

### Quarterly ART Reporting Format for Private Sector

Name of District & State: \_\_\_\_\_

Reporting Month & Year: \_\_\_\_\_

<b>Name of Reporting centre / Doctor:</b>	
<b>Complete Address:</b>	
<b>Email :</b>	
<b>Contact No ( land line &amp; Mobile):</b>	

	Male	Female	Children	TG	Total
No. of PLHA registered with you in HIV care					
No. of PLHA ever started on ART by you/ your centre					
No. of PLHA currently on ART with you/ your centre					
No. of PLHA initiated on "First Line ART (NNRTI) based regimen					
No. of PLHA switched to Second line ART (PI based ) due to toxicity to NNRTI					
No. of PLHA switched to second line (PI based) due to treatment failure					
No. of PLHA started on an initial second line ART (PI Based)					
No. of patients referred to Government ART centre					

<b>Guidance on Rational ART Regimen</b>	
<b>First Line ART regimen</b>	2 NRTI ( or 1 NRTI + 1 NRTI ) + 1 NNRTI
<b>Alternative first line ART</b>	2 NRTI ( or 1 NRTI + 1 NRTI ) + 1 PI (due to NNRTI toxicity)
<b>Second line ART</b>	2 NRTI ( or 1 NRTI + 1 NRTI ) + 1 PI ( due to treatment failure)