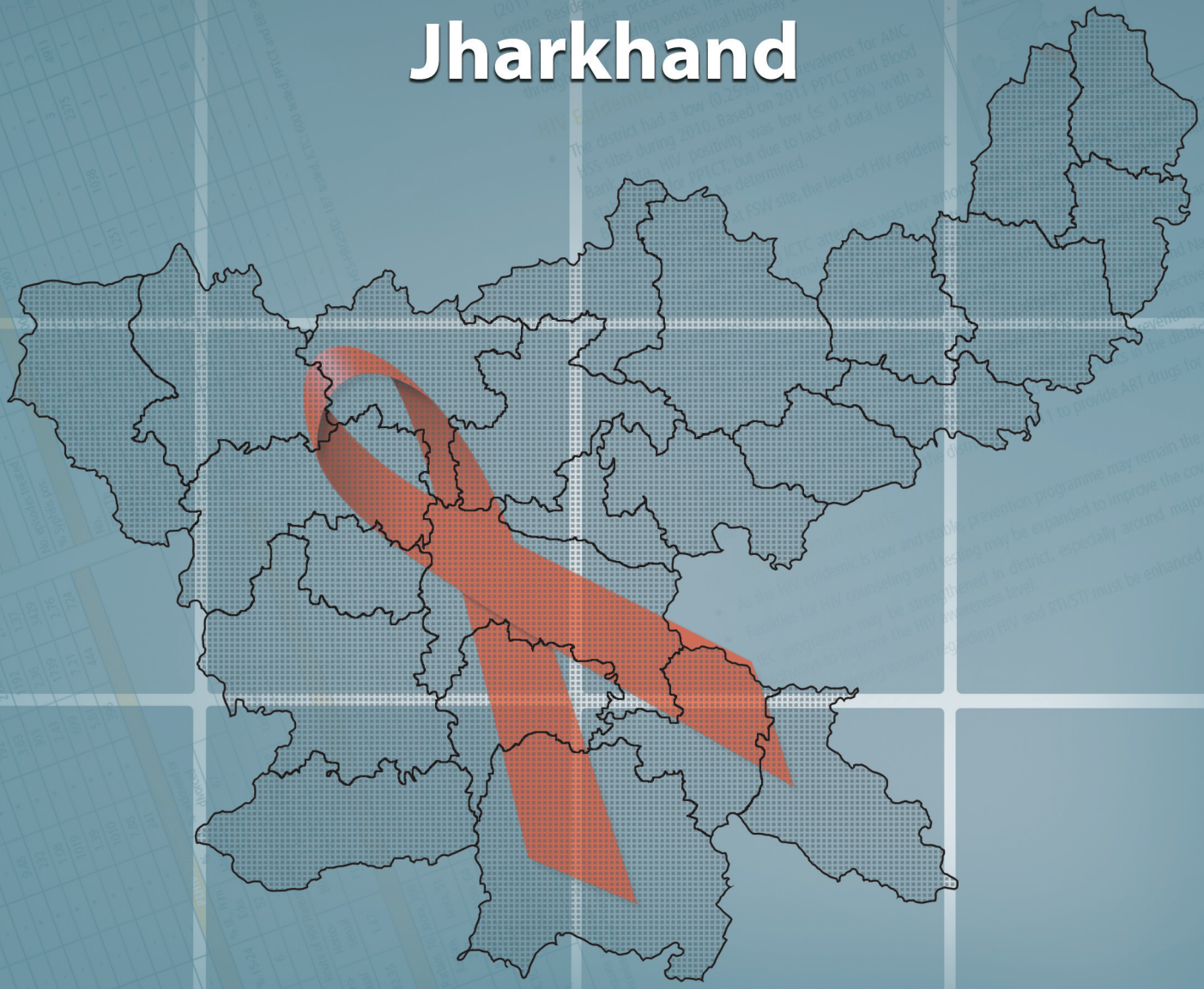
District HIV/AIDS Epidemiological Profiles

developed through Data Triangulation

FACT SHEETS

Jharkhand



NACO

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India

6th & 9th floors, Chandralok Building, 36 Janpath, New Delhi-110001

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November 2013

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FOREWORD

The national response to HIV/AIDS in India over the last decade has yielded encouraging outcomes in terms of prevention and control of HIV. However, in recent years, while declining HIV trends are evident at the national level as well as in most of the States, some low prevalence and vulnerable States have shown rising trends, warranting focused prevention efforts in specific areas.

The National AIDS Control Programme (NACP) is strongly evidence-based and evidence-driven. Based on evidence from 'Triangulation of Data' from multiple sources and giving due weightage to vulnerability, the organizational structure of NACP has been decentralized to identified districts for priority attention.

The programme has been successful in creating a robust database on HIV/AIDS through the HIV Sentinel Surveillance system, monthly programme data reporting formats and various research studies. However, the district level focus of the programme demands consolidated information that helps better understand HIV/AIDS scenario in each district, to enable effective targeting of prevention and treatment interventions to the vulnerable population groups and geographic areas.

Information collected and analysed during the extensive data triangulation exercise conducted during 2009-10 and 2010-11 and updated data from recent years has been the basis for this technical document on District HIV Epidemiological Profiling. For each district it consists of a brief narrative report on the district background, the HIV/AIDS epidemic profile of the district based on the updated information compiled from all the available sources, and key recommendations based on the identified information gaps and areas for programme interventions. I strongly feel that this document will be highly useful for programme managers at district, State and national levels.

I congratulate the efforts made by the National Technical Team, the State AIDS Control Societies, the State Coordinating Agencies and all the district level personnel involved in the process. The support provided by UNAIDS, BMGF, PHFI, USAID, CDC, FHI 360 & WHO is highly valued and appreciated. I commend Dr. S. Venkatesh, Deputy Director General (M&E), Department of AIDS Control and the officers of the Strategic Information Management Unit for coordinating the process and finalizing the district factsheets.

Lov Verma

सत्यमेव जयते

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PREFACE

The National AIDS Control Programme, in its different phases, has shifted its focus from national response to a more decentralised response to HIV/AIDS, and there is a strong focus on district level planning, implementation and monitoring of interventions for prevention and control of HIV. The programme is currently generating rich evidence-based data on HIV/AIDS through a robust and expanded HIV Sentinel Surveillance system, monthly reporting from over 15,000 programme units, mapping & size estimations, behavioural surveys as well as several studies, research projects and evaluations.

In this context of the focus on decentralized planning and also increased availability of data, the Department of AIDS Control had undertaken, for the first time, a project titled "Epidemiological profiling of HIV/AIDS situation at District and Sub-district levels using Data Triangulation". This exercise was conducted in two phases in 25 states (539 districts) with the objective of developing individual District HIV/AIDS Epidemiological Profiles by using the Data Triangulation approach. Triangulation of the available information, namely Epidemiological data, Programme data and District Vulnerabilities data, into a meaningful framework helps to explain and improve the understanding of HIV/AIDS scenario in the district.

The major outcomes of this exercise were systematic compilation of the available data for a district at one place, identification of information gaps for effective strategic planning at district level, and development of a framework for re-prioritisation of districts under the programme. The other key achievements were institutional strengthening, capacity building of programme staff in data analysis and data use, and involvement and ownership of staff of service delivery units in the entire process.

This technical document is a compilation of the HIV epidemic scenario in twenty one districts of Jharkhand. Each district profile consists of a snapshot on the district background, the HIV epidemic scenario based on the updated available information on HIV Sentinel Surveillance, monthly programme data and key vulnerability factors, and the key recommendations to provide direction for future action. This document would be useful to a wide audience including the HIV programme managers and policy makers at all levels, as well as for researchers and academicians as a quick reference guide to the HIV/AIDS scenario in the districts.

