

| Data definition for the Monthly Progress Report of F-ICTC/PPP ICTC | | |
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| Section A Identification | | |
| Indicator | Data Definition | Data Source |
| F-ICTC/PPP ICTC Code | To be provided by the SACS after registering the unit. SACS BSD/ICTC division to provide the basic information required to register the F-ICTC in SIMS to the respective SACS M&E Division or SIMU and accordingly the auto generated code to be shared with the respective F-ICTC/PPP ICTC. The F-ICTC should mention the code provided by SACS / DAPCU | To be provided by the SACS |
| 1. Name of Centre | Write the name of the health facility where the F-ICTC is located | To be provided by the F ICTC |
| Type of F-ICTC | Write the type of F-ICTC/PPP ICTC whether Fixed or Mobile. If the F-ICTC/PPP ICTC has been established in a fixed health facility write "Fixed" or if the F-ICTC established in Mobile Medical Units/Mobile Van write "Mobile" | To be provided by the F ICTC |
| 2. Address | Write the complete address of the centre | To be provided by the F ICTC |
| Pin Code | Write the Pin code of the place where the F-ICTC/PPP ICTC is located or from where it operates in case of Mobile" | To be provided by the F ICTC |
| Block/Mandal/Taluka | Write the name of Block/Mandal/Taluka where the F-ICTC/PPP ICTC is located or from where it operates in case of Mobile" | To be provided by the F ICTC |
| District | Write the name of District where the F-ICTC/PPP ICTC is located or from where it operates in case of Mobile" | To be provided by the F ICTC |
| State | Write the name of the State | To be provided by the F ICTC |
| 3. Reporting Period | | |
| Month | Write the month of reporting | To be provided by the F ICTC |
| Year | Write the year of reporting | To be provided by the F ICTC |
| 4. Name of the Officer In-Charge (F-ICTC/PPP ICTC) | Write the name of the Medical Officer In-Charge of the F-ICTC/PPP ICTC | To be provided by the F ICTC |
| 5. Contact Number | Write the contact number of the Medical Officer In-Charge of the F-ICTC/PPP ICTC | To be provided by the F ICTC |

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| 6. Email Address | Write the email address of the Medical officer In-Charge of the F-ICTC/PPP ICTC | To be provided by the F ICTC |
| 7. F-ICTC/PPP ICTC Location | Write the location of the F-ICTC/PPP ICTC where it is situated e.g:- Medical Hospital, Maternity Home, CHC, 24X7 PHC, PHC, etc | To be provided by the F ICTC |
| Section B Basic Indicator | | |
| 1. Progress Made During the Month | | |
| Indicator | Data Definition | Data Source |
| 1. Total ANC Clients registered during the month | Write the total number of ANC registered during the month of reporting in the health facility. For eg: 100 Pregnant Women registered under ANC in the facility, then write 100 in the box | ANC Register of the facility |
| 2. Number of Clients provided pre-test counseling | Write the number of pregnant women (ANC) provided pre-test counseling during the month of reporting in the specified boxes for the format. E.g:- if 80 out of the 100 Pregnant Women registered under ANC are provided with pre-test counseling then write "80" in the box below ANC. Similarly fill the other boxes (direct in labour under pregnant women and under general clients, male, female(non pregnant) and TS/TG)). | F-ICTC Register Column No. 7 |
| 3. Number of Clients tested for HIV | Out of the above write the number of clients tested during the month of reporting in the specified boxes for the format. E.g:- if 80 Pregnant Women register under ANC are tested for HIV 1st test write "80" in the box below ANC. Similarly fill the other boxes (direct in labour under pregnant women and under general clients, male, female(non pregnant) and TS/TG)). Validation:- The value of this indicator should not be greater than the value of indicator " 2 Number of Clients provided pre-test counseling ". | F-ICTC Register Column No. 8 |
| 4. Number of Clients provided post-test counseling | Out of the above, write the number of clients provided post-test counseling during the month of reporting in the specified boxes for the format. E.g:- if 80 Pregnant Women register under ANC are provided with post-test counseling write "80" in the box below ANC. Similarly fill the other boxes (direct in labour under pregnant women and under general clients, male, female (non pregnant) and TS/TG)). Validation:- The value of this indicator should not be greater than the value of indicator " 3, i.e Number of Clients tested for HIV ". | F-ICTC Register Column No. 10 |

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| 5. Number of Clients detected HIV reactive after 1st Test | <p>Out of the clients tested for HIV, write the number of clients detected HIV reactive after 1st test during the month of reporting in the specified boxes for the format.</p> <p>E.g:- if 10 Pregnant Women register under ANC are detected HIV reactive after 1st test write "10" in the box below ANC.</p> <p>Similarly fill the other boxes (direct in labour under pregnant women and under general clients, male, female(non pregnant) and TS/TG)).</p> <p>Validation:- The value of this indicator should not be greater than the value of indicator "3, i.e Number of clients tested for HIV".</p> | F-ICTC Register Column No. 9 |
| 6. Number of ANC Client tested for Syphilis (VDRL/RPR Test) | <p>Write the total number of ANC attendees (Pregnant Women) undergoing Syphilis (VDRL/RPR) testing.</p> <p>Validation:- The value of this indicator should not be greater than 120 % of the indicator "1, Total ANC Clients registered during the month".</p> | ANC Register and Laboratory Register of the facility |
| 7. Number of ANC Client found reactive for Syphilis | <p>Write the total number of ANC attendees (Pregnant Women) found reactive for Syphilis (VDRL/RPR).</p> <p>Validation:- The value of this indicator should not be greater than the value of indicator "6, Number of ANC Client tested for Syphilis (VDRL/RPR Test)".</p> | ANC Register and Laboratory Register of the facility |
| 2. Linkage & Referral | | |
| In Referral | | |
| Indicator | Data Definition | Data Source |
| 1. OBG/GYN(ANC) | Write the number of ANC cases referred in, during the month of reporting, for HIV testing, by the Obstetrics and Gynaecology Department or medical officer | F-ICTC Register Column No. 2 |
| 2. Targeted Intervention NGOs | Write the number of clients being referred in, during the month of reporting, for HIV testing, by the NGOs working under Targeted Intervention Projects. | F-ICTC Register Column No. 2 |
| 3. Link Worker | Write the number of clients being referred in, during the month of reporting, for HIV testing, by the Link Workers working under Link Worker Scheme. | F-ICTC Register Column No. 2 |
| 4. RNTCP | Write the number of clients being referred in, during the month of reporting, for HIV testing, by the staff working under Revised National TB Control programme (MO/STS/STLS etc) | F-ICTC Register Column No. 2 |
| 5. STI Clinic | Write the number of STI clients being referred in, during the month of reporting, for HIV testing, by the STI Clinic or medical officer | F-ICTC Register Column No. 2 |

