

Monthly Input Formats for NGOs Implementing Care and Support Projects

1. Name of NGO:	_____
2. Address of NGO:	_____
City: _____;	District: _____
1. Name of Community Care Project:	_____
3. Reporting Period:	_____ Month _____ Year
4. Name of Project In-charge:	_____
NOTE: Please notify any changes in telephone nos., fax nos., e-mail IDs, name of Officer Incharge	

1. Details of PLWA in the Reporting Month

(i) Details of Care & Support Activities for the People Living with HIV /AIDS

(Col.1) Parameters	(Col.2) No. of :		
	(Col.2.a) Males	(Col.2.b) Females	(Col.2.c) Total (Col. 2.a+ Col.2.b)
New PLWA Registered			
Old Registered PLWA attended			
New PLWA admitted			
Old Registered PLWA admitted			
No. of deaths among admitted PLWA			
No. of families counseled among new registered PLWA			
No. of families counseled among old registered PLWA			
No. of PLWA receiving nutritional support			
No. of PLWA referred to other hospitals			
No. of PLWA visited at home during the month			
No. of PLWA provided special skills during the month			
Other Community Based Activities Undertaken			
PLWA network facilitated			1. Yes 2. No
Vocational Rehabilitation			1. Yes 2. No
Others (specify) _____			1. Yes 2. No

(ii) Demographic Profile of AIDS Cases

<i>(Col.1)</i> Age Groups	<i>(Col.2)</i> No. of New Registered AIDS cases In Reporting Month			<i>(Col.2)</i> No. of All Deaths Reported in Reporting Month		
	<i>(Col.2.a)</i> Males	<i>(Col.2.b)</i> Females	<i>(Col.2.c)</i> Total <i>(Col.2.a+ Col.2.b)</i>	<i>(Col.3.a)</i> Males	<i>(Col.3.b)</i> Females	<i>(Col.3.c)</i> Total <i>(Col.3.a+ Col.3.b)</i>
0 – 5 years						
6 – 14 years						
15 – 19 years						
20 - 24 years						
25 – 29 years						
30 – 34 years						
35 – 39 years						
40 – 49 years						
50+ years						

Note: The software will have provision to add the details of “Others” besides Male & Female

(iii) Symptoms Reported Among All Registered AIDS Cases

<i>(Col.1)</i> Symptoms	<i>(Col.2)</i> New OPD	<i>(Col.3)</i>) Old OPD	<i>(Col.4)</i> Total OPD <i>(Col.2+ Col.3)</i>	<i>(Col.5)</i> New Admitted	<i>(Col.6)</i> Old Admitted	<i>(Col.7)</i> Total Admitted <i>(Col.5+ Col.6)</i>	<i>(Col.8)</i> Total of OPD and Inpatients <i>(Col.4+ Col.7)</i>
Weight Loss							
Diarrhea							
Fever							
Asthenia, Fatigue, Malaise							
Cough							
Persistent Generalized lympadenopathy							
Others (Specify) -----							
Others (Specify) -----							
Others (specify) ----- -							

(iv) Routes of Transmission of Newly Registered Cases

<i>(Col.1)</i> Age (in Years)/ Sex	<i>(Col.2)</i> Routes of Transmission Among Newly Diagnosed AIDS cases							Total
	Hetero sexual	Homos exual	Blood & Blood Products	Infected Syringe and Needle	Mother to Child Transmission	Others	Not specified	
0-14 Male								
Female								
Total								
15-19 Male								
Female								
Total								
20-24: Male								
Female								
Total								
25-29: Male								
Female								
Total								
30-39: Male								
Female								
Total								
40-49: Male								
Female								
Total								
50+: Male								
Female								
Total								
Age NA: Male								
Female								
Total								
Total Male								
Total Female								
Grand Total								

2. Opportunistic Infections Among AIDS Cases During the Month**(v) Opportunistic Infections (OI) Among AIDS Cases During the Month**

<i>(Col.1)</i> Type of Opportunistic Infections	<i>(Col.2)</i> No. of AIDS Patients (PLWA)* Suffering from New Episodes - Among Admitted Cases	<i>(Col.3)</i> No. of AIDS Patients (PLWA) Suffering from New Episodes - Among Outpatient / Home based Cases	<i>(Col.4)</i> Total AIDS Cases (PLWA) Suffering from New Episodes of Opportunistic Infections in the Reporting Month (Col.2+ Col.3)	<i>(Col.5)</i> Adequate Availability of Specific medications for AIDS cases with OI (encircle response)
Tuberculosis				1 – Yes 2 – No
Candidiasis				1 – Yes 2 – No
Herpes zoster				1 – Yes 2 – No
Toxoplasmosis				1 – Yes 2 – No
Other bacterial infections				1 – Yes 2 – No
Pneumocystis carni pneumonia				1 – Yes 2 – No
Cryptococcal meningitis				1 – Yes 2 – No
Others (specify) _____				1 – Yes 2 – No
Others (specify) _____				1 – Yes 2 – No

*People Living With AIDS (PLWA)