Aradhana Johri

Acknowledgement

Under the 'District Epidemiological Profiling' project, the Department of AIDS Control (DAC) had undertaken a systematic compilation of all the available data for 539 districts of the country from multiple sources, including surveillance data and programme data, to derive meaningful inferences. This document is an outcome of the Data Triangulation approach and provides the district-wise HIV epidemic summary of programme response for the State.

This enormous task would not have been possible without the involvement and ownership of district level programme managers and staff of service delivery units. The contributions of the District AIDS Prevention and Control Unit teams (Programme Managers, M&E Officers), ICTC Supervisors, Counselors, Targeted Intervention staff, ART Research Officers, NRHM District Programme Officers and others who were actively involved in the entire process, are highly appreciated.

The collaborative effort of the State Coordinating Agencies and the State AIDS Control Societies (SACS) involved in identifying programme questions, performing quality checks and data validation, preparation of data tables and compiling data for development of district profile reports, is sincerely acknowledged. I express my gratitude and appreciation to the Deputy Director (M&E), State Epidemiologists and M&E Officers who implemented this exercise under the guidance and leadership of the Project Directors and Additional Project Directors of the SACS.

I commend the efforts made by the National Technical Team members who developed guidelines and tools for undertaking this project, and the teams involved in finalizing the database for each district and in preparing the district factsheets.

The active support provided by our partner agencies UNAIDS, USAID, BMGF and PHFI for this exercise is gratefully acknowledged. Special thanks to the officers from CDC, FHI-360, WHO and the Strategic Information Management Unit team at DAC for their relentless efforts in finalizing the individual district database and factsheets.

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Contents

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
BSS	Behavioral Surveillance Survey
CCC	Community Care Centre
CMIS	Computerised Management Information System
DEP	District Epidemiological Profile
DIC	Drop-in-Centre
DLHS	District Level Health Survey
DLN	District Level Network for HIV positive people
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
IBBA	Integrated Biological and Behavioral Assessment
IBBS	Integrated Biological and Behavioral Survey
ICTC	Integrated Counseling and Testing Centre
IDU	Injecting Drug Users
IEC	Information Education & Communication
LAC	Link ART Centre
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NFHS	National Family Health Survey
PLHIV	People Living with HIV
PPTCT	Prevention of Parent to Child Transmission
RRC	Red Ribbon Club
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SCA	State Coordinating Agency
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TI	Targeted Interventions

Glossary

1. **ART Centre:** Free first line and second line Anti-Retroviral Treatment (ART) is provided to clinically eligible PLHIV at designated centres across the country. As soon as the persons are detected to be HIV positive at ICTC, they are referred to the ART centre for pre-ART registration. At the time of registration, all the baseline investigations are done including CD4 count. If these persons are clinically eligible for treatment, they are started on first line ART. Otherwise, PLHIV are followed up every six months for CD4 count. The number of PLHIV on ART mentioned in the document refers to those on first line ART at NACO-supported ART centres. Another 30,000 PLHIV are estimated to be receiving ART in the private sector.
2. **Blood Safety:** Under the Blood Safety programme, Blood Banks across the country are supported by NACO and voluntary blood donation is strongly promoted to ensure that every blood unit collected is screened and is free from HIV and other infections.
3. **Community Care Centres (CCC):** CCC have been set up in the non-government sector with the objective of providing PLHIV with psychosocial support, counseling for drug adherence and nutrition, treatment of opportunistic infections, home-based care, referral and outreach services for follow up, besides tracing patients lost to follow up and those missing anti-retroviral drugs as per schedule.
4. **Condom Promotion:** The condom promotion strategy under NACP focuses on two aspects: ensuring availability of and creating demand for condoms. There are two channels of condom supply by the Government, namely free and socially marketed. Under the programme, free condoms are distributed to High Risk Groups through TI projects and service delivery outlets such as ICTCs, STI clinics, etc. Under the Targeted Condom Social Marketing Programme, condoms are provided at subsidized rates for HRG as well as general population through traditional and non-traditional condom outlets, rural outlets, and outlets at TIs and truck halt points.
5. **Core Composite TI:** Targeted Interventions providing HIV prevention services to more than one High Risk Group.
6. **Counseling and Testing Services:** Integrated Counseling and Testing Centre (ICTC) is a place where a person is counseled and tested for HIV on his/her own volition (Client-Initiated) or as advised by a health service provider (Provider-Initiated) in a supportive and confidential environment. These centres are the entry points for reinforcing HIV prevention messages and linking HIV positive people to HIV care, support and treatment services. There are several contexts for providing HIV testing services - voluntary counseling and testing, prevention of parent to child transmission, screening of TB patients and diagnostic testing of symptomatic patients.
7. **Drop-in-Centre (DIC):** DIC is a platform to provide PLHIV psycho-social support, linkages with services counseling on drug adherence, nutrition, livelihood and legal issues. They have been set up in the high prevalent districts and are managed primarily by PLHIV networks.
8. **High Risk Groups (HRG):** Populations with high risk behaviour for contracting HIV, include Female Sex Workers (FSW), Men who have Sex with Men (MSM) and Injecting Drug Users (IDU). The other risk groups identified as Bridge Population (between the General population and HRG) include the Single Male Migrants and Long Distance Truckers.
9. **Link ART Centres:** In order to facilitate the delivery of ART services nearer to the homes of beneficiaries, the Link ART Centres (LAC), located mainly at ICTC in the District/Sub-district level hospitals, were set up and linked to nodal ART centres within accessible distance.

10. **PLHIV Networks:** Networks of HIV positive persons have been formed at the national, state and district levels. Such networks act as platforms for People Living with HIV/AIDS (PLHIV) to share their concerns, and seek support and legal aid. They address stigma and discrimination-related cases among their members and also provide social support for those isolated by their family and community. The networks are encouraged to advocate and promote the utilisation of HIV related services.

11. **Prevention of Parent to Child Transmission (PPTCT):** Mother to child transmission of HIV may take place during pregnancy, during childbirth or through breast feeding. To prevent this, under the PPTCT programme every pregnant woman visiting antenatal clinics or visiting hospital at the time of delivery is tested for HIV infection. A pregnant woman found positive for HIV infection is closely followed up to ensure institutional delivery. At the time of delivery, the pregnant woman and the new-born baby are given a single dose of Nevirapine to prevent mother to child transmission of HIV.

12. **Red Ribbon Clubs:** Red Ribbon Clubs (RRC) formed in colleges provide a forum for students to come together to share information on HIV/AIDS and safe behaviours, to discuss related issues and also motivate them to participate in voluntary blood donation.

13. **STI/RTI Services:** Sexually Transmitted Infections/Reproductive Tract Infections increase the risk of HIV transmission significantly. STI/RTI services are aimed at preventing HIV transmission and promoting sexual and reproductive health under the National AIDS Control Programme and the Reproductive and Child Health programme of the National Rural Health Mission (NRHM).

14. **Targeted Intervention:** Targeted Interventions (TI) are peer-led preventive interventions focused on HRG and bridge populations, implemented by Non-Government Organisations and Community-based Organisations in a defined geographic area. They provide prevention services such as behavioural change communication, condom distribution, STI/RTI services, needle and syringe exchange, Opioid substitution therapy, referrals and linkages to health facilities providing HIV/AIDS services, community mobilisation and creating enabling environment.

Introduction

The National AIDS Control Programme under the Department of AIDS Control has a strong focus on district level planning, implementation and monitoring of interventions for prevention and control of HIV/AIDS. This approach requires consolidated information for each district to understand the HIV epidemic scenario and to identify programme areas for priority attention.

