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|---|-------------|--|---------------------------|------------------|---------------------|----------|---|---------------------|------------------|----------------------|
| F-ICTC Code | | MONTHLY REPORTING FORMAT: FACILITY INTEGRATED / PPP ICTC | | | | | | | | |
| SECTION A. IDENTIFICATION | | | | | | | | | | |
| 1. Name of Centre: | | | | | | | | Type of F-ICTC | | |
| 2. Address: | | | | | | | | | | |
| Pin Code: | | Block/ Mandal/ Taluka: | | District: | | State: | | | | |
| 3. Reporting Period: | | | Month: | | | Year: | | | | |
| 4. Name of Officer In-charge (F-ICTC): | | | | | | | | | | |
| 5. Contact number (phone): | | | | | | | | | | |
| 6. Email Address: | | | | | | | | | | |
| 7. F-ICTC Location: | | | | | | | | | | |
| SECTION B. BASIC INDICATORS | | | | | | | | | | |
| 1. PROGRESS MADE DURING THE MONTH | | | | | | | | | | |
| | | | | Pregnant Women | | | General Clients | | | |
| | | | | ANC | Direct in Labour | Total | Male | Female | TS / TG | Total |
| 1. Total ANC Clients registered during the month | | | | | | | | | | |
| 2. Number of Clients provided pre-test counseling | | | | | | | | | | |
| 3. Number of Clients tested for HIV | | | | | | | | | | |
| 4. Number of Clients provided post-test counseling | | | | | | | | | | |
| 5. Number of Clients detected HIV reactive after 1st Test | | | | | | | | | | |
| 6. Number of ANC Client tested for Syphilis (VDRL/RPR Test) | | | | | | | | | | |
| 7. Number of ANC Client found reactive for Syphilis | | | | | | | | | | |
| 2. LINKAGE & REFERRAL | | | | | | | | | | |
| Department/ Organisation | | | | In Referral | | | Out Referral to Stand Alone ICTCs for confirmation | | | |
| 1. OBG / GYN (ANC) | | | | | | | | | | |
| 2. Targeted Intervention NGOs | | | | | | | | | | |
| 3. Link Worker | | | | | | | | | | |
| 4. RNTCP | | | | | | | | | | |
| 5. STI Clinic | | | | | | | | | | |
| 6. Others | | | | | | | | | | |
| 3. STOCK STATUS OF HIV TEST KITS (Number of Tests) | | | | | | | | | | |
| Consumables | Name of Kit | Batch No. | Expiry Date dd/mm/yyyy | Opening Stock | Received | Consumed | Control | Wastage / Damage | Closing Stock | Quantity Indented |
| 1. HIV 1st Test | | | | | | | | | | |
| 2. Whole Blood Test | | | | | | | | | | |
| SECTION C. STI/RTI MONTHLY INDICATORS | | | | | | | | | | |
| | | | | Male | | Female | | Total | | |
| 1. Number of patients diagnosed and treated for various STI/RTI | | | | | | | | | | |
| 2. Number of STI/RTI patients tested for Syphilis (VDRL/RPR Test) | | | | | | | | | | |
| 3. Of Above, Number found reactive for syphilis | | | | | | | | | | |
| 4. Availability of essential STI/RTI drugs (Yes/ No) | | | | | | | | | | |

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|------------------------|--|
| | |
| Signature of In Charge | |
| Date: _____ | |