

MONTHLY/QUARTERLY PROGRESS REPORT PROFORMA IN RESPECT OF SHELTER HOME (DAR-UL-AMAN), FOR THE					
MONTH OF -----					
(Approved Version)					
<b>1. INSTITUTIONAL INFORMATION</b>					
a	Progress Report Period (Month Name)				
b	Name of Incharge				
c.	Name of District				
d.	Date of Posting				
e.	Contact (office)				
f	Cell No.				
g	Email ID				
h	Address of Institution				
<b>2. INFORMATION REGARDING RESIDENTS OF THE INSTITUTION</b>		<b>WOMEN</b>	<b>CHILDREN (accompanied with mother)</b>		<b>TOTAL</b>
<b>(Note: As per Resident statistics)</b>			<b>Male</b>	<b>Female</b>	
a.	No. of residents carried over from previous month/quarter				
b.	No. of residents admitted during present month/quarter				
c.	No. of residents discharge during present month/quarter				
d.	No. of residents present at the end of the month/quarter				
e.	No of women/case IC referred to court for Statement after admission.( Excluding direct court cases)				
<b>3. PERSONAL INFORMATION OF WOMEN OF CURRENT MONTH/Quarter</b>					
<b>A. MARITAL STATUS:</b>		<b>Beneficiaries</b>			
a	No. of Married Women				
b.	No. of Un-Married Women				
c.	No. of Widows				
d.	No. of women Divorced				
	<b>Total</b>		0		
<b>B.Detail of age group of Women</b>					
a	Less than 15 years				
b	15-18 years				
c	19-25 years				
d	26-40 years				
e	Above 40 years				
	<b>Total</b>		0		
<b>C. EDUCATION/LITERACY LEVEL: (As per Admission Form)</b>					
<b>Detail of educational level of Women</b>					
a	None				
b	Primary (0-5) class				
c	Secondary (6-12) class				
d	Tertiary (more than 12) class				
	<b>Total</b>		0		

D. DATA ON VIOLENCE: (As per Admission Form)					
	Types of Violence	Women	Children accompanied with mother		Total
			Male	Female	
a.	Verbal				0
b.	Physical				0
b.	Sexual				0
c.	Economical				0
d.	<b>Trafficking</b>				0
e.	Others (Please Specify)				0
4. SOURCE OF REFERRAL into DUA OF WOMEN ADMISSIONS OF CURRENT MONTH/Quarter(As per Admission Form)					
A. INFORMATION REGARDING TYPE OF RESIDENTS		WOMEN	CHILDREN (accompanied with mother)		TOTAL
			Male	Female	
a.	No. of women/cases referred by the Courts				0
b.	No. of women/cases referred by the Voluntary Agency/NGO/CBO				0
c.	No. of women/cases referred by the Staff of Directorate/ SW Dept/other Line Departments.				0
d.	No. of women/cases referred by press/media				0
e.	No. of women/cases referred by the Social Workers/community leaders/philanthropists/other professionals/ Advisory committee				0
f.	Direct admission				0
g.	Any other (please specify)				0
B. DETAIL OF CASES IN COURTS: (As per Admission Form/CURRENT ADMISSIONS)					
a	Number of cases filed from DUA BUDGET	Cases In- process			
		Cases Completed			
b	Number of Case file by Resident 's personal lawyers/	Cases In- process			
		Cases Completed			
c	Number of legal cases file Via referral or NGO / Pool of lawyers				
d	Status of cases(New and carried over)	Cases In- process			
		Cases Completed			
e	No. of Residents discharge without any court decision				
5. MODE OF REHABILITATION/Follow-up MONTH/Quarter Through		WOMEN	CHILDREN (accompanied with residents)		TOTAL
			Male	Female	
a.	No. of women/resident Rehabilitated with parents				0
b.	No. of women/resident Reconciled with husband/ Relatives/Friends				0
c.	No. of women/resident Rehabilitated through employment				0
d.	No. of women/resident Rehabilitated through marriage.				0
e.	Number of cases follow-up made by IC after Rehabilitation				0
f.	Any other type (please specify) at her own will				0

6. GENERAL ACTIVITIES/SERVICES RENDERED TO RESIDENTS		No. of classes	NO.OF BENEFICIARIES		
MONTH/Quarter (As per Social activities Register)			WOMEN	CHILDREN	TOTAL
I.	Hand & Machine embroidery				0
II.	Hand & Machine Knitting				0
III.	Cutting & Sewing				0
IV.	Religious classes				0
V.	Adult education				0
VI.	Child education				0
VII.	Recreational facilities/ Indoor games				0
VIII.	Any other activity (please specify)				0
7. MEDICAL/LEGAL/ PSYCHOLOGICAL SERVICES RENDERED TO RESIDENTS OF THE INSTITUTION (As per Services monitoring Forms)		WOMEN	CHILDREN		TOTAL
			Male	Female	
a.	No. of residents provided Medical checkup and medicines				0
b.	No. of residents provided Legal help(file a case in court out of DUA budget)				0
c.	No. of residents provided legal help (individual legal counseling)				0
d.	No. of residents provided psychological counseling				0
e.	Any other (please specify)				0
8. SERVICE PROVIDER INFORMATION (As per Services monitoring Forms & Volunteer's Register)		No. of visits by	No. of Sessions	No. of participants	
				Women	Children
a.	Medical consultation provided during the reported period				
b.	Legal consultation provided during the reported period				
c.	Psychological consultation provided during the reported period				
9. ADVISORY COMMITTEE & Pool of lawyers		YES/NO	Any Remarks		
a.	Advisory Committee Active				
b.	Notification date of Advisory Committee				
c.	No of meetings of Advisory Committee				
d.	Financial Contribution of Advisory Committee( mention RS)				
e.	Balance in Bank Account				
f.	Any Contribution in terms of Activity (in Detail)				
g.	Pool of lawyers notified				
h.	Date of Notification of pool of lawyers				
	No. of meetings of pool of lawyers with IC during reported period				
i.	Date of notification Complaint Management Committee meeting				
j.	No. of meetings of CMC during reported period				
k.	Total No. of complaints reported during the quarter				
l.	Total No. of complaints addressed during the quarter				

10. HEALTH & HYGENE CONDITIONS (As per Health & hygiene Assessment Form)				
Areas of Special Attentions		Health & Hygiene		Remarks
		Poor/Average/Good	scores	
a.	Overall Score in H&H form			
b.	Overall cleanliness of office			
c.	Overall cleanliness of kitchen (used by residents)			
d.	Overall cleanliness of bathrooms / toilets (used by residents)			
e.	Overall cleanliness of Bed rooms (used by residents)			
f.	Water filters are functional and clean			
11.HUMAN RIGHT VIOLATIONS		NOs of violations	Perpetrator	
a.	Category:1			
b.	Category 2			
c.	Category 3			
d.	Category4			
e.	Any comments			
Note: annexure is added for categories				
12.Security Assessment of DUA				
a	Number of Chowkidar and gruard			
b	Number of securtiy Cameras in DUA			
c	Police patrolling in the area of the DUA( 1 for "Yes" and 0 for "NO")			
d	Out side wall is more than two metar high?			
e	IC and DUA staff get training on first Aid( mention the date of last training)			
13. EVENT CELEBERATION/Other interventions				
a.				
b.				
c.				
14. PROBLEMS/DIFFICULTIES				
a.				
b.				
c.				
15. SUGGESTIONS				
a.	Please filled the vacant post			
b.				
c.				

(SUPERINTENDENT)  
SHELTER HOME (DAR-UL-AMAN)  
SOCIAL WELFARE & BAIT-UL-MALL,