During the past few years, greater information related to HIV has become available for a substantial number of districts in the country in the form of monthly programme reports, mapping and size estimations of risk groups, data from HIV Sentinel Surveillance, behavioural surveys research studies, and etc.

In view of this context, the Department of AIDS Control had undertaken a project titled "Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level using Data Triangulation"/"District Epidemiological Profiling (DEP)" in 25 states (539 districts) in two phases during 2009-10 and 2010-11.

The exercise of District Epidemiological Profiling involved two broad components – Descriptive Analysis and Data Triangulation. The former part is guided by thematic areas and describes the 'what, who, when & where' of the HIV epidemic, while the latter 'Triangulation' part explains the 'how and why' of it by synthesizing data from multiple sources into a meaningful framework. The available epidemiological data, behavioural/ vulnerability data and programme data for the district level were compiled and analysed to get a comprehensive picture of the HIV/AIDS epidemic scenario, in order to guide programme decisions appropriately in each district.

The important outcomes of the District Epidemiological Profiling exercise included the generation of reports describing the HIV profile and programme response in each district, identification of information gaps for planning strategic information activities, capacity building of district level personnel in data management, institutional strengthening and fostering linkages between programme units and academic institutions for addressing strategic information needs in the programme.

This technical document consists of the epidemiological profile summary along with the available updated information for each district of the State. Each district summary highlights the key epidemiological features of the district and key recommendations based on these findings. The document would be useful to programme managers, academicians and researchers as a quick reference for the HIV/AIDS situation in a district.

Methodology

Framework of District Epidemiological Profiling (DEP): DEP has two broad components – Descriptive Analysis and Data Triangulation.

Table 1: Components of District Epidemiological Profiling

Components of District Profiling	What it Does?	Guiding Elements	Action To Do	Output
Descriptive Analysis	Describes (What? Who? When? Where?)	Themes	Analyse Data & Describe the Themes	Descriptive Section of District Report
Triangulation	Explains (How? Why?)	Questions	Triangulate Data & Answer the Questions	Synthesis Section of District Report

Descriptive analysis of different datasets is organized into the following four thematic areas (Fig. 1):

1. Current state of HIV epidemic (levels, trends, differentials and burden of HIV; profile of PLHIV)
2. Drivers of the epidemic (size and profile of risk groups; vulnerabilities – STI, risk behaviour, Migration, contextual factors/regional vulnerabilities)
3. Programme response and gaps
4. Information gaps

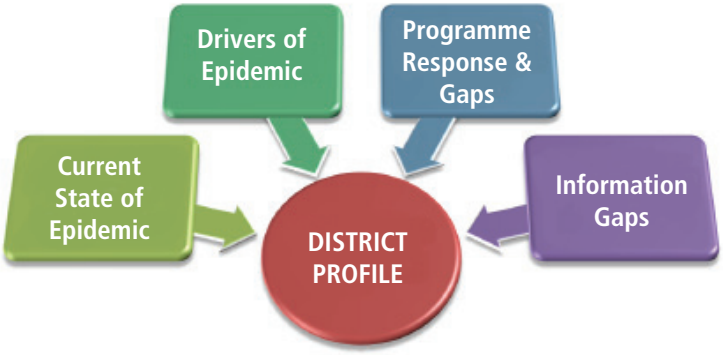


Fig. 1: Thematic Areas of District Profiling
Epidemiological Framework of HIV/AIDS Scenario in the District

Data Triangulation may be of information on same data element from different data sources or of information on different data elements. Triangulation may be done in the time plane or geographical plane.**Triangulation** synthesizes the data on the following three elements to explain the inferences arrived at in the descriptive analysis and provides answers to the programmatic questions.

1. Information on HIV and STIs in different population groups (epidemiological data)
2. Information on vulnerabilities (mapping and behavioural data on Risk Groups, district vulnerabilities)
3. Information on programme response (programme data)

Concept of Data Triangulation: Data Triangulation is an **Analytical Approach** that synthesizes data from multiple sources to improve the understanding of a public health issue and guide programmatic decision-making to address the issue (Fig. 2). By putting different bits of information from different sources into a meaningful framework, it explains and improves the understanding of HIV/AIDS scenario in the district. By providing answers to vital programme questions, it helps in taking effective decisions for planning and implementation of HIV prevention and control efforts. It helps to understand the gap between need and programme response and also helps to identify the information gaps that hinder effective planning.

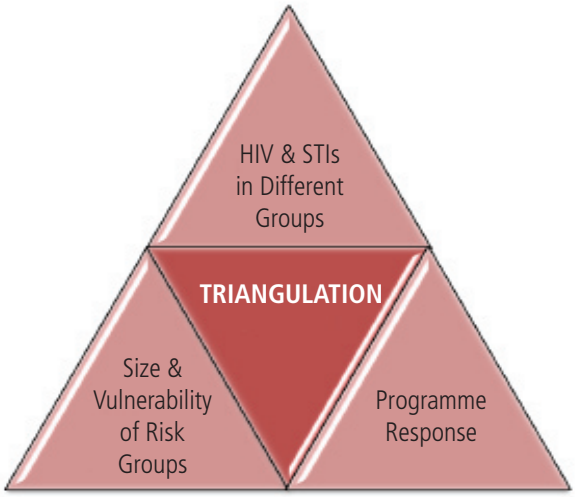


Fig. 2: Conceptual Framework of Data Triangulation
Synthesis of Epidemiological, Behavioural and Programme Data

The basic principle of Data Triangulation is "to analyse and interpret a dataset in the light of information emerging from other datasets, so that the synthesis offers a better understanding of the issues than what will be inferred from a single dataset." Triangulation involves **compilation, examination, comparison and collective interpretation** of data from multiple independent data sources, followed by reasonable explanation of facts pertaining to the issue under consideration (Fig. 3). The explanation is aimed towards developing a comprehensive picture of the issue, building an epidemiological framework that depicts the possible interplay among various factors and answering some pre-specified questions.

Fig. 3: Schematic representation of processes involved in Data Triangulation

Other key features of the process of Data Triangulation are as follow:

1. It gives importance to every bit of information
2. It helps overcome limitations and biases inherent in each dataset
3. It adds value to each dataset and improves their utility
4. It gives high importance to quality analysis of data and undertakes thorough quality checks and validation
5. Indicates the level of reliability in any inference or conclusion

Table 2: Data Sources used for District Epidemiological Profiling

Thematic areas for HIV Epidemiological Profiling	Major Sources
HIV Levels, Trends and Differentials	HIV Sentinel Surveillance (HSS); Integrated Biological & Behaviroual Assessment (IBBA); ICTC data; PPTCT data; Blood bank data; NFHS-III; Any other HIV prevalence studies
STI Levels, Trends and Differentials	Behaviroual Surveys (IBBA); STI Clinic data; Targeted Intervention (TI) data; NFHS – I,II & III; DLHS – I, II & III; Other Behavioral studies
HIV burden in the district	HIV estimations
Size Estimates of General Population and Other Risk Groups	Census Population Projections; Mapping of HRG; TI data
Profile, Turn-over & Migration of key risk groups	HSS; IBBA; BSS; Mapping of HRG; ICTC data; STI Clinic data; TI data; Other Studies on High Risk Groups; DLHS
Size & Patterns of Migration among General Population	Census data; Mapping of Migrants; Population Council studies; Other studies on migrants
Risk Behaviours and Prevention Practices among key risk groups and general population	BSS; IBBA; DLHS; TI data; Mapping of HRG; Other published/ unpublished data
Profile of PLHIV	HSS; IBBA; ICTC data; PPTCT data; ART data; Positive person networks; Blood Bank Data; NFHS-III; Any other HIV prevalence studies
District Vulnerabilities	Local Knowledge; Open sources such as Wikipedia; District Websites; State Government Websites; etc.
Programme Response	Programme reporting through CMIS