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| 6. Others | Write the number of clients coming in during the month of reporting for HIV testing from any sources other than those mentioned above | F-ICTC Register Column No. 2 |
| Out Referral to Stand Alone ICTCs for confirmation | | |
| Indicator | Data Definition | Data Source |
| 1. OBG/GYN(ANC) | Write the number of those referred in clients from OBG/GYN (ANC) or medical officer, found HIV 1st test reactive and further referred to Stand Alone ICTC for confirmation of HIV status during the month of reporting. Number of ANC Client tested for Syphilis (VDRL/RPR Test). Validation:- The value of this field can not be greater than the value of same indicator for In Referral . | F-ICTC Register Column No. 11 |
| 2. Targeted Intervention NGOs | Write the number of those referred in clients from NGOs working under Targeted Intervention Projects, found HIV 1st test reactive and further referred to Stand Alone ICTC for confirmation of HIV status during the month of reporting. Validation:- The value of this field can not be greater than the value of same indicator for In Referral . | F-ICTC Register Column No. 11 |
| 3. Link Worker | Write the number of those referred in clients from Link Worker working under Link Worker Scheme, found HIV 1st test reactive and further referred to Stand Alone ICTC for confirmation of HIV status during the month of reporting. Validation:- The value of this field can not be greater than the value of same indicator for In Referral . | F-ICTC Register Column No. 11 |
| 4. RNTCP | Write the number of those referred in clients by the staff working under Revised National TB Control programme (MO/STS/STLS etc), found HIV 1st test reactive and further referred to Stand Alone ICTC for confirmation of HIV status during the month of reporting. Validation:- The value of this field can not be greater than the value of same indicator for In Referral . | F-ICTC Register Column No. 11 |
| 5. STI Clinic | Write the number of those referred in STI clients from STI Clinic or medical officers found HIV 1st test reactive and further referred to Stand Alone ICTC for confirmation of HIV status during the month of reporting. Validation:- The value of this field can not be greater than the value of same indicator for In Referral . | F-ICTC Register Column No. 11 |
| 6. Others | Write the number of those referred in clients from sources other than mentioned above, found HIV 1st test reactive and further referred to Stand Alone ICTC for confirmation of HIV status during the month of reporting. Validation:- The value of this field can not be greater than the value of same indicator for In Referral . | F-ICTC Register Column No. 11 |

| 3. Stock Status of HIV Test (Number of Tests) | | |
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| Indicator | Data Definition | Data Source |
| 1. HIV 1st Test | Write the information pertaining to the HIV 1st Test like Name of Kit, Batch No./Lot No. , Expiry Date (in DD/MM/YYYY format like 1st April, 2012 as 01/04/2012), Opening Stock, Number of Test received, Number of Test consumed, Control, Wastage/Damage, Closing Stock and Quantity indented in the specified boxes, for the month of reporting. | Stock Register of the Facility |
| 2. Whole Blood Test | Write the information pertaining to the HIV 1st Test like Name of Kit, Batch No./ Lot No. , Expiry Date (in DD/MM/YYYY format like 1st April, 2012 as 01/04/2012), Opening Stock, Number of Test received, Number of Test consumed, Wastage/Damage, Closing Stock and Quantity indented in the specified boxes for the month of reporting. | Stock Register of the Facility |
| Section C. STI/RTI Monthly Indicator | | |
| Indicator | Data Definition | Data Source |
| 1. Number of patients diagnosed and treated for various STI/RTI | Write the number of patients diagnosed and treated for various STI/RTI syndrome at the facility | OPD Register of facility |
| 2. Number of STI/RTI Patients tested for Syphilis (VDRL/RPR Test) | Write the number of STI/RTI attendees who have been subjected for Syphilis testing. Validation: The value of this indicator should not be greater than 120% of the indicator " 1, i.e. Number of patients diagnosed and treated for various STI/RTI ". | Laboratory Register and OPD register |
| 3. Of Above, Number found reactive for Syphilis | Write the number of STI/RTI attendees who have been found reactive for Syphilis, out of the above. Validation: The value of this indicator should not be greater than the indicator "2, i.e. Number of STI/RTI Patients tested for Syphilis (VDRL/RPR Test) ". | Laboratory Register and OPD register |
| 4. Availability of essential STI/RTI drugs (Yes/No) | Write " Yes " , if the STI/RTI drugs are available at the facility or else write " No " if drugs are not available | Stock Register of the facility |