্রমিক নং .....

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(1<sup>st</sup> 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	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,

*[Signature]*  
23/09/19

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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/6587

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<sup>st</sup> 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(1<sup>st</sup> fortnight) is noted below.

Sl 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<sup>nd</sup> fortnight September, 2019.

Yours faithfully,

*Chandrabir*  
23.09.19

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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

Tel : 2358 6403/5767, Fax : 2358 5800, E-mail : wbsudadir@gmail.com  
Account Section : 2358 6408





# রাজ্য নগর উন্নয়ন সংস্থা

**SUDA**

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/৫৫৭০****23.09.2019**

ক্রমিক নং .....

তারিখ .....

**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(1<sup>st</sup> fortnight) is noted below.

Sl 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 quarrel 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.  
&  
Addl. Mission Director, WBSULM**

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/6591

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 1st 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(1<sup>st</sup> fortnight) is noted below.

Sl 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<sup>nd</sup> fortnight September, 2019.

Yours faithfully,

*Chandran*  
23.09.19

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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/৬৫৭২

ক্রমিক নং .....

তারিখ 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(1<sup>st</sup> fortnight) is noted below.

Sl 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,

*Chandoo*  
30.09.19

Jt. Secretary, UD & MA Dept.  
&

Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

SUDA

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/৬৫৭৭

ক্রমিক নং .....

তারিখ ২৩-০৯-২০১৯

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(1<sup>st</sup> fortnight) is noted below.

Sl 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,

*Handwritten signature*  
২৩-০৯-১৯

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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

Tel : 2358 6403/5767, Fax : 2358 5800, E-mail : wbsudadir@gmail.com  
Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

SUDA

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/৬৫৭৩

ক্রমিক 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(1<sup>st</sup> fortnight) is noted below.

Sl 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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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

23.09.2019

ক্রমিক নং .....

তারিখ .....

**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(1<sup>st</sup> 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	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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408

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

Sl 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 SUDA	31.10.2019 31.10.2019
2	Englishbazar	ANUBHAB	14.09.2019	NA		
3	Arambagh	Bhabaghure Bhavan	17.09.2019	NA		
4	Haldia	Matangini Abas	13.09.2019	i) CCTVs are required for better surveillance of inmates as well as staff	SUDA	31.10.2019
5	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
6	Jalpaiguri	ASHRAY	16.09.2019	NA		
7	Nabadwip	Mamatalay	11.09.2019	i) Some training is required for the inmates for engage them for different works	ULB	
8	Krishnanagar	Krishnanagar	16.09.2019	NA		
9	Durgapur MC	Abhayasram	14.09.2019	i) Stop quarrel among the inmates Special care for mentally challenged boy ii)	SMA	30.09.2019

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



14

Format for functional SUH visit by CMMU

Month: September (1st fortnight)

Date of visit :- 17/09/2019

Name of ULB : Bongaon Municipality

Name of SUH : Sharanya Abason

Capacity : 50

Type : General

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

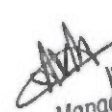
A)	Documents Verification	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	YES
	Register of inmates	YES
	Permanent Register	YES
	Stock register	YES
	Attendance Register	YES
	Accounts/ Cash Book	YES
	Staff Attendance Register	YES
	Shelter Management Committee 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	



*[Signature]*  
 17/09/2019  
 Manager  
 Social Development & Infrastructure  
 NULM  
 BONGAON MUNICIPALITY

(I)	Condition of Shelter	Good.		
	Number of inmates at present	46 NO.		
	Number of inmates left out the shelter in the present month	N.A		
	Remarks			
II)	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	(i) Television in all floor, (ii) Music system (iii) Prayer Room (iv) yoga classes		
	How many televisions are there and whether they are functional?	3 NO. television and functional		
IV)	Please specify the group of urban homeless cater in the shelter			
a.	Men	14 NO.		
b.	Women / Single Women and their dependent children	28 NO.		
c.	Children	3 NO.		
d.	Aged	8 NO.		
e.	Physically Challenged	3 NO.		



  
 17/09/2019  
 Manager  
 Social Development & Infrastructure  
 NULM  
 BONGAON MUNICIPALITY

f.	Mentally Disabled	1 No.
g.	Family	4 NO.
h.	Any other (as mentioned in Para 3.3 of the SUI Guidelines)	
(D)	Other issues	
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	YES, 25 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:	
(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, Railway station, Market Place etc. 4 NO. (Two Man & Two Women) Person identified & rescued one Women
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes. quality of food is good.
(v)	Is the kitchen garden being raised and maintained?	Yes, Maintained by the inmates of the SUH.
(vi)	Are toiletries supplied to the inmates? If yes, mention the items.	Yes, Toothpaste, Handwash, Soap, Hairoil etc.
(E)	General Observations	
1	Good Practices:	Inmates of SUH maintained a kitchen garden 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	Yes, tested the quality of food is good and the menu is. ① Rice, Pulses, Parwal curries, Mashed Potato.
d.	Entertainment facility:	Prayer Room, Music System, Yoga classes, Television in all floor.
e.	Is any Livelihood opportunity created for inmates:	



  
 17/09/19  
 Manager  
 Social Development & Infrastructure  
 NULM  
 BONGAON MUNICIPALITY



4.

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
Gas Burner of SUH is very Bad Position. It is needed to change as early as possible	ULB	7 days.

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

a) Dormitory with inmates



b) Kitchen with cooking arrangements




c) Toilet blocks



d) Entertainment Facility



  
 Manager  
 Social Development & Infrastructure  
 NULM  
 BONGAON MUNICIPALITY

13

**Format for functional SUH visit by CMMU**

Month: September 1<sup>st</sup> 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

<b>A)</b>	<b>Documents Verification</b>	<b>Observation</b>
	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>B)</b>	<b>Work verification</b>	
	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	
<b>C)</b>	<b>Physical Verification</b>	
<b>(I)</b>	<b>Condition of shelter</b>	
	Number of inmates at present	4
	Number of inmates left out the shelter in the present fortnight (Certain Period)	1

	Remarks	Staying with his son's family		
<b>II</b>	<b>Inventory of soft furnishing</b>	<b>Total</b>	<b>Usable</b>	<b>Not Usable</b>
	Bed sheets	50	49	1
	Pillows	50	49	1
	Pillow covers	20	19	1
	Mosquito nets	50	49	1
	Water Purifier	2		
<b>III</b>	<b>Check whether the water purifier is functional</b>			
	Whether it is covered under AMC? If yes, mention the date up to which it is covered	Under warranty		
	Entertainment facility	No		
	How many televisions are there and whether they are functional?	0		
<b>IV)</b>	<b>Please specify the group of urban homeless catered in the shelter</b>			
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		
<b>D)</b>	<b>Other Issues</b>			
(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 based checkup being 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)	21.08.2019, Nangi rail station and surrounding area. 3 men and 2 women were there. Probably they were between 40-50 years, as no clear answers were given regarding age.		

(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
<b>E)</b>	<b>General Observations</b>	
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

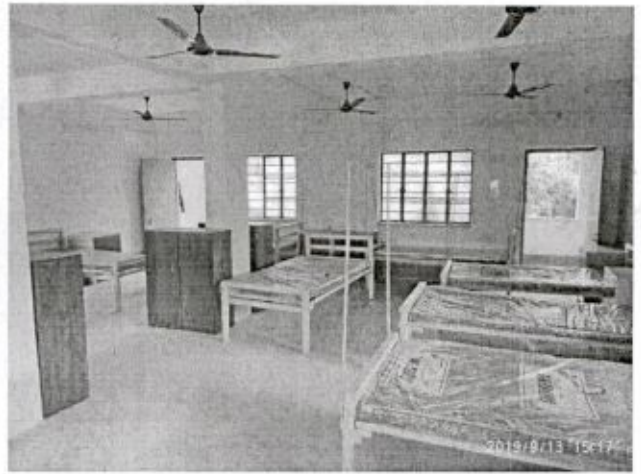
4.

Recommendations for improvement	Action to be taken by ULB/ SUDA	Timeline
<ul style="list-style-type: none"> <li>Urgent training of the staff needed</li> <li>Record of items send for laundry</li> </ul>	<ul style="list-style-type: none"> <li>SUDA</li> <li>ULB will supervise</li> </ul>	<ul style="list-style-type: none"> <li>By September 2019</li> <li>By September 2019</li> </ul>

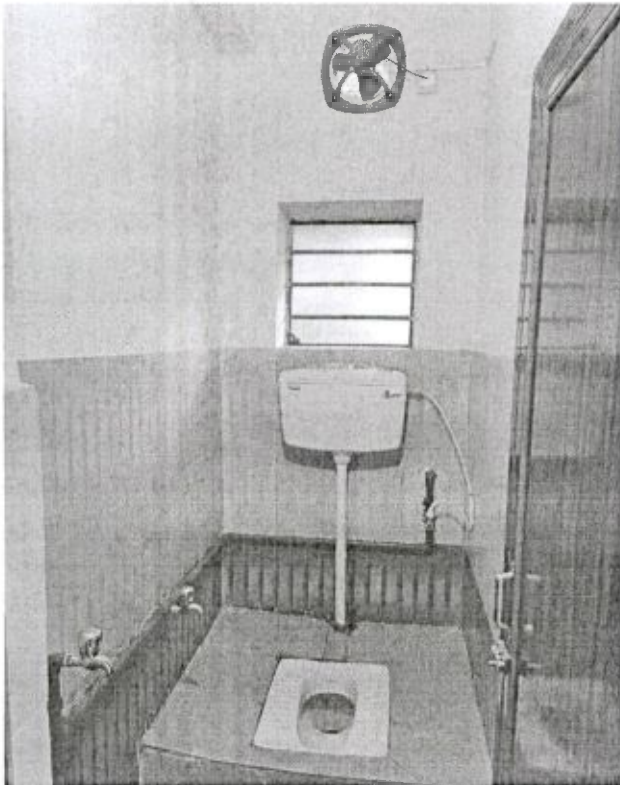
Anindita Papchoudhary

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

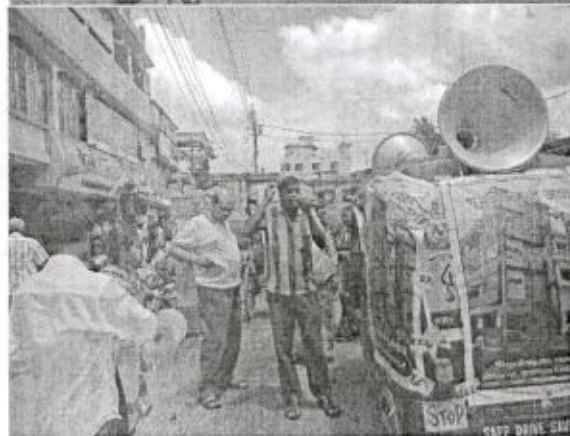
Dormitory with inmates



Toilet blocks



Auto miking





Format for functional SUH visit by CMMU

Month: 1<sup>st</sup> fortnight visit of September 2019

Date of Visit 16.09.19

Name of ULB: Chandermagare M.C Name of SUH: Vinukananda 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 setup
Are all the registers updated?	Yes
Are all the records regarding, the inmate maintained properly?	Yes
Study grievance addressed in Grievance Register?	Yes - more
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			
Number of inmates at present		15	
Number of inmates left out the shelter in the present month		1 inmate because he has been recruited under EHC in launch of hot.	
Remarks			
(II) Inventory of soft furnishings		Total	Usable Not usable
Bed Sheets :		50	
Pilows		50	
Pillow 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 it is for 3 years	
Entertainment facility		Not yet.	
How many televisions are there and whether they are functional?		—	
(IV) Please specify the group of urban homeless cater in the shelter			
a.	Men	3	
b.	Women / Single Women and their dependent children	11	
c.	Children		
d.	Aged		
e.	Physically Challenged	01	