Process of District Epidemiological Profiling: The process starts with identifying a broad set of important, actionable and appropriate questions that the programme wants to find answers to, in a given region, and revisits and refines the questions at every step of the process. The process of DEP has the following steps:

1. Understanding thematic areas and questions for District Profiling and Triangulation
2. Review of data sources and assessment of data availability in the district
3. Decision on themes to be described and questions to be answered for the district
4. Compilation of secondary data
5. Quality check for completeness, correctness and consistency
6. Data validation, adjustments and filling data gaps
7. Preparation of data tables with clean data for analysis
8. Data analysis, interpretation and inferences; describe thematic areas
9. Data Triangulation (hypotheses building; answer triangulation questions)
10. Preparation of district and State reports
11. Discussions and consultation with SACS, local experts, district level programme managers and service delivery functionaries on draft reports
12. Presentation and discussion of draft reports with the National Technical Team
13. Finalisation of District Epidemiological Profile reports

Important Outcomes of District Epidemiological Profiling include:

1. Cleaning and validation of programme data (since 2004)
2. Systematic compilation of all data related to HIV for each district at one place for routine use
3. District reports describing the profile of HIV epidemic and programme response in each district
4. Development of framework for re-prioritisation of districts under the programme
5. Prioritisation extended upto Sub-district/Block level with high priority blocks identified
6. Identification of information gaps at district and state level for planning strategic Information activities
7. Capacity building of district level programme managers and staff of service delivery units in handling and analyzing data, enabling them to understand the importance of the data they generate and the need for ensuring its quality, and appreciate the use of data for programme review, decision-making and effecting improvements.
8. Enhanced understanding among the programme managers of HIV epidemic and response in the state and different districts
9. Better use of data in developing District and State Annual Action Plans
10. Institutional strengthening (building state level resource pools) and fostering linkages between programme units and academic institutions for addressing Strategic Information needs in the programme

Specific Notes on Fact sheets

1. Each district fact sheet has two parts: a narrative part consisting of background along with a map, HIV epidemic profile and key recommendations, and a tabular part consisting HIV levels and trends, PLHIV profile, block-level details, vulnerabilities and programme response. While the narrative part gives an overview of the district HIV/AIDS profile, the table provides detailed information about the HIV/AIDS scenario in the district.
2. 'Background' gives a brief overview of the district with respect to its geographic location, key demographic information like total population with male-female distribution, literacy status – based on 2011 Census. The section also describes the district characteristics or contextual factors that makes it vulnerable to spread of HIV.
3. 'Epidemic profile' describes the thematic areas mentioned above (under the data sources) for each district based on available information.
4. From DLHS-III, percentages of ever married women aged 15-49 years who have heard of HIV/AIDS and RTI/STI have been taken as awareness indicators among women for HIV and RTI/STI respectively.
4. 'Key recommendations' is the final section of the factsheet where 'Triangulation' of data is attempted to highlight the key programme priorities for the district based on the HIV epidemic profile and programme gaps. Any future potential for spread of infection, if indicated by any information or results, is highlighted and appropriate action to address the situation is suggested. On the basis of this analysis, recommendations for improving existing programme, and the need for initiation of new programmes, etc. are highlighted. The recommendation section also highlights information gaps, if any.
6. Data on ANC utilization mentioned in the table refer to the proportion of women who received at least three or more antenatal checkups (Data source: DLHS-III).
7. HIV positivity rates among HSS-ANC, PPTCT and Blood Bank attendees are used to represent levels and trends of HIV Infection among general population. Level is interpreted as high (HIV positivity $\geq$1%), moderate (HIV positivity between 0.5-1%) or low (HIV positivity $\leq$ 0.5%). HIV trend is interpreted as rising, stable or declining.
8. HIV positivity rates among HSS-HRG, HSS-STD and ICTC general clients disaggregated by sex and nature of client (direct walk-in and referred) are used to represent levels and trends of HIV Infection among high risk groups and vulnerable population. Level is interpreted as high (HIV positivity $\geq$ 10%), moderate (HIV positivity between 5-10%) or low (HIV positivity $\leq$ 5%). HIV trend is interpreted as rising, stable or declining.
9. Positivity at HSS, PPTCT, Blood bank and ICTC sites is presented only for those years where the sample size is valid i.e. HSS-ANC: $\geq$ 300 tested, HSS-HRG/STD: $\geq$ 187 tested, ICTC (male + female/direct walk-in + referred): $\geq$ 600 tested, PPTCT and BB: $\geq$ 900 tested.
10. HIV positivity among PPTCT and ICTC attendees at sub-district level wherever data is available is presented under block level details.
11. Size, demographic and risk profile of PLHIV in a district is inferred from three data sources: ICTC data, ART Registration data and data from the PLHIV Network in the district.
12. Information on major vulnerabilities that are influencing the epidemic/high risk behaviour i.e drivers of the epidemic is included under the "vulnerabilities" section. It includes:
    a. Size and Profile of HRG
    b. STIs – levels and trends
    c. Migration patterns
    d. District Vulnerabilities/ Contextual Factors

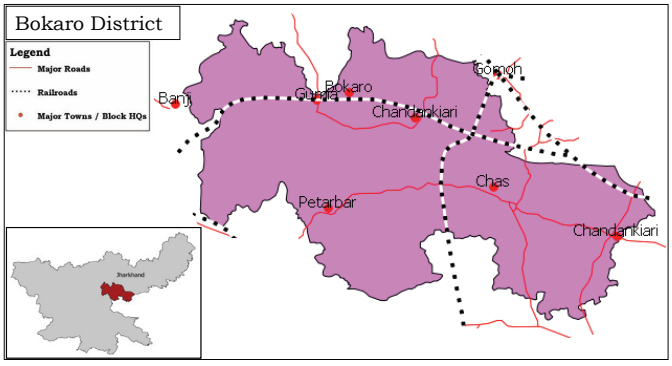
13. Information on size and profile (demographic or sub-typology) of HRG is available from mapping data. Size of HRG as a proportion of the districts population has been stated wherever available, for comparison purposes. The Taluks/ Blocks with high concentration of different HRGs have been given under block level details, wherever available. Targeted Intervention (TI) targets and coverage of HRG population are also mentioned, wherever available under "HRG size".
14. Based on CMIS-STI data, number of episodes of STI/RTI managed using syndromic approach and VDRL/RPR test results for syphilis in the district are given under "STI/RTI".
15. Wherever possible, an attempt has been made to describe the male out-migration patterns in the district based on Census 2001 data. The table also includes the proportion of male migrants going to other states (inter-state) along with top five destination districts.
16. The section on programme response describes the number of facilities offering HIV services under NACP-III and services provided in the district till 2011. This covers both prevention interventions and care, support and treatment interventions.
17. The number of TIs mentioned in the document includes only NACO-supported TIs. Migrant TIs include source, transit and destination TIs.
18. The district wise factsheets include updated information till 2011. Therefore, the districts newly created after 2011 have not been shown as separate districts.
19. All maps used in this document have been prepared from the Survey of India.

