

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)										

Signature of In Charge	
Date: _____	