F	Mentally Disabled	01	
G	Family	03	
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:	Under process. Bank account opened for 1 inmate	
(ii)	Health check up & screening test of inmates arranged in the present month [Yds/No]	Yes 27.08.19. Next date is on 28.09.19.	
	If yes, mention the date & how many people covered in this:	11 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)	29.08.19. In and around Chandimogga Railway station 8 people identified. 4 women and 4 men.	
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	Yes.	
(v)	Is the kitchen garden being raised and maintained?	Yes.	
(vi)	Are toiletries supplied to the inmates? If yes, mention the items.	Supplied to 2 inmates - bathing soap, hair oil and washing powder.	
(E)	General Observations		
1	Good Practices:	cleaning of rooms, locating plants - having meals on time.	
a.	General Hygiene maintained by inmates:	Yes, good.	
b.	Cooking practices	Cooking gas procurement in individual stores & being used for cooking	
c.	Is the food provided to inmates tested & Quality of food & menu for the inmates on that time	Yes, satisfactory.	
d.	Entertainment facility:	Not yet.	
e.	Is any Livelihood opportunity created for inmates:	Under process.	

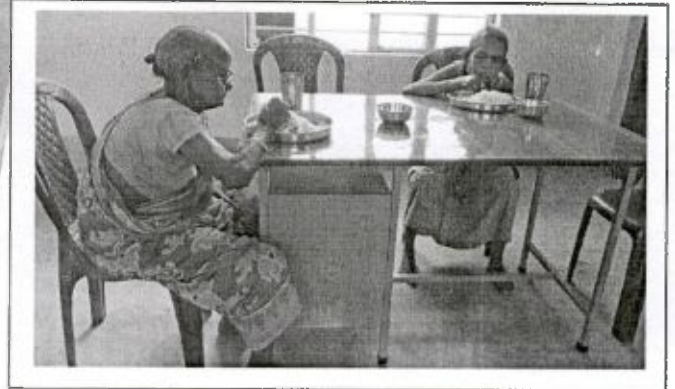
2	Any issue Infrastructure related:	One aquaquad 2 be installed, plaster problem in leveled area being looked after by the carpenter.
3	Poor practices:	Fighting among themselves Proper toilet cleaning under process.

Reshma Elakshabai  
16.09.19.

Glimpses of at SUH, Chandernagar MC



Inmates of family room



Inmates taking lunch



Spically 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	
(I)	Condition of Shelter	
	Number of inmates at present	34

	Number of inmates left out the shelter in the present month	2		
	Remarks			
II)	Inventory 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			2
b.	Women / Single Women and their dependent children			7
c.	Children			1
d.	Aged			20
e.	Physically Challenged			1
f.	Mentally Disabled			1
g.	Family			1
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)			
(D)	Other issues			

	Package with social entitlements & if yes mention it a 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 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)	Are toiletries 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:	

*S. J. H. H. H.*

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



Recommendations for 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



Dormitory with Inmates



Kitchen with Cooking Arrangements



Toilet Blocks



Entertainment Facility

*Sybil HALLA*

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 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.
C) Physical Verification	
(I) Condition of Shelter	
Number of inmates at present	17
Number of inmates left out the shelter in the present month	4
Remarks	

*Kaushik*  
16/9/19  
Manager

Social Dev. & Infrastructure  
DAY-NULM, HABRA MUNICIPALITY

*Ch*  
16/9/19

City Project Officer  
DAY-NULM, HABRA MUNICIPALITY

I)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets	50	50	0
	Pilows	50	50	0
	Pillow Covers	50	50	0
	Mosquito nets	50	50	0
	Water purifier	1	1	0
III)	Check whether the water purifier is functional			
	Whether it is covered under AMC? If yes, mentioned the date upto which it is covered.	Under warranty 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 shelter			
a.	Men	5		
b.	Women / Single Women and their dependent children	12		
c.	Children	0		
d.	Aged	12		
e.	Physically Challenged	1		
f.	Mentally Disabled	1		
g.	Family	1		
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:	6 members were provided with Pradhan Mantri Suraksha Bima Yojana		
(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:	6th September 2019. 18 inmates covered in this		

*Signature*  
16/9/19

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

*Signature*, 14/9/19

City Project Officer  
DAY-NULM, 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)	Are toiletries supplied to the inmates? 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
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
d.	Entertainment facility:	yes
e.	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

*Alauy*  
16/9/19

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

*U*  
16/9/19

City Project Officer  
DAY-NULM, HABRA MUNICIPALITY

Recommendations for improvement	Actions to be taken by ULB/SUDA	Timeline
<ul style="list-style-type: none"> <li>• Toilet door knob broken in third floor need to be replaced</li> <li>• Fan not working in 2<sup>nd</sup> floor</li> </ul>	<p>a. Social welfare pension for entitled inmates</p>	<p>September 2019</p>

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

a. Dormitory with inmates



b. Kitchen with cooking arrangements



c. Toilet Blocks



d. Entertainment Facility



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

*[Signature]*  
 City Project Officer  
 DAY-NULM, HABRA MUNICIPALITY

Format for functional SUH visit by CMMU

Month: September '19

Date of visit - 14/9/19

Name of ULB: Durgapur MC

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	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?	-
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	

(I) Condition of Shelter			
Number of inmates at present		29	
Number of inmates left out the shelter in the present month		0	
Remarks		-	
(II) Inventory of soft furnishings			
		Total	Usable Not usable
Bed Sheets :		50	50 -
Pilows		50	50 -
Pilow Covers		50	50 -
Mosquito nets		50	50 -
Water purifier		2	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.		No	
Entertainment facility		Yes	
How many televisions are there and whether they are functional?		2 Nos. Both are functional	
(IV) Please specify the group of urban homeless cater in the shelter			
a.	Men	8	
b.	Women / Single Women and their dependent children	15	
c.	Children	6	
d.	Aged	19	
e.	Physically Challenged	3	



f.	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:	
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No ]	2 inmates were admitted in the SDH / Health check
	If yes, mention the date & how many people covered in this:	up camp was organised by NWHM on 8/9/19.
(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)	all the inmates were covered. 30/8/19; M-3, F-1, ch-4
(iv)	Did you have meal with the inmates? If yes, quality of the meal.	I had lunch & the quality was good.
(v)	Is the kitchen garden being raised and maintained?	The Dist Horticulture Dept is arranging for a Project within the campus of the SUH.
(vi)	Are toiletries supplied to the inmates? If yes, mention the items.	Yes; the AGO arranges for flu items.
(E)	General Observations	
1	Good Practices:	
a.	General Hygiene maintained by inmates:	Mostly good.
b.	Cooking practices	Food is prepared in a Hygienic manner.
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.	Inmates are engaged in Cooking, Washing & Cleaning <del>and</del> Activities of the SDH.

2	Any issue Infrastructure related:	NIL.
3	Poor practices:	Quarreling among inmates. The mentally challenged child (boy) becomes violent at times.

**ACTIVITIES UNDER ABHAYASHRAM**  
**DURGAPUR MUNICIPAL CORPORATION**



**HEALTH CHECK-UP CAMP**



**INMATES ENGAGED IN GARDENING**



Format for functional SUH visit by CMMU

Month: 16.09.2019

Date of Visit: 16.09.2019

Name of ULB : Krishnanagar

Name of SUH : Krishnanagar

Type : General

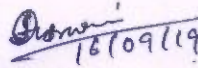
Capacity : 50

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

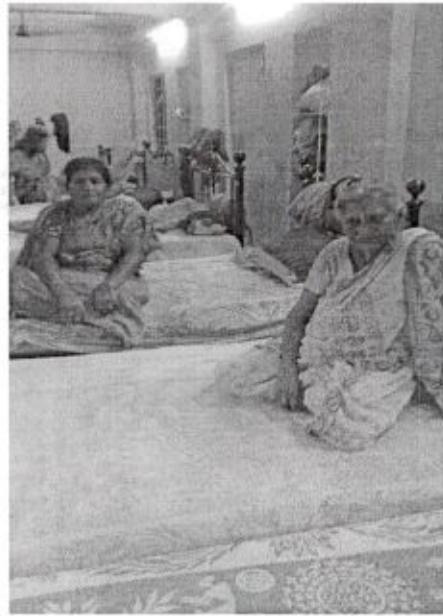
A)	Documents Verification	
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	Yes
	Register of inmates	Checked and OK
	Permanent Register	Checked and OK
	Stock register	Checked and OK
	Attendance Register	Checked and OK
	Accounts/ Cash Book	Checked and OK
	Staff Attendance Register	Checked and OK
	Shelter Management Committee meetings register	Checked and OK
	Complaints and suggestions register	Checked 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 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
	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