District Map of Jharkhand

Bokaro

Background:

Bokaro district is one of the most industrialized zones in India. The district was established in 1991 by carving out one subdivision consisting of two blocks from Dhanbad District and six blocks from Giridih District. It has a population of 20.61 lakhs with a sex ratio of 916 females per 1,000 males, and a female literacy rate of 61.46% with an overall literacy rate of 73.48% (Census 2011). Bokaro is famous for its steel plant, which is the biggest in Asia. It is also famous for its quality educational system. Besides, it is also a popular tourist destination for people from Eastern region and also foreigners. National Highways 23 and 32 pass through the district.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of positivity was low among the ANC attendees, with a stable trend.
- Based on 2010 PPTCT and Blood Bank data, the level of HIV positivity was low (0.11%) among the clients. A stable trend was observed for blood bank attendees but due to lack of data points for PPTCT, a trend could not be determined.
- According to 2007 HSS-FSW and 2010 HSS-MSM data, the level of HIV positivity was low among FSWs (1.95%) and MSM (0.40%), but due to lack of data, a trend was not determined.
- In 2010, HIV prevalence among ICTC attendees was low among male (2.22%) and female (1.18%) clients, and also among referred clients (1.82%) and direct walk-ins (1.77%), with an overall stable trend among all.
- According to HRG size mapping data, FSW (1,980; 77.65% of total HRG) was the largest HRG in the district followed by MSM (310; 12.16%) and IDU (260; 10.20%).
- In 2011, a total of 5,989 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.21%.
- As per 2001 Census, 2.96% of the male population were migrants, 37.17% of them migrated to other states and 25.57% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Puruliya and Bankura, West Bengal.
- In 2009, of the 33 PLHIV registered at the ART centre, 9% were in the age of 15-24 years, 82% were illiterate or only had a primary school education, and 18% were widowed or divorced.
- In 2011, HIV transmission rate was high through parent to child at 5.26%, out of the total route of HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 39.1% and 27.4%, respectively.
- In 2011, a total of four TI sites were operational in the district.
- Red Ribbon Club was established from 2008 onwards for creating awareness about HIV/AIDS among youth. A total of 16 RRCs were operational in the district in 2011.

Key Recommendations:

- Strengthen outreach activities among general population, at tourist destinations, along with truck halt points and highways in the district.
- Analyse vulnerability factors in transmission of HIV from ICTC/ART and STI data, even though there was a low level of HIV epidemic in the district.
- Assessment of the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities. Availability of additional data on HRG typologies will give an understanding of HIV epidemiological profile of the district.
- Disaggregated analysis of HSS-MSM data to find out HIV risk factors in the district is recommended.
- Strengthen PPTCT program coverage in the district, given the high rate of parent to child HIV transmissions in the district.

Bokaro

District Population: 20,61,918 (6.25% of Jharkhand Population); Female Literacy[1]: 61.46%; ANC Utilization[2]: 46.2%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	0.28	0	0		0	
	NT[4]	-	-	356	401	400		400	
PPTCT	PP	-	-	-	*	*	*	*	0.11
	NT	-	-	-	*	*	*	*	951
Blood Bank	PP	-	0.24	0.16	0.10	0.16	0.08	0.14	0.11
	NT	-	5050	6115	7748	7671	8912	9942	8420
HSS-STD	PP	-	-	0.80	0	0		0	
	NT	-	-	250	250	250		241	
HSS-FSW	PP	-	-	0.87	1.95	-		-	
	NT	-	-	231	256	-		-	
HSS-MSM	PP	-	-	-	-	2.00		0.40	
	NT	-	-	-	-	250		248	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	*	*	0.85	0.45	2.14	2.22
	NT	-	-	*	*	946	1344	1167	1849
ICTC Female	PP	-	-	*	*	0.86	1.61	0.93	1.18
	NT	-	-	*	*	347	372	1605	1268
ICTC Referred	PP	-	-	*	*	1.96	1.24	1.39	1.82
	NT	-	-	*	*	204	1049	1942	1480
ICTC Direct Walk-in	PP	-	-	*	*	0.64	1.65	1.57	1.77
	NT	-	-	*	*	1095	667	830	1637

PLHIV Profile, 2009

	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (33)	0	9	82	67	18
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=57)	85.96	7.02	0	0	5.26	1.75

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-
% Pos., PPTCT	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1980	310	260
% Total HRG	77.65	12.16	10.20
% Total Pop.	0.10	0.02	0.01
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA, Brothel based-NA, Street based-NA	Kothi-NA, Panthi-NA, Double decker-NA	Daily Injectors-NA, Non-daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	27696	10294	7082	10320
% male pop.	2.96	1.10	0.76	1.10
% total migration	100	37.17	25.57	37.26

Top 5 districts for inter-state out-migration

Puruliya, West Bengal	Bankura, West Bengal	Patna, Bihar	South Delhi, Delhi	Thane, Maha rashtra

STI/RTI

	2008	2009	2010	2011
No. episodes treated	698	1427	3220	5989
% Syphilis positivity	0	0	0	0.21

Programme Response

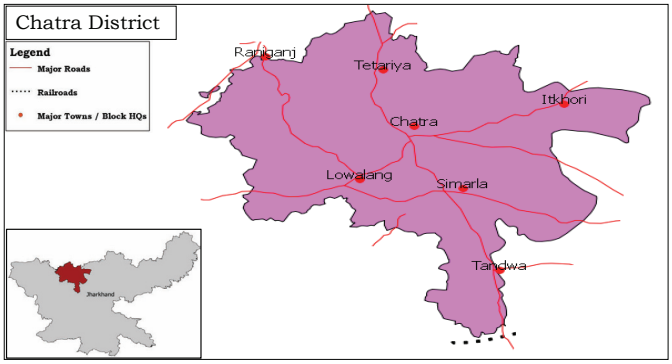
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	1	1	1	1	1	1	2	2
MSM TIs	-	-	-	-	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	1
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	1	1	2	5
Total tested at ICTCTs[5]	-	-	3	867	1720	2096	3338	4068
Blood Banks	-	-	2	3	3	3	4	4
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	1	1	1
PLHIV Networks	-	-	-	-	-	-	-	-
Red ribbon clubs	-	-	-	-	16	16	16	16
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Chatra

Background:

Chatra district of Jharkhand state came into existence in 1991. The territory covered by the present district was earlier known as Chatra sub-division of Hazaribagh district. It has a population of 10.42 lakhs with a sex ratio of 951 females per 1,000 males, and a female literacy rate of 51.91% with an overall literacy rate of 62.14% (Census 2011). It is currently receiving funds from the Backward Regions Grant Fund Programme. The district of Chatra, gateway of Jharkhand is abundant in scenic picnic spots and rich in fountains, waterfalls and in flora & fauna. Due to Naxalite problem, tourism in this district has faced a hard blow. National Highways 11 and 12 pass through the district.



HIV Epidemic Profile:

- Based on 2011 PPTCT data, the level of HIV positivity was low at 0.19%, but due to lack of data from the previous years, a trend was not determined.
- As per 2010 HSS-FSW data, the level of HIV positivity among FSWs was low at 0.81%, but due to lack of recorded data from the previous years, a trend was not analyzed.
- In 2011, the HIV prevalence among ICTC attendees was low among male (1.04%) and female (1.53%) clients, as well as among direct walk-in clients (1.24%), with an overall stable trend.
- According to HRG size mapping data, FSW (725; 90.06% of total HRG) was the largest HRG in the district.
- In 2011, a total of 2,705 STI/RTI episodes were treated among the STI clinic attendess.
- As per 2001 Census, 9.35% of the male population were migrants, among them 81.83% migrated to other states and 10.68% migrated to other districts within the state.
- The top two destinations for out-of-state migration were South West Delhi and South Delhi.
- In 2011, route of HIV transmission rates was high for parent to child transmission at 8%.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 17.9% and 20.8%, respectively.
- In 2011, there was only one TI operational in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV need to be analysed from ICTC and STI data.
- Since the largest HRG was FSW, improved assessment of the size and profile of client population, including migrants and truckers, will help in better understanding of district vulnerabilities.
- Availability of ART or DLN data and typology data for the HRGs would help in understanding of district exposures.
- Parent to child HIV transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women, migrants and around truck halt points and highways in the district.

