

## Monthly report format

Annex: 1

### REPORTING FORM FOR ILEP SUPPORTED HOSPITALS

Project name with address

Reporting Month

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S.No	Details	Total
001	Number of new cases never treated before diagnosed and referred to Government health facility	
002	Number of new MB cases never treated before registered at the hospital	
003	Number of new PB cases never treated before registered at the hospital	
004	Number of MB Cases registered 2 years before	
005	Number of MB cases registered two years back completing treatment	
006	Number of PB cases registered one year back	
007	Number of PB cases registered one year back completing treatment	
008	Number of cases who were under care during the reporting period	
009	Number of patients completing treatment for lepra reactions during the reporting period	
010	Among 009 number who completed treatment without any new disability	
011	Among 008 number of patients who have undergone reconstructive surgery	
012	Among 008 number of leprosy-affected persons who have received appropriate footwear	
013	Among 008 number of leprosy-affected persons who have received aids and appliances	
014	Number of new patients admitted in the hospital for the management of complications (exclude RCS)	
015	Number of technical staff (Govt.) who received training in leprosy in the reporting period	
016	Number of persons with disability who have been helped in self care	
017	Number of households benefiting from loans or grants for building or repairing houses during the reporting period	
018	Number of persons from leprosy-affected families who completed sponsored education during the reporting period	
019	Number of persons affected with leprosy who gained employment during the reporting period through intervention or support of the hospital	

Annex: 2

**Activity Report: (All projects)**

1. Major decisions taken during the reporting month
2. Highlights of activities undertaken during the reporting month
3. List of Pending activities – from Action Plan
4. Supervisory – Report:
5. A brief about other activities under taken during the month (name of the activity, Persons involved, Number of time spent for the activity, out come results)
6. Awards/ rewards etc if any during the month
7. Any special event, news from your project/area

Annex: 3 Monthly Report for CBR Projects, leprosy Part:

## REPORTING FORM FOR ILEP SUPPORTED CBR/CHILDREN PROJECTS

Project name with address

Reporting Month

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S.No	Details	Total
001	<b>Total Number of Cases Registered for Rehabilitation</b>	
002	<b>Among 001 total number of leprosy cases registered</b>	
003	<b>Number of new cases never treated before diagnosed and referred to Government health facility</b>	
004	<b>Among 001 number of patients assessed and selected for Reconstructive Surgery (RCS)</b>	
005	<b>Among 001 number of patients who have undergone reconstructive surgery</b>	
006	<b>Among 008 number of leprosy-affected persons who have received appropriate footwear</b>	
007	<b>Among 008 number of leprosy-affected persons who have received aids and appliances</b>	
008	<b>Number of patients referred for admission in the hospital for the management of complications (exclude RCS)</b>	
009	<b>Among 001 Number of Persons affected by leprosy not included in SHG</b>	
010	<b>Total number of Persons affected by leprosy included in SHG</b>	
011	<b>Number of Persons affected by leprosy included in SHG during the current reporting month</b>	
012	<b>Total number of Children belonging to PAL registered for rehabilitation/education</b>	
013	<b>number of Children belonging to PAL registered for rehabilitation/education during the current month</b>	
014	<b>No of PAL's deleted during the reporting month: Death= , left area= , others= ,</b>	
015	<b>Number of Staff/ volunteer who need training in leprosy in the reporting period</b>	
016	<b>Number of persons with disability who have been helped in self care</b>	
017	<b>Number of households benefiting from loans or grants for building or repairing houses during the reporting period</b>	
018	<b>Number of persons from leprosy-affected families who completed sponsored education during the reporting period</b>	
019	<b>Number of persons affected with leprosy who gained employment during the reporting period through intervention or support of the hospital</b>	