	Number of inmates at present	34		
	Number of inmates left out the shelter in the present month	0		
	Remarks			
II)	Inventry of soft furnishings	Total	Usable	Not usable
	Bed Sheets :	Total: 32	Usable : 17	Not Usable : 15
	Pilows	Total: 32 5	Usable : 27	Not available :
	Pilow Covers	Total: 32 5	Usable : 27	Not available :
	Mosquito nets	Total: 32 10	Usable : 22	Not available :
	Water purifier	OK		
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.	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 shelter			
a.	Men			10
b.	Women / Single Women and their dependent children			24
c.	Children			
d.	Aged			24
e.	Physically Challenged			3
f.	Mentally Disabled			0
g.	Family			0
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:	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:	
(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 tolatiries 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 food & menu for the inmates on that time	Good
d.	Entertainment facility:	Tv
e.	Is any Livelihood opportunity created for inmates:	Paper Bag
2	Any issue Infrastructure related:	No
3	Poor practices:	

  
 16/09/19  
 Manager  
 Skill & Micro Enterprises  
 (NULM)  
 Krishnanagar Municipality

Month of September 2019



Format for functional SUH visit by CMMU

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:

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?	
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:-Survey will be conduct on 25h September 2019
If yes mention the date & number of person identified & rescued:	NA
C) Physical Verification	
(I) Condition of Shelter:-	Good
Number of inmates at present	20

Rajdeep Chatterjee  
C.O. NULM, N.R



	Number of inmates left out the shelter in the present month	7		
	Remarks			
II)	Inventry of soft furnishings	Total	Usable	Not usable
	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.			
	Entertainment facility	Weekly		
	How many televisions are there and whether they are functional?			
IV)	Please specify the group of urban homeless cater in the shelter			
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)	Other issues			

Rajdeep Chatterjee  
C.O., AULM, N.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 survey 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)	Are toiletries 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:	

Rajdeep Chatterjee  
C.O., NULM, N

4	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	ULB contact with different NGO for arrange some training programme for the inmates	

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

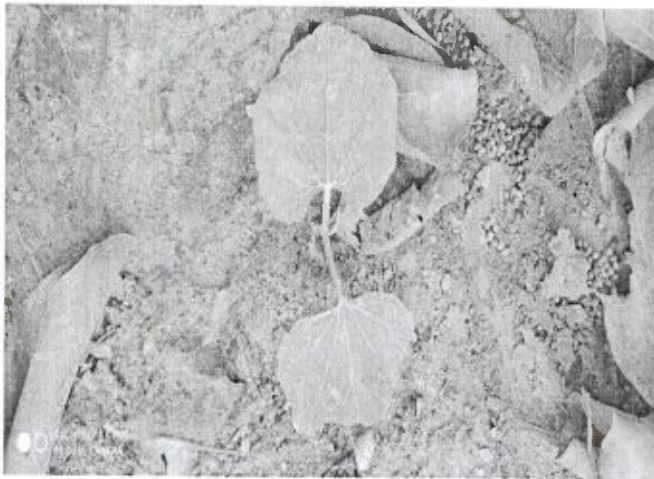
a. Kitchen Garden

b. Garden

Attached with the mail

*Rajdeep Chatterjee  
C.O. NCCM, N.M*

Glimpses of Kitchen Garden at SUH, Nabadwip



Format for functional SUH visit by CMMU

Month:

Date of Visit 16/09/2019

Name of ULB : Jalpaiguri

Name of SUH : ASHRAY

Capacity : 50

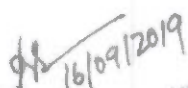
Type :

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

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
	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?	1 CAREGIVER AND 1 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	0		
	Remarks			
II)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets :	50	50	
	Pilows	50	50	
	Pillow Covers	50	50	
	Mosquito nets	50	49	1
	Water purifier	2	1	1 Not istalled
III)	Check whether the water purifier is functional			
	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		
IV)	Please specify the group of urban homeless cater in the shelter			
a.	Men	7		
b.	Women / Single Women and their dependent children	4		
c.	Children			
d.	Aged			
e.	Physically Challenged			
f.	Mentally Disabled			
g.	Family			
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)			
(D)	Other issues			

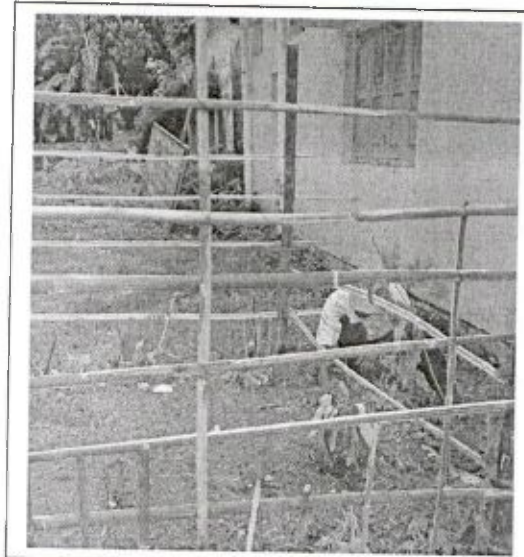
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	widow pension from ULB and EPF pension.
(ii)	Health check up & screening test of inmates arranged in the present month [Yes / No ]	yes
	If yes, mention the date & how many people covered in this:	date: 16.09.2019, 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 toiletaries 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	Poor practices:	none as such

  
 16/09/2019  
 City Mission Manager  
 WBSULM DAY-HULM  
 Jalpaiguri Municipality

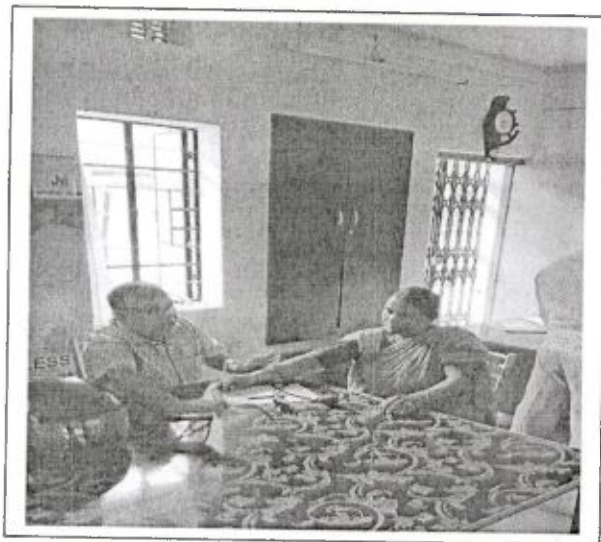
PICTURES TAKEN DURING VISIT OF SUH -ASHRAY, JALPAIGURI MUNICIPALITY, 16<sup>th</sup> September, 2019



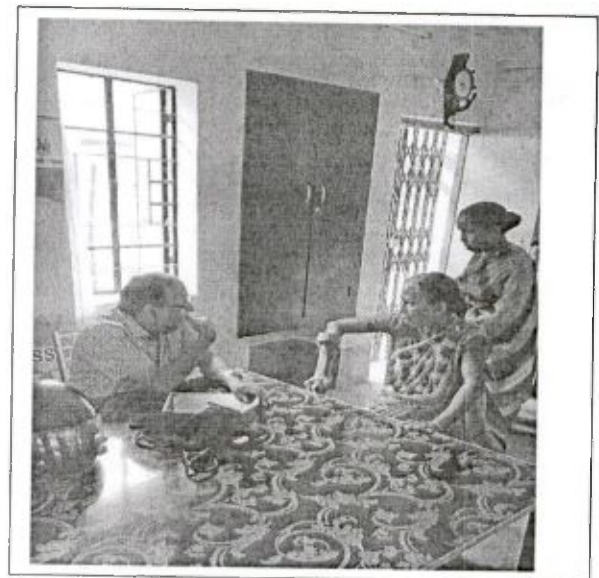
Food served at SUH



Bamboo fencing of Kitchen Garden at SUH



Health check up of inmates in The SUH





5

**Format for functional SUH visit by CMMU**

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

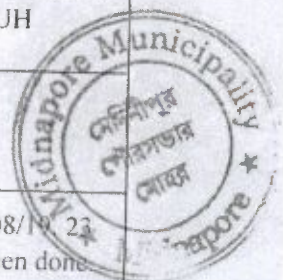
A)	Documents Verification	Observation
	Are all the registers as mentioned below maintained properly in the shelter? Checked - (Yes/ No)	YES
	Register of inmates	YES
	Permanent Register	YES
	Stock Register	YES
	Attendance Register	YES
	Accounts/ Cash Book	YES
	Staff Attendance Register	YES
	Shelter Management 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 redressed in Grievance Register?	YES
<b>B)</b>	<b>Work verification</b>	
	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
<b>C)</b>	<b>Physical Verification</b>	
(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	

(iii)	When were you last present for the night survey to identify beneficiaries? mentioned the details( Place of Visit, number identified, male, female, and aged breakup)	Yes. Present at the time of Night Survey. Night Survey held on 29/08/2019. Place of Visit- Rail Station, Bus Stand, Flyover, Bus Stop Halting Place and all main places. 05 Nos person identified & 03 Nos rescued.
<b>(E) General Observations</b>		
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 inmates Lunch and Dinner also Food was tested During Visit. Menu: (Rice, Dal, Sabji, Fish Curry )
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
3	Poor practices:	No as Such Poor Practice Found



*Shantu*  
16/08/19

II	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
III)	Checked Whether 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 AVELABLE WITH CABLE CONNECTION		
	How many Telivission are there and wheather they are Functional	01 NOS OF TV AND FUNCTIONAL		
<b>II)</b>	<b>Please specify the group of urban homeless catered in the shelter</b>			
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			1
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)			
d.	OTHER ISSUE			
<b>(D)</b>	<b>Other verification</b>			
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	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		



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: September 2019 1st Half

Date of Visit: 13-09-2019

Name of ULB : Haldia Municipality

Name of SUH : Matagini Abash

Capacity : 50

Type : General

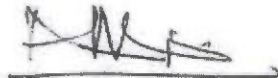
Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

A)	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
	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	
(I)	Condition of Shelter	
	Number of inmates at present	15
	Number of inmates left out the shelter in the present month	17
	Remarks	