Chatra

District Population: 10,42,304 (3.16% of Jharkhand Population); Female Literacy[1]: 51.91%; ANC Utilization[2]: 22.2%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	-	-	*	*	0.19
	NT	-	-	-	-	-	*	*	1067
Blood Bank	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	0.40		0.81	
	NT	-	-	-	-	250		248	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	*	0.37	2.23	1.04
	NT	-	-	-	-	*	1356	718	1151
ICTC Female	PP	-	-	-	-	*	0.89	2.04	1.53
	NT	-	-	-	-	*	785	588	786
ICTC Referred	PP	-	-	-	-	*	0	-	-
	NT	-	-	-	-	*	120	-	-
ICTC Direct Walk-in	PP	-	-	-	-	*	0.59	2.14	1.24
	NT	-	-	-	-	*	2021	1306	1937

PLHIV Profile, 2009

	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=25)	88.00	0	0	0	8.00	4.00

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	725	40	40
% Total HRG	90.06	4.97	4.97
% Total Pop.	0.07	0	0
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	37650	30810	4022	2818
% male pop.	9.35	7.65	1.00	0.70
% total migration	100	81.83	10.68	7.48

Top 5 districts for inter-state out-migration

South West Delhi	South Delhi	West Delhi	North West Delhi	East Delhi

STI/RTI

	2008	2009	2010	2011
No. episodes treated	91	182	1683	2705
% Syphilis positivity	0	0	0	0

Programme Response

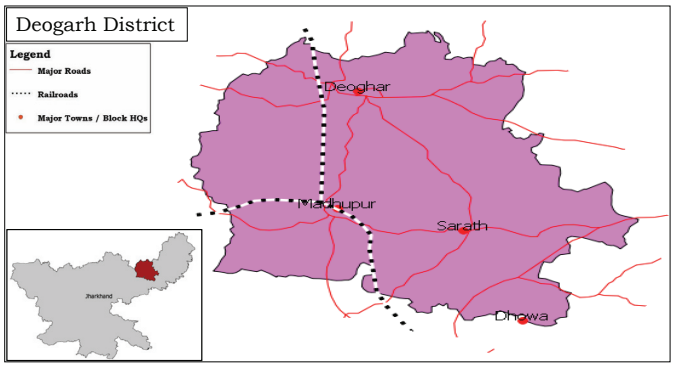
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	-	1	2	2	2
Total tested at ICTCs[5]	-	-	-	-	138	2537	1658	3004
Blood Banks	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1
PLHIV Networks	-	-	-	-	-	-	1	1
Red Ribbon Clubs	-	-	-	-	-	-	-	-
Comm. Care Centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Deogarh

Background:

Deoghar town is the administrative headquarters of this district. It is known for the Baidyanath Jyotirlinga shrine, and is located in the western portion of Santhalparaganas. It is bordered by Bhagalpur in north, Dumka in south and east and Giridhi in west. The district has a population of 14.91 lakhs with a sex ratio of 921 females per 1,000 males, and a female literacy rate of 52.39% with an overall litracy rate of 66.34% (Census 2011). The district is currently receiving funds from the Backward Regions Grant Fund Programme. Deoghar is a wonderful spot for the tourists. National Highways 6 and 200 pass through the district.



HIV Epidemic Profile:

- As per 2011 data, the level of HIV positivity was low among PPTCT (0.03%) and Blood Bank (0.34%) attendees, with a stable trend among PPTCT clients. Due to lack of data points among the Blood Bank attendees, a trend could not be analyzed.
- As per 2010 HSS-FSW data, the level of HIV positivity among FSWs was low at 0.40%, but due to lack of data from the previous years, a trend was not determined.
- In 2010, HIV prevalence among ICTC attendees was low among male (1.31%) and female (0.57%) clients, and also among referred (0.45%) clients and direct walk-ins (3.07%), with an overall stable trend among all except, direct walk-ins, which had a rising trend in the last three years.
- According to HRG size mapping data, FSW (1,150; 86.2% of total HRG) was the largest HRG in the district.
- In 2011, 5,717 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.44%.
- As per the 2001 Census, 2.47% of the male population were migrants, among them 45.56% migrated to other states and 18.80% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Barddhaman, West Bengal and Dadra & Nagar Haveli.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 21.7% and 8%, respectively.
- In 2011, only one TI site was operational in the district.
- There was a gradual increase in the number of clients being tested at the ICTCs over the years. A total of three ICTCs were operational in the district in 2011.

Key Recommendations:

- Analysis of vulnerability factors in transmission of HIV needs to be carried out from ICTC and STI data, even though there was a low level of HIV epidemic in the district.
- Assessment of the size and profile of FSWs client population, including migrants and truckers is required for better understanding of district vulnerabilities. Availability of typology data would further help to analyze risk factors.
- Availability of ART or DLN data will help in better understanding of district vulnerabilities.
- Continuation of HIV prevention strategies is suggested to maintain the existing low levels of HIV prevalence.
- Further analysis of ICTC/PPTCT data is needed for enhancing understanding of HIV transmission dynamics.
- Strengthen outreach activities on HIV and STI awareness among general population, especially among women, and at tourist destinations in the district.

Deogarh

District Population: 14,91,879 (4.53% of Jharkhand Population); Female Literacy[1]: 52.39%; ANC Utilization[2]: 22.9%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	-	0.11	0.14	0.05	0.03
	NT	-	-	-	-	918	1456	2080	3155
Blood Bank	PP	-	*	*	*	*	*	0.17	0.34
	NT	-	*	*	*	*	*	1200	1165
HSS-STD	PP	-	-	0	1.60	0.40		0.81	
	NT	-	-	250	250	250		248	
HSS-FSW	PP	-	-	-	-	0.86		0.40	
	NT	-	-	-	-	232		250	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	*	2.24	0.60	0.98	0.89	1.31
	NT	-	-	*	313	836	1430	1576	1832
ICTC Female	PP	-	-	*	1.40	0.71	0.54	0.69	0.57
	NT	-	-	*	501	422	1111	1313	2454
ICTC Referred	PP	-	-	*	0.93	0.39	1.35	0.91	0.45
	NT	-	-	*	754	762	1109	1652	3570
ICTC Direct Walk-in	PP	-	-	*	11.67	1.01	0.35	0.65	3.07
	NT	-	-	*	60	496	1432	1237	716

PLHIV Profile, 2009

	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=39)	94.87	0	0	0	2.56	2.56

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1150	50	-
% Total HRG	95.83	4.17	-
% Total Pop.	0.08	0	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	15003	6835	2820	5348
% male pop.	2.47	1.13	0.46	0.88
% total migration	100	45.56	18.80	35.65

Top 5 districts for inter-state out-migration

Barddhaman, West Bengal	Dadra & Nagar Haveli, Dadra & Nagar Haveli	Banka, Bihar	Birbhum, West Bengal	Kolkata, West Bengal

STI/RTI

	2008	2009	2010	2011
No. episodes treated	902	1485	4151	5717
% Syphilis positivity	0	0	1.53	0.44

