

**NATIONAL LEPROSY ERADICATION PROGRAMME**  
**QUARTERLY/ ANNUAL REPORTING FORMAT FOR NGOs SEEKING UNDER**  
**SET GRANT IN AID SCHEME**

Performance Report for the Quarter/ Year of: \_\_\_\_\_

Name of NGO: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Name of the SET-Center:

Total Population/ Deformity case Covered by SET scheme:

**Urban population:** \_\_\_\_\_

**Rural population:** \_\_\_\_\_

**1. Activities on SET:**

i). IEC Activities:

S.No.	Name of the IEC activity	Target group	Place where activity occurred	No. of beneficiaries

**2. Case Detection:**

Cases	Leprosy Cases
i) New Cases detected and referred to HFs  Among the new cases (a) MB cases (b) Child cases (c) Def. Gd. II cases (d) Female cases (e) SC cases (f) ST cases	_____ _____ _____ _____ _____ _____

**3. Treatment activities:**

Treatment Status of cases:	Total Cases
i). No. of cases on treatment at the beginning of the year.	
ii). No. of new cases registered for treatment during the Yr/Qtr	
iii). No. of cases treated during the year/Quarter	
iv). No. of cases deleted otherwise (migration, deaths/ RFT.)	
v). No. of cases remaining on treatment at the end of period	

#### 4. Hospital care Services:

Hospital Services	Numbers
i). Total No. of beds in the Hospital	
ii). No. of Cases already admitted in the Hospital at the start of the Yr/Qtr.	
iii). No. of New admissions made during the Year/Qtr.	
iv). No. of cases discharged from the Hospital during the year/ qtr	
v). No of patient days in the Hospital	
vi). Average duration of stay in the Hospital during the period.(Patient days/ total number of patient)	
vii). Bed Occupancy ratio during the period(patient days/ bed days)	
vii). Bed turn over rate in the Hospital during the period.(Number of cases discharged/ Total number of beds)	

#### 5. POD Care for Deformity II cases & Rehabilitation services provides:

POD Care services for Def. II cases	Numbers
i). No. of Deformity II cases already receiving POD care services at the beginning of the Yr/ Qtr.	
ii). No. of new Deformity cases Added for POD care services during the Yr/Qtr	
iii).Total No. of Deformity II cases Provided POD care during the yr/Qtr.	
iv). No. of cases Provided protective MCR footwear during the period.	
v). No. of cases provided other aids and appliances during the period.	
vi). No. of cases provided ulcer care services during the period.	
vii). No. of cases provided RCS services during the Period.	
vii). No. of Deformity cases deleted during the period.	
ix). No Of deformity II cases at the end of the year/Qtr	

#### 6. Performance Indicator for the year in area:

Indicators	Rate/Ratio/proportion
i). Prevalence Rate	
ii). New case detection Rate	
iii). Proportion of MB cases among the new cases	
iv). Proportion of child cases among new cases.	
v). Proportion of Deformity Grade II cases among new cases	
vi). Proportion of Female cases among the new cases	
vii). P:D Ratio during the period	

#### 7. Drug position in the Unit:

Drug position	MB(A)	MB(C)	PB(A)	PB(C)	ROM
i). No. of cases under treatment at the end of the year/ Qtr.					
ii). No. of MDT bcps available					
iii). Stock in patient's months					
iv).MDT bcps required to treat the cases during the year/ Qtr.					
v). Additional Stocks required					

#### 8. Staff position:

Category	Whether full-time or part-time	Posts sanctioned	Vacant post	In position	Training status

**9. Source of funding**

**9.1. Support received**

<b>S. No.</b>	<b>Source of funding</b>	<b>Amount (INR)</b>
<b>1</b>	<b>GIA from GoI</b>	
<b>2</b>	<b>Self support</b>	
<b>3</b>	<b>GIA from other Ministries</b>	
<b>4</b>	<b>Support from Int. NGOs/ ILEP Agencies (Specify)</b>	
<b>5</b>	<b>Other sources (Specify)</b>	
	<b>Total</b>	

**9.1. Funds utilized and balance position:**

<b>Funds available at the beginning of the year/Qtr</b>	<b>Funds utilized during the year/qtr</b>	<b>Balance funds remaining at the end of the year/qtr</b>

Place:

Signature of reporting Officer of NGO

Date:

Name :

Designation :

Address :

Phone & Fax :

Note :

- i). Copy of this should be sent to SLO, DLO and Leprosy Division, D.G.H.S.