II)	Inventry of soft furnishings	Total	Usable	Not usable
	Bed Sheets :		39	
	Pilows		47	
	Pilow Covers		23	
	Mosquito nets		44	
	Water purifier		2	
III)	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 the date upto which it is covered.		No	
	Entertainment facility		No	
	How many televisions are there and whether they are functional?		N/A	
IV)	Please specify the group of urban homeless cater in the shelter			
a.	Men		8	
b.	Women / Single Women and their dependent children		7	
c.	Children		2	
d.	Aged		7	
e.	Physically Challenged		2	
f.	Mentally Disabled		1	
g.	Family		3	
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:		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	
(v)	Is the kitchen garden being raised and maintained?		Yes	
(vi)	Aare tolatiries supplied to the inmates? If yes, mention the items.	Yes, Acid, Phenyle, soap, Detergent etc		
(E)	General Observations			
1	Good Practices:		No	
a.	General Hygiene maintained by inmates:		No	
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		
d.	Entertainment facility:		No	
e.	Is any Livelihood opportunity created for inmates:		No	
2	Any issue Infrastructure related:			
3	Poor practices:	Inmates are lethargic		

4

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 LIVELIHOOD MISSION  
HALDIA MUNICIPALITY

13

Format for functional SUH visit by CMMU

Month: September

Date of visit: 17.09.2019

Name of ULB: Arambagh Municipality Name of SUH: Bhalagune 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? Checkod - (Yes/ No)	<u>yes</u>
Register of inmates	<u>yes</u>
Permanent Register	<u>yes</u>
Stock register	<u>yes</u>
Attendance Register	<u>yes</u>
Accounts/ Cash Book	<u>yes</u>
Staff Attendance Register	<u>yes</u>
Shelter Management Committee meetings register	<u>yes</u>
Complaints and suggestions register	<u>yes</u>
Are all the registers updated?	<u>yes</u>
Are all the records regarding the inmate maintained properly?	<u>yes</u>
Study grievance addressed in Grievance Register?	<u>yes</u>
B) Work Verification	
Have all the staff aware about their duty?	<u>yes</u>
Have all the staff received the capacity building training for O & M of SUH?	<u>NO</u>
Is the night survey conducted in this month for identification of homeless? Yes/No	<u>yes</u>
If yes mention the date & number of person identified & rescued:	<u>one</u>
C) Physical Verification	



(I)	Condition of Shelter	Good		
	Number of inmates at present	17		
	Number of inmates left out the shelter in the present month	17		
	Remarks			
(II)	Inventory of soft furnishings	Total	Usable	Not usable
	Bed Sheets :	50	50	
	Pillows	50	50	
	Pillow Covers	50	50	
	Mosquito nets	50	50	
	Water purifier	Yes		
(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.	No		
	Entertainment facility	Nil		
	How many televisions are there and whether they are functional?	Required Televisions		
(IV)	Please specify the group of urban homeless cater in the shelter			
a.	Men	3		
b.	Women / Single Women and their dependent children	11		
c.	Children	2		
d.	Aged	4		
e.	Physically Challenged	1		

f.	Mentally Disabled	Nil
g.	Family	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.	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 last present for the night survey to identify beneficiaries? Mention the details (places visited, number identified, male, female and age breakup)	Anambagh Railway Station 1, female - 63
(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)	Are toiletries supplied to the inmates? If yes, mention the items.	
(E)	General Observations	
f.	Good Practices	Yes
a.	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	Good
c.	Is the food provided to inmates tested & Quality of food & menu for the inmates on that time	Good Quality food
d.	Entertainment facility:	NO
e.	Is any Livelihood opportunity created for inmates	NO

2	Any issue Infrastructure related:	covered by grill and collapsible gate needed
3	Poor practices:	None

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			

(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	We have planned to formation of one SHG 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 identified--08, Malda Town Station, Male--6 Female--2. Male-age--13 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 tolatiries 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. 3. Computer Chair & Table. 4. CCTV Camera .4. One Television. 5. Generator or Invator
3	Poor practices:	Waste Segregation is not Started

S. San 16/9/19  
 Manager-S.O & Infrastructure, NULM  
 Englishbazar Municipality, Malda

16/09/19  
 E.O & City Project Officer, NULM  
 Englishbazar Municipality, Malda

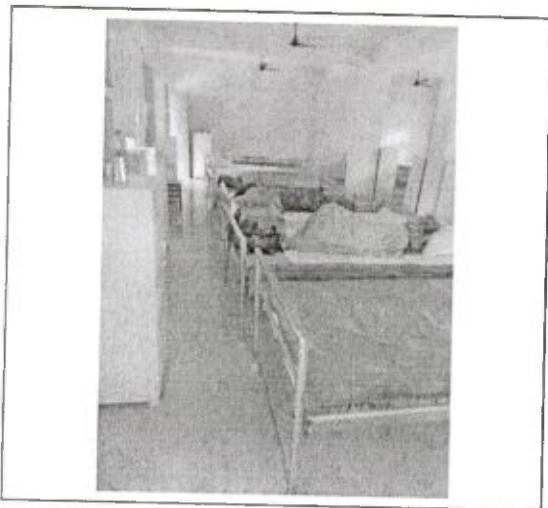
# SUH Visit – 14.09.2019

A. Dormitory with inmates:

B. Kitchen with cooking arrangements:

C. Toilet blocks:

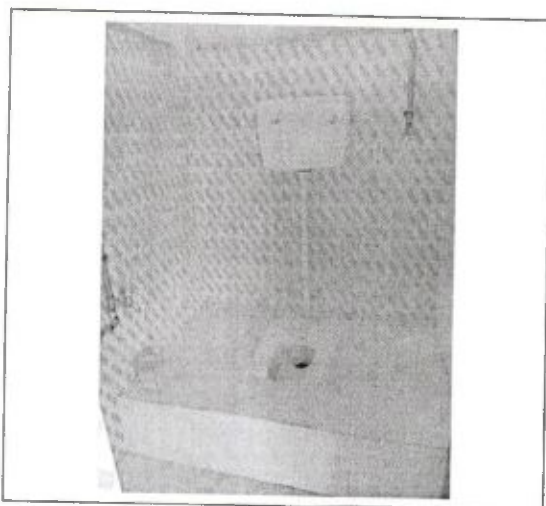
D. Entertainment facility:



A. Dormitory with inmates



B. Kitchen with cooking arrangements



C. Toilet blocks



D. Entertainment facility

Format for functional SUH visit by CMMU

Month: August

Date of Visit: 13/09/2019

Name of ULB : Howrah Municipal Corporation  
Phera

Name of SUH : Ghare

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
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			
(I)	Condition of Shelter			
	Number of inmates at present	50		
	Number of inmates left out the shelter in the present month	6		
	Remarks			
II)	Inventory 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
III)	Check whether the water purifier is functional	Not yet purchased		
	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?	1(functional)		
IV)	Please specify the group of urban homeless cater in the shelter			
a.	Men	17		
b.	Women / Single Women and their dependent children	24		

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 tolatiries 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 (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

*Aheri Das.*  
16/9/2019

**AHERI DAS**  
MANAGER-SOCIAL DEVELOPMENT & INFRASTRUCTURE (WLM)  
HOWRAH MUNICIPAL CORPORATION

4.

CCTV Camera  
Bio-Metric Attendance

5. Photographs taken at the time of visit

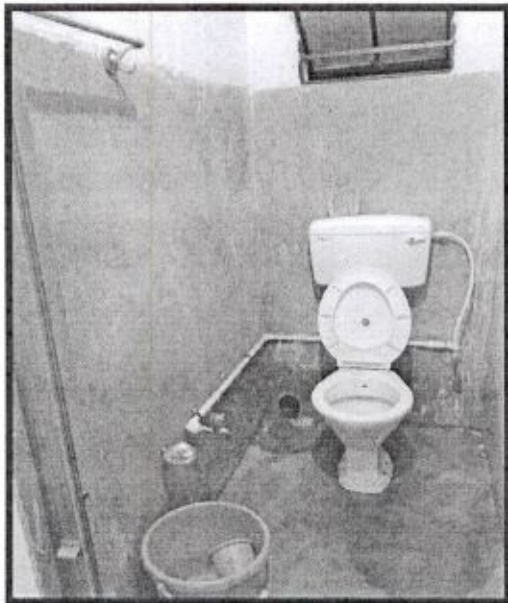
A) Dormitory with inmates



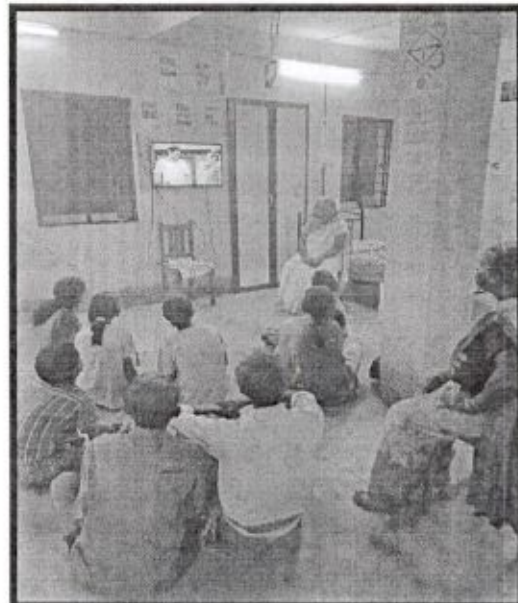
b) Kitchen with cooking arrangements



c) Toilet blocks



d) Entertainment Facility



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

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ULB	Timeline
1	Howrah MC	Ghare Phera	02.09.2019	i) Boundary Wall	ULB	
				ii) Open balcony to be covered by Grill.	ULB	
				iii) 18 Bed & bedding and Mosquito Net procured by ULB.	ULB	
				iv) CCTV	SUDA	
2	Englishbazar	ANUBHAB	03.09.2019	i) Procurement of 20 nos of chair for inmates	ULB & SUDA	
				ii) Installation of CCTV		
3	Arambagh	Bhabaghure Bhavan	06.09.2019	i) Covering veranda from 1st floor to 3rd floor and collapsible gate	ULB	
				ii) Required C.C Camera for security purpose	SUDA	
				iii) Required L.C.D.T.V for Entertainment	ULB	
4	Haldia	Matangini Abas		i) Requirement of CCTV	SUDA	30.09.2019
5	Midnapore	Janakalyan Bhavan	30.08.2019	ii) NGO is required to be engaged for Counselling of the inmates	ULB	30.09.2019
				ii) Rain shed Required (Tin)	ULB	30.08.2019
6	Jalpaiguri	ASHIRVA	14.08.2019	iii) Boundary wall		