Programme Response

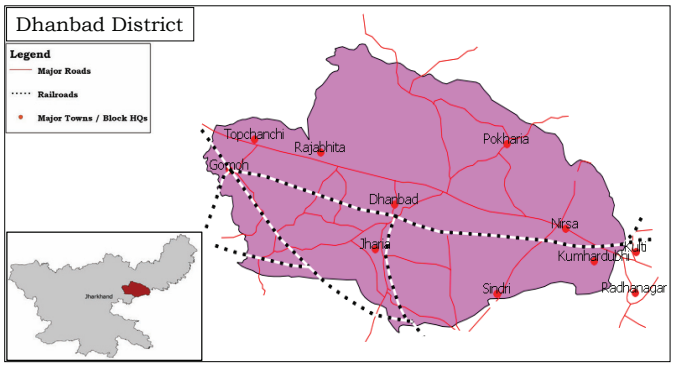
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW Tis	-	-	2	2	1	1	1	1
MSM Tis	-	-	-	-	-	-	-	-
IDU Tis	-	-	-	-	-	-	-	-
Comp. Tis	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	1	2	2	3
Total tested at ICTCs[5]	-	-	6	814	2176	3997	4969	7441
Blood Banks	1	1	1	1	1	1	1	1
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	1
Link ART centres	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	1	1
Red ribbon clubs	-	-	-	-	6	6	6	6
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Dhanbad

Background:

Dhanbad district is bordered on the west by Bokaro, north by Giridih and Dumka while east and south by Purulia district of West Bengal. It has a population of 26.82 lakhs with a sex ratio of 908 females per 1,000 males, and a female literacy rate of 64.70% with an overall literacy rate of 75.71% (Census 2011). The dominant industry of the district is based on coal which has attracted a concentration of numerous other industries and labourers. Dhanbad is also known as the coal capital of India. Agriculture and industries are the main economic activities of the people. The places of tourist interest including waterfalls, hills and temples attract tourists from across the state. National Highway 32 passes through the district.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC clients, with a rising trend.
- As per 2011 data, the level of HIV positivity was low among PPTCT (0.16%) and Blood Bank (0.10%) attendees, with an overall stable trend.
- According to 2006 HSS-FSW data, the level of HIV positivity among FSWs was low at 0.40%, but due to lack of data, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (1.85%) and female (1.06%) clients, and also among referred clients (1.37%) and direct walk-ins (1.55%), with an overall stable trend among all.
- In 2011, the syphilis positivity rate among STI clinic attendees was 0.14%.
- As per 2001 Census, 3.87% of the male population were migrants, 43.50% of them migrated to other states and 12.05% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Bardhaman and Puruliya, West Bengal.
- In 2011, parent to child HIV transmission was high at 6.08%, out of all the HIV transmission routes in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 41.7% and 31%, respectively.
- Although there was no mapping data for HRG size, yet there were two TIs for FSWs and one for each, MSM and IDUs, functional in the district.
- The number of clients being tested at the ICTCs increased from 7,149 in 2008 to 16,248 in 2011. There were a total of six ICTCs in the district in 2011.

Key Recommendations:

- Socio-demographic analysis is needed to ascertain risk factors, considering rising prevalence among ANC attendees.
- Analysis of vulnerability factors in transmission of HIV needs to be carried out from ICTC and STI data, even though there was a low level of HIV epidemic in the district.
- Strengthen PPTCT program coverage in the district, given high rate of parent to child HIV transmission in the district.
- Availability of ART or DLN data will help in understanding of district vulnerabilities.
- Additional data on HIV vulnerability like HRG size and profile should be made available to get a better understanding of HIV epidemiological profile of the district.
- Strengthen outreach activities on HIV and STI awareness around tourist destinations, among migrants and around truck halt points and highways in the district.

Dhanbad

District Population: 26,82,662 (8.14% of Jharkhand Population); Female Literacy[1]: 64.70%; ANC Utilization[2]: 50.9%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	0	0.25	0.14		0.50	
	NT[4]	-	-	400	400	703		398	
PPTCT	PP	-	-	-	-	0.18	0.11	0.05	0.16
	NT	-	-	-	-	3336	4382	5783	6171
Blood Bank	PP	-	-	-	0	0	0	0	0.10
	NT	-	-	-	3113	4185	3914	3408	6212
HSS-STD	PP	0	0	0.40	0.40	1.66		3.67	
	NT	250	250	249	250	241		245	
HSS-FSW	PP	-	-	0.40	-	-		-	
	NT	-	-	250	-	-		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	1.39	0.71	2.00	1.85
	NT	-	-	-	-	2305	6016	4006	4874
ICTC Female	PP	-	-	-	-	1.46	0.75	0.86	1.06
	NT	-	-	-	-	1508	4562	4396	5203
ICTC Referred	PP	-	-	-	-	1.45	-	1.37	1.37
	NT	-	-	-	-	2422	-	4657	6276
ICTC Direct Walk-in	PP	-	-	-	-	1.37	-	1.44	1.55
	NT	-	-	-	-	1391	-	3745	3801

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=148)	89.86	1.35	0	0	6.08	2.70

Block-Level Details

No. HRG- FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	-	-	-
% Total HRG	-	-	-
% Total Pop.	-	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	49501	21531	5964	22006
% male pop.	3.87	1.69	0.47	1.72
% total migration	100	43.50	12.05	44.46

Top 5 districts for inter-state out-migration

Barddhaman, West Bengal	Puruliya, West Bengal	Patna, Bihar	Thane, Maharashtra	South Delhi, Delhi

STI/RTI

	2008	2009	2010	2011
No. episodes treated	17499	1500	5749	14879
% Syphilis positivity	0	0	0	0.14

Programme Response

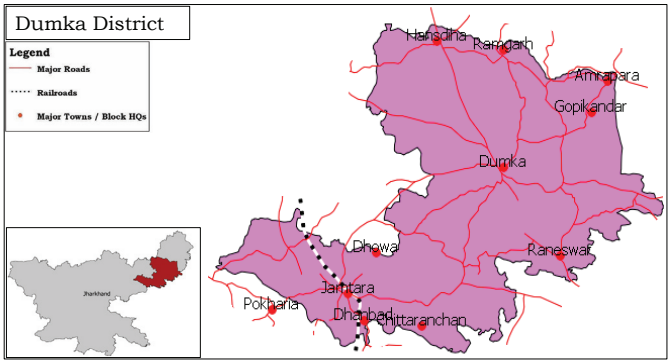
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	2	2	2	2	1	1	1	2
MSM TIs	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	-	-	-	1
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	2	5	5	5	6
Total tested at ICTCs[5]	-	-	-	-	7149	14960	14185	16248
Blood Banks	2	2	2	2	2	2	2	2
STI clinics	1	1	1	1	1	1	2	2
ART centres	-	-	-	-	-	-	1	1
Link ART centres	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	1	1
Red ribbon clubs	-	-	-	-	5	5	5	5
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Dumka

Background:

Dumka district spreads over the Chhotanagpur plateau and Santhal Parganas. It has a population of 13.21 lakhs with a sex ratio of 974 females per 1,000 males, and a female literacy rate of 49.60% with an overall literacy rate of 62.54% (Census 2011). This homeland of tribal is full of stunning landscapes, majestic mountains, verdant valleys and serpentine rivers. The tribal people depend heavily on forest resources for food, shelter as well as medicines. The inhabitants of this district mainly depend on agriculture, forest produce and seasonal migration to different parts of the country for employment. The main economic activity of Dumka district is agriculture. Dumka is a small town, it is connected with road and the newly built Jasidih - Dumka railway line to the neighbouring cities.