7	Nabadwip	Mamatalay			i) To involve SUH inmates in different awareness programme ii) Fire excursion must be refilled	ULB SUDA	02.09.2019 - 09.09.2019
8	Krishnanagar	Krishnanagar	06.09.2019		ii) A fund required for emergency purpose like illness of inmates, Car expenses for movement of hospitalization, emergency medicine.	SUDA	
9	Durgapur MC	ABHAVYASHIRA M	06.09.2019		None		
10	Habra	Vivekananda Bhawan	03.09.2019		i) Social welfare pension for entitled inmates	ULB	30.09.2019
11	Rajipur Sonarpur	Nivedita Bhawan	02.09.2019				
12	Chandernagar	Vivekananda Abasan	31.08.2019		i) Bank account opening of inmates under process with bank of india, chandernagore ii) Regular counselling on proper cleaning of toilets and garbage dumping to be done	ULB ULB	
13	Mahestala	Abas	04.09.2019		i) Urgent training of the staff needed ii) Organise Health Check up Camp for inmates	SLUDA ULB	30.09.2019 30.09.2019
14	Bongaon	Saranya	02.09.2019				
15	Jiaganj Azimganj	Valobasa SUH	30.08.2019				
16 A	KVMC	Amur Asray	05.08.2019		ii) Registers should be maintained properly by shelter staff	SMA	15.08.2019
16 B	KVMC	Gouri Bari Lane	05.08.2019		ii) More identification of homeless to be done	SMA	15.08.2019
17	Coochbehar	THIKANA	04.09.2019		i) Surface Drainage System, CCTV Camera with TV monitor, Repairing Toilet Flush ii) Bank account opening for inmates iii) Enrollment for Swastha Sathi Scheme iv) Enrollment for Antodaya Yogona	ULB	30.09.2019
18	Katwa	THIKANA	04.09.2019		i) Entertainment Facility ii) Livelyhood Facility iii) Training of SUH Staff	ULB ULB SUDA	30.09.2019

## Format for functional SUH visit by CMMU

**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 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 meeting register	Yes
Complaints and Suggestions Reregister	Yes
Study type of grievances redressed 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	Not Yet
If yes mention the date & number of person identified & rescued:	NA
C) Physical Verification	
(I) Condition of Shelter	Good
Number of Inmates at present	52
Number of inmates left out the shelter in the present fortnight (Certain Period)	0
Remarks	

(II) Please Specify the group of urban homeless catered in the shelter		
a	Men	15
b	Women: Single Women and their dependent children	26
c	Children	11
d	Aged( More than 65 Years)	7
e	Physically Challenged	2
f	Mentally Disabled	2
g	Family	8
h	Any other (as mentioned in Para3.3 of SUH Guidelines)	
<b>(D) Other verification</b>		
(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 Yet Tentative
	If yes, mention the date & how many people covered in this:	Tentative date 07/09/2019 50
<b>(E) General Observations</b>		
1	Good Practices:	
a.	General Hygiene maintained by inmates	Yes
b.	Cooking practices	Yes
c.	Is the food provided to inmates tested & quality of food & menu for the inmates on that date	Yes
d.	Entertainment Facility:	LED T.V. & indoor game
e.	Is there any Livelihood opportunity created for inmates:	Paper bag (Thonga) Making Junk Jewellery Making
2.	Any infrastructure related issue:	Balcony grill & water Purifier
3.	Poor practices:	

Ahiri Das.  
2/9/19

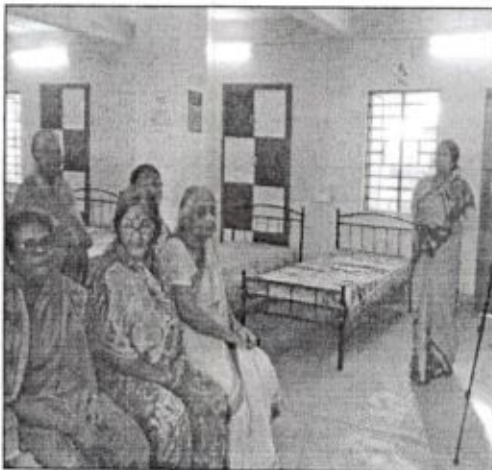
AHIRI DAS  
MANAGER-SOCIAL&TECHNICAL INFRASTRUCTURE (NULM)  
HOVRAH MUNICIPAL CORPORATION



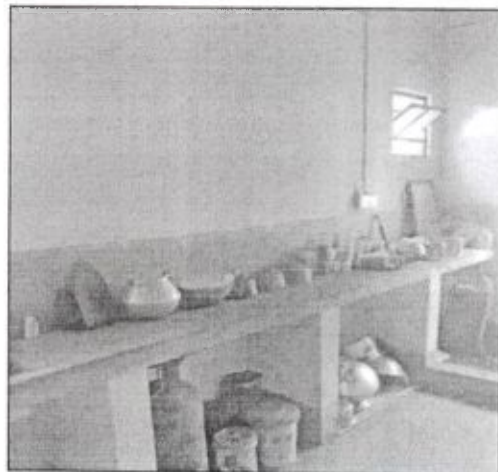
Recommendations for improvement	Actions to be taken by ULB/SUDA	Timeline
i) Boundary Wall  ii) Open balcony to be covered by Grill.  iii) 18 Bed & bedding and Mosquito Net procured by ULB.  iv) CCTV	i) Estimate of Boundary Wall & Grill is being prepared. ii) Tender for Bed & bedding and Mosquito Net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

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

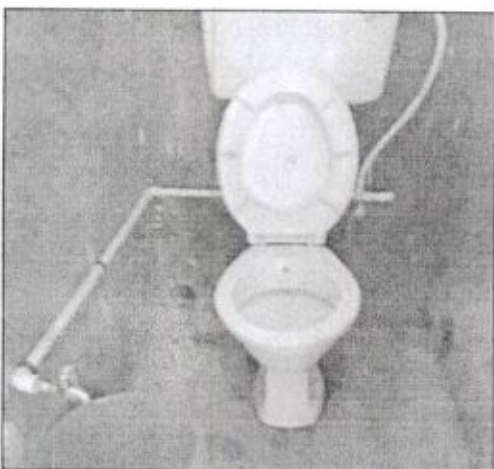
a) Dormitory with inmates



b) Kitchen with cooking arrangements



c) Toilet Blocks



d) Entertainment Facility



**Format for functional SUH visit by CMMU**

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 redressed in Grievance Register?	Suggestion and further Improvement
B)	<b>Work verification</b>	
	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)	<b>Physical Verification</b>	
(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	

<b>II)</b>	<b>Please specify the group of urban homeless catered in the shelter</b>	
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)	
<b>(D)</b>	<b>Other verification</b>	
(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
<b>(E)</b>	<b>General Observations</b>	
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	1. Procurement of 20 Nos of Chair for Inmates and Installed CCTV Camera.
	Actions taken by ULB/SUDA	After sanction of Fund from SUDA/ WBSULM necessary action will be taken for procurement of the Chair & CCTV Camera.
	Timeline	All works <del>will</del> completed within one month from received of the required fund from SUDA/WBSULM.

*[Signature]*

CPO,NULM

Englishbazar Municipality Malda

Englishbazar Municipality, Malda

*[Signature]*

Manager- Social Development & Infrastructure, EBM

Englishbazar Municipality, Malda

**Format for functional SUH visit by CMMU**

Month: 06 Sept 2019

Name of TILB : Arambagh Municipality

Name of SUH : Bhabaghure Bhavan

Capacity : 50

Type : Homeless Person

Shelter Management Committee meeting held Yes/ No. If Yes mention the date: 25.06.2019

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	
	Study type of grievances lodged in Grievance Register?	No	
B)	Work verification		
	Have all the staff aware about their duty?	Yes	

2.	Family		1
h.	Any other (as mentioned in Para 3.3 of the SUII Guidelines)	No	
(D)	<b>Other verifications</b>		
(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.	08-07-19	
(E)	<b>General Observations</b>		
i	Good Practices.	Yes	
a.	General Hygiene maintained by inmates.	Yes	
b.	Cooking practices	Good	
c.	Is the food provided to inmates tested & quality of food & menu for the inmates on that date	Good Quality Food	

	Have all the staff received the capacity building training for O & M of SLHF?	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.	26/11/2019 & 1	
<b>C)</b>	<b>Physical Verification</b>		
<b>(i)</b>	<b>Condition of Shelter</b>	Good	
	Number of inmates in present	16	
	Number of inmates left out the shelter in the present fortnight (Certain period)	17 (With in 3 Months)	
	Remarks		
<b>(ii)</b>	<b>Please specify the group of urban homeless catered in the shelter</b>		
<b>a</b>	Men	3	
<b>b</b>	Widow / Single Women and their dependent children	11 (1) One dependent	
<b>c</b>	Children	1	
<b>d</b>	Aged ( More than 65 Years)	4	
<b>e</b>	Physically Challenged	1	
<b>f</b>	Mentally Disabled	No	

d. Entertainment facility:	No	
e. Is there any livelihood opportunity created for inmates:	No	
2. Any infrastructure related issue:	Covered by grill and collapsible gate needed	
3. Poor practices:	Nil	
4. Recommendations for improvement:	Action to be taken by U.P.S.U.D.A	Timeline
A) Covering Veranda from 1st floor to 1st floor and collapsible gate	Proposal will be sent	
B) Required C.C Camera for security purpose	enclosed quotation	
C) Required L.C.D.T.V. for Entertainment	enclosed quotation	

*Sayak Math Malik*

*6.9.19*



### Format for functional SUH visit by CMMU

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  
Yes, 09.07.2019

(A)	Documents Verification	Observation
	Are all the registers maintained properly in the shelter? Checked- Yes/No	Yes
	Registers of inmates	Yes
	Permanent Resister	Yes
	Stock Register	Yes
	Attendance Register	Yes
	Accounts/Cash Book	Yes
	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>(B)</b>	<b>Work Verification:</b>	
	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 indentification of homeless? Yes/N	Yes
	If yes, mention the date & number of person indentified & rescued:	27.08.19, 01 persons
<b>(C)</b>	<b>Physical Verification:</b>	
<b>(I)</b>	<b>Condition of Shelter</b>	<b>Good</b>
	Number of inmates at present	32
	Number of inmates left out the shelter in the present fortnight (certain period)	0
	Remarks:	
<b>(II)</b>	<b>Please sepcify the group of urban homeless catered in the shelter:</b>	
<b>(a)</b>	Men	16
<b>(b)</b>	Women/Single Women and their dependent children	16
<b>(c)</b>	Children	2
<b>(d)</b>	Aged	7
<b>(e)</b>	Physically Challenged	2
<b>(f)</b>	Mentally Disabled	1


(g)	Family		4
(h)	Any other (as mentioned in para 3.3 of the SUH guidelines)		
(D)	<b>Other Verification</b>		
(i)	Any linkage with social entitlements & if yes, mention it with number of beneficiaries:		No
(ii)	Regular 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 month:		29.08.19, 15 Persons
(E)	<b>General Observations:</b>		
1	Good Practices:		
a.	General Hygiene maintained by inmates		Yes
b.	Cooking Practices		Cooked foods served daily
c.	Is the food provided to inmates tested & quality of food & menu for the inmates on that day		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			
	Recommendation for improvement	Action to be taken by ULB	Timeline
	Requirement of CCTV	Installation CCTV is under process by SMMU	By September

5 Psychiatrist 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-NULM  
&  
Executive officer  
Haldia Municipality

**Format for functional SUH visit by CMMU**

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

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

Capacity :50

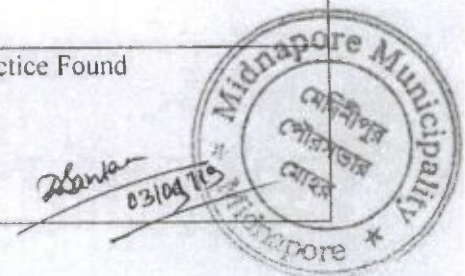
Type :

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
	Complaints and Suggestions Register	YES
	Study type of grievances redressed 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)	1
	Remarks	
II)	Please specify the group of urban homeless catered in the shelter	
a.	Men	7
b.	Women / Single Women and their dependent children	14

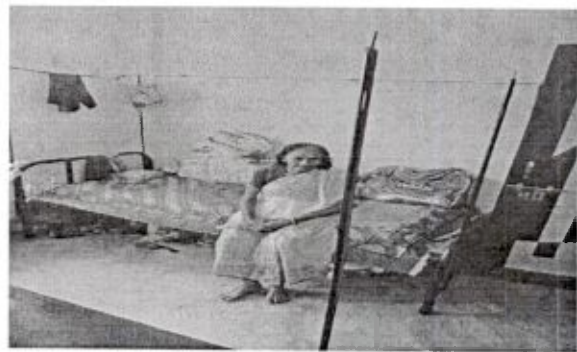


c.	Children	2
d.	Aged ( More than 65 Yeras)	16
e.	Physically Challenged	1
f.	Mentally Disabled	0
g.	Family	1
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
<b>(D) Other verification</b>		
(i)	Any linkage with social entitlements & if yes mention it with number of beneficiaries:	Old age 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.
<b>(E) General Observations</b>		
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
3	Poor practices:	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	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?	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	
(I)	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	
II)	Please specify the group of urban homeless catered 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)	<b>Other verification</b>	
(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)	<b>General Observations</b>	
1	Good Practices:	Gardening, washing the rooms & toilets, morning & evening prayer
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 date	Yes, Menu:- Rice, Dal, Sabji
d.	Entertainment facility:	Weekly
e.	Is there any Livelihood opportunity created for inmates:	No
2	Any infrastructure related issue:	No
3	Poor practices:	

Sunipa Basak

4 Recommendations for Improvement	Action to be taken by ULB/SUDA	Timeline
To involve SUH inmates different awareness programme	Concerned authority of Nabadwip Municipality going to organize a awareness programme 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 programme.	2nd Sep 2019 to 9th Sep 2019

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 Programme
- Attached with the mail

*Susipa Basak*



## Format for functional SUH visit by CMMU

Month: September 2019

Name of ULB : Krishnananagar

Name of SUH : Krishnanagar

Capacity : 50

Type : General

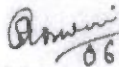
Shelter Management Committee meeting held Yes/ No, If Yes mention the date:

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 redressed in Grievance Register?	Maintained
B)	<b>Work verification</b>	
	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)	<b>Physical Verification</b>	
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)	<b>Please specify the group of urban homeless catered in the shelter</b>	
a.	Men	11
b.	Women / Single Women and their dependent children	23
c.	Children	0

d.	Aged ( More than 65 Yeras)	M- 5, F- 17
e.	Physically Challenged	3
f.	Mentally Disabled	0
g.	Family	0
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
<b>(D) Other verification</b>		
(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:	
<b>(E) General Observations</b>		
1	Good Practices:	1.Plantation of kichen garden , 2. Toiletory items distribution among inmates, 3. Excess food of BOT&BOA training distributed among inmates.
a.	General Hygiene maintained by inmates:	Yes
b.	Cooking practices	Yes
c.	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	checked
d.	Entertainment facility:	TV, Ludo board, news paper
e.	Is there any Livelihood opportunity created for inmates:	Making of paper bag
2	Any infrastructure related issue:	
3	Poor practices:	Most of the inmates are begger.

4 Recommendations for improvement:

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
<p>1.Fire excursion must be refilled. 2. A fund required for emergency purpose like- illness of inmates, car expenses for movement of hospitalization, emeregency medicine.</p>	<p>Action taken by SUDA</p>	

  
 06/09/19  
 Manager  
 Skill & Micro Enterprises  
 (NULM)  
 Krishnanagar Municipality

Format for functional SUH visit by CMMU

Month: August 2019

Name of ULB: Durgapur 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 / Box	Yes
	Study type of grievances redressed in Grievance Register?	Done
B)	<b>Work verification</b>	
	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 ; Identified - 7 ; Rescued -
C)	<b>Physical Verification</b>	
(I)	Condition of Shelter	
	Number of inmates at present	28
	Number of inmates left out the shelter in the present fortnight (Certain period)	0
	Remarks	

a1)	Please specify the group of urban homeless catered in the shelter	
a.	Men	9
b.	Women / Single Women and their dependent children	14
c.	Children	5
d.	Aged ( More than 65 Yeras)	16
e.	Physically Challenged	4
f.	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	"
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

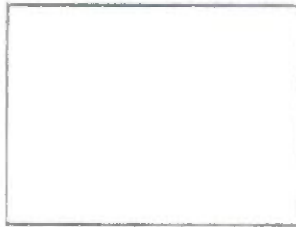
1	Is there any Livelihood opportunity created for inmates:	Making Thonga by Inmates 10 inmates are involved.
2	Any infrastructure-related issue:	None
3	Poor practices:	None

4.

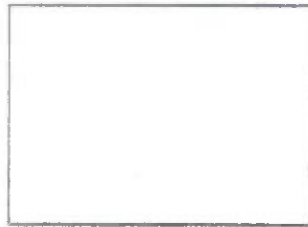
Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
None	—	—

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

a) Dormitory with inmates



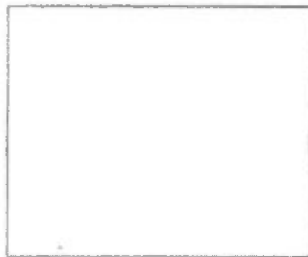
b) Kitchen with cooking arrangements



c) Toilet blocks



d) Entertainment Facility



Vaswanti Roy  
6/9/19.  
Manager (SM & ID), NULM  
Durgapur Municipal Corporation



**NIGHT SURVEY FOR IDENTIFICATION OF INMATES**



**CELEBRATING SENIOR CITIZENS DAY ON 21<sup>ST</sup> AUGUST 2019 AT ABHAYASHRAM**



## Format for functional SUH visit by CMMU

Month Sep-19

Name of SUH : Vivekananda Bhawan

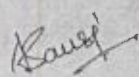
Name of UCB : Habra Municipality

Type: Functional

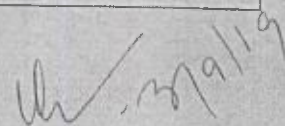
Capacity : 50 bedded

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 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 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 required from SUDA
	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, 9 person were identified and 6 of them were rescued
C)	Physical Verification	
(I)	Condition of Shelter	Very Good
	Number of Inmates at Present	21
	Number of Inmates left out the shelter in the present fortnight (Certain Period)	1
	Remarks	8 inmates left out the shelter since inception & 1 inmate died since inception
(II)	Please specify the group of urban homeless catered in the shelter	
a)	Men	8
b)	Women/Single Women and their dependent children	13
c)	Children	0
d)	Aged (More than 65 years)	12
e)	Physically Challenged	2
f)	Mentally Disabled	2
g)	Family	1

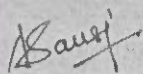


Manager  
Social Dev. & Infrastructure  
DAY-NULM, HABRA MUNICIPALITY

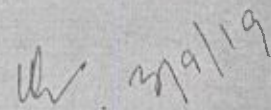


City Project Officer  
DAY-NULM, HABRA MUNICIPALITY

h)	Any Other(as mentioned in Para 3.3 of the SUH Guidelines)	0
D)	<b>Other Verification</b>	
(i)	Any linkage with social entitlements & if yes mention with number of beneficiaries	Bank account of 6 inmates have been done & they are under process of enrolling into old age pension under Social welfare department. Six inmates has been linked to 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)	<b>General Observation</b>	
1	Good Practice	a) Free fooding provided to all the inmates b) Kitchen garden nurtured regularly by inmates c) Morning & Evening Prayer practised by inmates
a.	General Hygiene maintained by inmates:	General hygiene well maintained
b.	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 heavy rainfall due to absence of sunshed above balcony
3	Poor Practices:	No



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



City Project Officer  
DAY-NULM, HABRA MUNICIPALITY

Recommendations for improvement	Actions to be taken by ULB/SUDA	Timeline
NA	a. Social welfare pension for entitled inmates	September 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



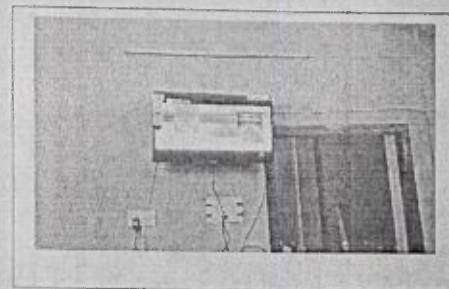
b. Kitchen with cooking arrangements



c. Toilet Blocks



d. Entertainment Facility



*Bausi*

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

*U. 29/19*

City Project Officer  
DAY-NULM, HABRA MUNICIPALITY

**Format for functional SUH visit by CMMU**

**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:

<b>A) Documents Verification</b>	<b>Observation</b>
----------------------------------	--------------------

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>B) Work verification</b>	
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

If yes mention the date & number of person identified & rescued:

<b>C) Physical Verification</b>	
(I) Condition of Shelter	Good
Number of inmates at present	33

Number of inmates left out the shelter in the present fortnight (Certain period) 1

Remarks	
---------	--

d)	Please specify the group of urban homeless catered 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	1
f.	Mentally Disabled	0
g.	Family	1
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
<b>(D)</b>	<b>Other verification</b>	
(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 [ No ]	

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

<b>(E)</b>	<b>General Observations</b>	
i	Good Practices:	Inmates cleaning their own room. 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.
c.	Is the food provided to inmates tested & quality of food & menu for the inmates on that date. <b>Yes. Nutritious and tasty with less spices and oil.</b>	

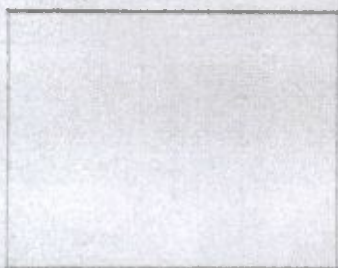
d.	Entertainment facility:	Yes. Board games like ludo provided. Kartal and khanjani(Musical Instruments) provided for kirtans/Bhajans.
----	-------------------------	--

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.
3	Poor practices: No

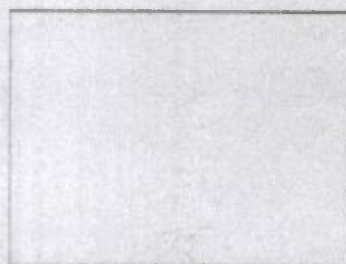
Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
	T.V purchase delayed as Chairman Not eager to provide T.V. Negotiations going on to convince him.	

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

a) Dormitory with inmates



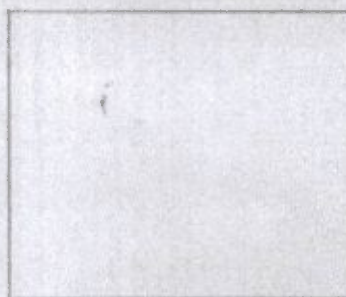
b) Kitchen with cooking arrangements



c) Toilet blocks



d) Entertainment Facility



*Syami 2/1/11*

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

Format for functional SUH visit by CMMU

Month: 31<sup>st</sup> August, 2019

Name of ULB: Chandernagore  
Municipal Corporation

Name of SUH: Vinekamanda Abas

Capacity: 50

Type:

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

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?	no grievance submitted
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:	29.08.19, 8 people identified 6 are in process of being rescued
C)	Physical Verification	
D)	Condition of Shelter	
	Number of inmates at present	15
	Number of inmates left out the shelter in the present fortnight (Certain period)	None
	Remarks	



a) Please specify the group of urban homeless catered in the shelter	
a. Men	4
b. Women / Single Women and their dependent children	11
c. Children	
d. Aged ( More than 65 Yeras)	
e. Physically Challenged	01
f. 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:	Under process. Bank account process done for 3 inmates.
(ii) Health check up & screening test of inmates arranged in the present month [Yes / No ]	27.08.19.
If yes, mention the date & how many people covered in this:	11 inmates.
(E) General Observations	
1. Good Practices:	Having dinner & lunch in time. watering the plants. cleaning of room
a. General Hygiene maintained by inmates:	good.
b. Cooking practices	Cooking gas procurement under process, stove is being used for cooking
c. Is the food provided to inmates tested & quality of food & menu for the inmates on that date	Yes, good quality. Menu- Rice, lemon, Dal, mixed veg, Bhindi curry.
d. Entertainment facility:	None.

1	Is there any Livelihood opportunity created for inmates:	Under process,
2	Any infrastructure related issue:	One aquaguard to be installed
3	Poor practices:	Proper waste dumping and toilet cleaning under process.

4.

Recommendations for improvement	Action to be taken by ULB/SUDA	Timeline
Bank account opening of inmates under process with Bank of India, Chandernagore  Regular counselling on proper cleaning of toilets and garbage dumping to be done.	Water connection under process.	

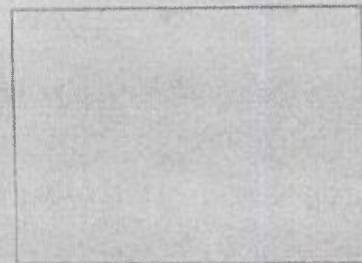
*Reshma elakratty.*  
31.08.19.

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

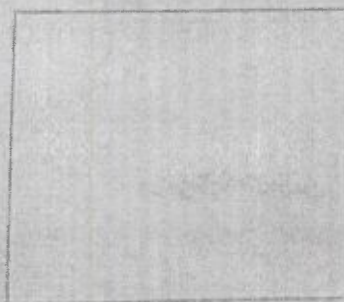
a) Dormitory with inmates



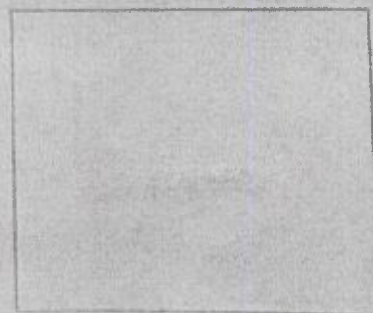
b) Kitchen with cooking arrangements



c) Toilet blocks



d) Entertainment Facility



### 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
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	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	
(I)	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

	month of August
--	-----------------

II) 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
(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		
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
<ul style="list-style-type: none"> <li>Urgent training of the staff needed</li> <li>Organise health check up</li> </ul>	<ul style="list-style-type: none"> <li>SUDA</li> <li>ULB</li> </ul>	<ul style="list-style-type: none"> <li>By August 2019</li> <li>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</li> </ul>

Visited by: Anindita Roychoudhury

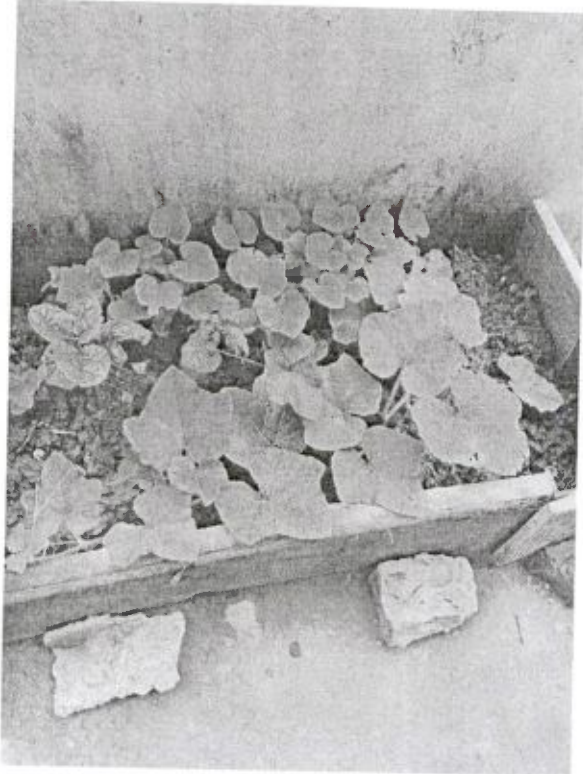
Signature : *Anindita Roychoudhury*

Designation: Manager-SD&I (NULM)

Date of visit: 04/09/2019

### Night Survey





Growing up kitchen garden

Format for functional SUH visit by CMMU

Month: *August (31st August)*

Name of ULB: *Bongaon*

Name of SUH: *SHARANYA ABASON*

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	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?	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	YES,
If yes mention the date & number of person identified & rescued:	<i>22/08/2019, 4 No. Person identified &amp; rescued one person</i>
C) Physical Verification	
(D) Condition of Shelter	<i>Good.</i>
Number of inmates at present	<i>46 No.</i>
Number of inmates left out the shelter in the present fortnight (Certain period)	<i>3 No. (1 Women 2 children)</i>



*SMA*  
*02/09/19*  
 Manager  
 Social Development & Infrastructure  
 BONGAON MUNICIPALITY



11) Please specify the group of urban homeless entered in the shelter	
a. Men	14 NO.
b. Women / Single Women and their dependent children	28 NO.
c. Children	3 NO.
d. Aged ( More than 65 Yeras)	8 NO.
e. Physically Challenged	3 NO.
f. Mentally Disabled	1 NO.
g. Family	4 NO.
h. Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
<b>(D) Other verification</b>	
(i) Any linkage with social entitlements & if yes mention it with number of beneficiaries:	YES, 25 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:	31/08/2019, 25 NO. inmates are covered.
<b>(E) General Observations</b>	
1 Good Practices:	SUH inmates maintained a kitchen garden at Shreeyantra Abasan, Bongaon Municipality.
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 date	YES, tested the quality of food is good and the menu is written below. ① Rice, Pulse, Fried Potato & White finger Partial curries.
d. Entertainment facility:	① Television in All floor ② Music system ③ Prayer Room ④ Yoga classes.



Marked  
 02/09/19  
 Social Development & Infrastructure  
 NULM  
 BONGAON MUNICIPALITY

1	Is there any Livelihood opportunity created for inmates:	
2	Any infrastructure related issue:	
3	Poor practices:	Gas Burner of Shriman Abason is very Bad position & it is needed to change as early as possible.



*AA* 02/09/19  
 Manager  
 Social Development & Infrastructure  
 NIM  
 BONGAON MUNICIPALITY

**Format for functional SUH visit by CMMU**



Month: July, (2nd fortnight visit)

Name of ULB: Tiaganj - Azinganj

Name of SUH: 'Valobana'

Capacity: 50 (fifty) beds

Type:

Shelter Management Committee meeting held Yes/ ~~No~~, 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	Properly Maintained
Accounts/ Cash Book	.
Staff Attendance Register	Properly maintained
Shelter Management Committee meetings register	Yes, Maintained
Complaints and Suggestions Register	Yes Maintained
Study type of grievances redressed in Grievance Register?	Yes.
<b>B) Work verification</b>	
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 Tiaganj - Azinganj Municipality.
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:	29-08-2019, 2(Two) persons identified & rescued to SUH, Valobana, at TAM
<b>C) Physical Verification</b>	
(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	



<b>(A) Please specify the group of urban homeless catered in the shelter</b>	
a. Men	3
b. Women / Single Women and their dependent children	1
c. Children	-
d. Aged ( More than 65 Yeras)	2 ( 1 male, 1 female )
e. Physically Challenged	-
f. Mentally Disabled	-
g. Family	-
h. Any other (as mentioned in Para 3.3 of the SUH Guidelines)	No
<b>(D) Other verification</b>	
(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
<b>(E) General Observations</b>	
I Good Practices:	
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 date	Yes
d. Entertainment facility:	NO



e.	Is there any Livelihood opportunity created for inmates:	NO
2	Any infrastructure related issue:	NO
3	Poor practices:	NA



4

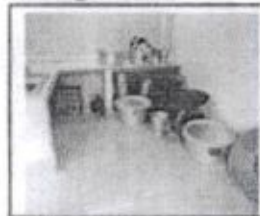
Recommendation for improvement	Action to be taken by SUDA/ULB	Timeline

5 Photographs taken at the time visit:

a. Dormitory With Inmates



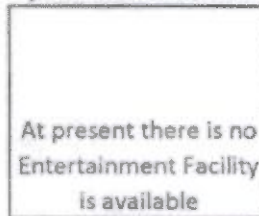
b. kitchen With cooking arrangements.



c. Toilet blocks.



d) Entertainment facility



*Prakash*  
30/08/2019  
**City Mission Manager**  
Skills Micro Enterprises MIS & ME.-  
**DAY-NULM**  
-Jagannj-Azimganj Municipality

*Prakash*  
30/08/19  
**Executive Officer**  
Jagannj-Azimganj Municipality

**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 redressed 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	
(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


ii)	Please specify the group of urban ho
a.	Men
b.	Women / Single Women and their depe
c.	Children
d.	Ageed ( More than 65 Years)
e.	Physically Challenged
f.	Mentally Disabled
g.	Family
h.	Any other (as mentioned in Para 3.3 of th Guidelines)
(D)	Other verification
(i)	Any linkage with social entitlements & if with number of beneficiaries:
(ii)	Health check up & screening test of inmates the present month [Yes / No ]
	If yes, mention the date & how many peop this:
(E)	General Observations
1.	Good Practices:
a.	General Hygiene maintained by inmates:
b.	Cooking practices
c.	Is the food provided to inmates tested: qua & menu for the inmates on that date
d.	Entertainment facility:
e.	Is there any Livelihood opportunity created
2.	Any infrastructure relate
3.	Poor practices:

  
 Manager  
 Social Development and Infrastructure, NULM  
 Cooch Behar Municipalit



<b>II) Please specify the group of urban homeless catered in the shelter</b>		
a.	Men	10
b.	Women / Single Women and their dependent children	1
c.	Children	0
d.	Aged ( More than 65 Yeras)	1
e.	Physically Challenged	0
f.	Mentally Disabled	0
g.	Family	0
h.	Any other (as mentioned in Para 3.3 of the SUH Guidelines)	
<b>(D) Other verification</b>		
(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 ]	Health Check up arranged 4th week of this month
	If yes, mention the date & how many people covered in this:	N.A
<b>(E) General Observations</b>		
1	Good Practices:	
a.	General Hygiene maintained by inmates:	Well maintained
b.	Cooking practices	Hygenic
c.	Is the food provided to inmates tested& quality of food & menu for the inmates on that date	Rice, Dal , Mixed Veg
d.	Entertainment facility:	N.A
e.	Is there any Livelihood opportunity created for inmates:	N.A
2	Any infrastructure related issue:	Surface Drainage System, CC T.V Camera with TV monitor
3	Poor practices:	No

  
 04.09.19  
 Manager  
 Social Development and  
 Infrastructure, NULM  
 Cooch Behar Municipality

  
 04.09.2019  
 Executive Officer  
 Cooch Behar Municipality

Recommendations for Improvement	Actions to be taken by ULB/SUDA	Timeline
Surface Drainage System, CC T.V Camera with TV monitor, Repairing Toilet Flush	I. Bank Account Opening for inmates II. Enrollment for Swastha Sathi Scheme III. Enrollment for Antodaya Yojana	September'19


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


a. Dormatory with inmates

b. Kichen with cooking arrangements

c. Toilet Block

d. Entertainment Facility

  
 04.09.19  
 Manager  
 Social Development and  
 Infrastructure, NULM  
 Cooch Behar Municipalit

  
 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

A	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
	Attendance Register	Yes
	Accounts/Cash Book	Yes
	Staff Attendance Register	Yes
	Complaints and Suggestion Register	Yes
	Study type of grievances redressed in Grievance Register?	Yes
B	<b>Work verification</b>	
	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
C	<b>Physical Verification</b>	
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
c	Children	4
d	Aged (more than 65 years)	2
e	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)	
D	<b>Other verification</b>	
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:- 02.09.2019
E	<b>General Observation</b>	
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 date	Yes Per day
d	Entertainment facility:	No
e	Is there any Livelihood opportunity created for inmates:	Currently No
2	Any infrastructure related issue:	No
3	Poor practices:	No

--	--	--

--	--	--

4.

Recommendation for improvement	Action to be taken by ULB/SUDA	Timeline
1. Entertainment 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 ).

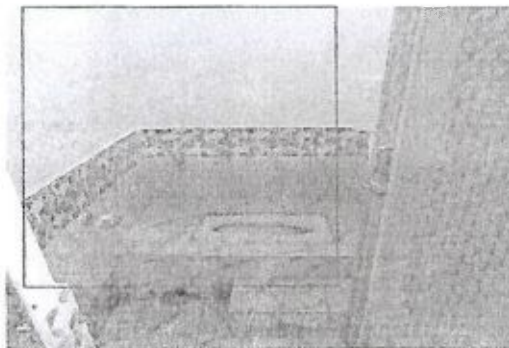
a) Dormitory with inmates



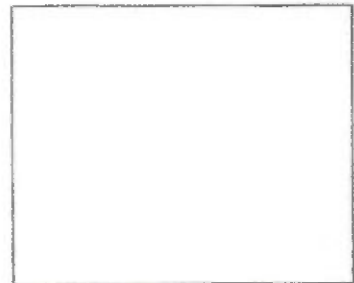
b) Kitchen with arrangements



c) Toilet blocks



d) Entertainment facility



*Suman Sin.*  
 Manager  
 SM & ID  
 Katwa Municipality

04/09/2019

**Manager**  
**Social Development &**  
**Infrastructure**  
**Katwa Municipality**

SUDA-

16.08.2019

From : Director, SUDA &  
Mission Director, WBSULM  
To : *Spl* 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 <sup>in</sup> 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 <sup>report</sup> 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  
&  
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) ~~Senior PA~~ to Principal Secretary, UD & MA Department

Yours faithfully,

Director, SUDA  
&  
Mission Director, WBSULM

## রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-৪৩৩/২০১৭/৫৫৫৫

তারিখ ১৩.০৪.১৭

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,

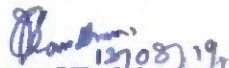
As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

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

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Howrah MC	Ghare Phera	30.07.2019	i) Boundary Wall estimate to be submitted	ULB	31.07.2019 (Already over)
				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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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

তারিখ 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 (2<sup>nd</sup> fortnight) is noted below.

Sl 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,

*Thomson*  
13/08/19

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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-৩৩৩/২০১৭/৫৫১৪

তারিখ ১৩.০৮.১৭

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 (2<sup>nd</sup> 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,

  
13/08/19  
Jt. Secretary, UD & MA Dept.  
&  
Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408





# রাজ্য নগর উন্নয়ন সংস্থা



## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/5519

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 (2<sup>nd</sup> 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
				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,

  
13/08/19

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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

SUDA

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/5520

তারিখ 13.08.19

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 (2<sup>nd</sup> fortnight) is noted below.

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

দুরত্ব : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

SUDA

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/5521

তারিখ 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 (2<sup>nd</sup> fortnight) is noted below.

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Habra	Vivekananda Bhawan	03.08.2019	i. Bank account opening of 9 inmates	ULB	15.08.2019
				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,

*Shanbhav*  
13/08/19

Jt. Secretary, UD & MA Dept.

&

Addl. Mission Director, WBSULM

দুরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408

## রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/5522

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 (2<sup>nd</sup> fortnight) is noted below.

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

*Chandhan*  
13/08/19

Jt. Secretary, UD & MA Dept.

&

Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/5523

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,

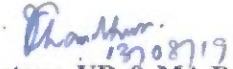
As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

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

Sl No.	ULB	Name of SUH	Date of visit	Actionable point	Action to be taken by SUDA/ ULB	Timeline
1	Krishnanagar	SUH- Krishnanagar	19.07.2019	1. Window glass is broken on 3rd floor.	ULB	30.08.2019
				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.  
&  
Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

SUDA

## STATE URBAN DEVELOPMENT AGENCY

“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

তারিখ 13.08.19

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 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 (2<sup>nd</sup> 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,

  
13/08/19

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

দুরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408

## রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/5525

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 (2<sup>nd</sup> fortnight) is noted below.

Sl 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,

*Chandana*  
13/08/19

Jt. Secretary, UD & MA Dept.  
 &

Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-393/2019/5526

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 (2<sup>nd</sup> 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,

  
13/08/19  
Jt. Secretary, UD & MA Dept.  
&  
Addl. Mission Director, WBSULM

দুরভাব : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408





# রাজ্য নগর উন্নয়ন সংস্থা



## STATE URBAN DEVELOPMENT AGENCY

“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

তারিখ 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 (2<sup>nd</sup> fortnight) is noted below.

Sl 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,

*Handwritten Signature*  
13/08/19

Jt. Secretary, UD & MA Dept.  
&

Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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-323/2019/5528

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,

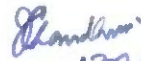
As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

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

Sl 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,

  
13/08/19  
Jt. Secretary, UD & MA Dept.  
&  
Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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 - 393/2019/5529

তারিখ 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,

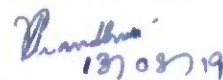
As you may be aware, the functional SUHs are required to be visited by representative from the CMMU (preferably CMM if in place) once every fortnight. The observations of the visit are to be recorded in the template/ format drafted by SUDA and shared with the ULB.

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

Sl 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.  
&  
Addl. Mission Director, WBSULM

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“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 13.08.19

**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 (2<sup>nd</sup> fortnight) is noted below.

Sl 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,

*Bandhu*  
13/08/19

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

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

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

Account Section : 2358 6408