HIV Epidemic Profile:

- According to 2011 PPTCT data, the level of HIV positivity among the attendees was low (0.07%), but due to lack of data trend was not determined.
- As per 2010 HSS-FSW data, the level of HIV positivity was low (0.40%) among FSWs, but due to lack of data from the previous years, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.48%) and female (0.30%) clients, and also among referred clients (0.13%) and direct walk-ins (1.18%), with an overall stable trend among all.
- According to HRG size mapping data, FSW (680; 93.15% of total HRG) was the largest HRG in the district.
- In 2011, a total of 4,064 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.72%.
- As per 2001 Census, 3.75% of the male population were migrants, among them 45.91% migrated to other states and 10.76% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Bardhhaman and Birbhum, West Bengal.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 18.7% and 4.9%, respectively, highlighting a poor knowledge of HIV/STI in the district.
- There was only one TI for FSWs operational in the district in 2011.
- There has been a gradual increase in the number of clients being tested at the ICTC center.

Key Recommendations:

- Analyse vulnerability factors in transmission of HIV from ICTC/ART and STI data, even though there was a low level of HIV epidemic in the district.
- Better assessment of the size and profile of FSWs client population, including migrants and truckers, for understanding of district vulnerabilities. Availability of typology data would also help to analyze risk factors.
- Availability of ART or DLN data will help in understanding of district vulnerabilities.
- Routine programme data from district need to be strengthen for completeness and accuracy, and should be reviewed periodically to understand HIV transmission dynamics in the district.
- Strengthen outreach activities with HIV prevention messages for migrants at source and destination sites and among general population, especially women.
- Due to a low prevalence of positivity in the district a continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low levels.

Dumka

District Population: 13,21,096 (4.01% of Jharkhand Population); Female Literacy[1]: 49.60%; ANC Utilization[2]: 27.2%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	-	*	*	*	0.07
	NT	-	-	-	-	*	*	*	1362
Blood Bank	PP	-	-	-	-	*	*	*	*
	NT	-	-	-	-	*	*	*	*
HSS-STD	PP	-	-	0.40	0	0		0.81	
	NT	-	-	249	250	250		247	
HSS-FSW	PP	-	-	-	-	2.00		0.40	
	NT	-	-	-	-	250		250	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	*	*	2.19	0.68	0.49	0.90	0.48
	NT	-	*	*	502	584	1234	1114	1683
ICTC Female	PP	-	*	*	1.24	1.12	0.10	0.36	0.30
	NT	-	*	*	564	537	1008	1096	1337
ICTC Referred	PP	-	*	*	2.41	1.62	0.24	0.43	0.13
	NT	-	*	*	249	433	1256	1869	2260
ICTC Direct Walk-in	PP	-	*	*	1.47	1.62	0.41	1.76	1.18
	NT	-	*	*	817	433	986	341	760

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=12)	100	0	0	0	0	0

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	Lohar Daga 0	Senha 0	Kisko 1	Bhan Dara 0	Kuru 0	Ranchi 0	Gumla 0	Late Har 0	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	680	50	-
% Total HRG	93.15	6.85	-
% Total Pop.	0.05	0	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	33591	15422	3615	14554
% male pop.	3.75	1.72	0.40	1.63
% total migration	100	45.91	10.76	43.33

Top 5 districts for inter-state out-migration

Barddhaman, West Bengal	Birbhum, West Bengal	Dibang Valley, Arunachal Pradesh	Tehri Garhwal, Uttaranchal	Aizawl, Mizoram

STI/RTI

	2008	2009	2010	2011
No. episodes treated	4053	2740	2826	4064
% Syphilis positivity	0	0	0	0.72

Programme Response

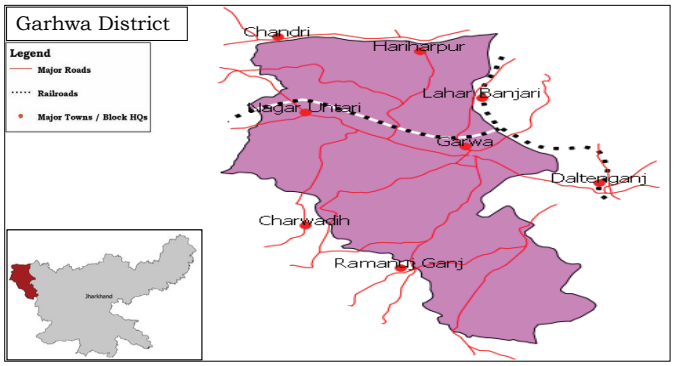
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	1	1	1	1
Total tested at ICTCs[5]	-	122	334	1066	1648	2994	3082	4382
Blood Banks	1	1	1	1	1	1	1	1
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1
PLHIV Networks	-	-	-	-	-	-	1	1
Red ribbon clubs	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Garhwa

Background:

Garhwa district is one of the district of Jharkhand, bordered by Sone river on the north, Palmau on the east, Surguja district of Chhatisgarh on the south, and Sonebhadra district of Uttar Pradesh on the west. It has a population of 13.22 lakhs with a sex ratio of 933 females per 1,000 males, and a female literacy rate of 49.43% with an overall literacy rate of 62.18% (Census 2011). The district is covered mostly by forests and has only one town, Garhwa, which is also the district headquarters. Agriculture is the predominant activity in Garhwa district and is the means for livelihood for about 80% of the district population. Garhwa District is famous for many waterfalls and the ancient Radha Krishna Mandir. National Highway 75 has its route through Garhwa.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, and the trend has been stable since 2004.
- As per 2011 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, but due to lack of data from the previous years, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.69%) and female (0.38%) clients, and also among referred clients (0.49%) and direct walk-in (0.57%) clients, with a stable trend among all.
- According to HRG size mapping data, FSW (320; 100% of total HRG) was the only HRG in the district.
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.36%.
- As per 2001 Census, 2.79% of the male population were migrants, among them 47.87% migrated to other states and 11.22% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Surguja in Chhatisgarh and Sonbhadra in Uttar Pradesh.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 18.5% and 9.5%, respectively.
- Red Ribbon Club was established from 2009 onwards for creating awareness about HIV/AIDS in the youth. A total of six RRCs were operational in the district in 2011.

Key Recommendations:

- Vulnerability factors in transmission of HIV need to be further analysed from ICTC/ART and STI data, although there was a low level of HIV epidemic in the district.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities. Availability of additional data on HRG typologies will give an understanding of HIV epidemiological profile of the district.
- Strengthen routine programme data periodic reviewing to understand HIV transmission dynamics in the district.
- Availability of ART or DLN data would help in understanding of district vulnerabilities.
- Continuation and strengthening of HIV prevention strategies is suggested to maintain the existing low levels of HIV prevalence since there was a rising trend among HSS-ANC.
- Strengthen outreach activities among general population, especially women, around tourist destinations and around truck halt points and highways in the district.

Garhwa

District Population: 13,22,387 (4.01% of Jharkhand Population); Female Literacy[1]: 49.43%; ANC Utilization[2]: 20.1%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	0	0	0	0	0		0	
	NT[4]	325	400	400	399	397		392	
PPTCT	PP	-	-	-	-	*	*	0.25	0
	NT	-	-	-	-	*	*	1108	1170
Blood Bank	PP	-	-	-	-	*	*	*	*
	NT	-	-	-	-	*	*	*	*
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	1.52	0.73	0.53	0.69
	NT	-	-	-	-	591	1776	1884	1584
ICTC Female	PP	-	-	-	-	3.72	0.90	1.04	0.38
	NT	-	-	-	-	242	782	1154	1575
ICTC Referred	PP	-	-	-	-	-	1.14	0.92	0.49
	NT	-	-	-	-	-	876	982	1226
ICTC Direct Walk-in	PP	-	-	-	-	2.16	0.59	0.63	0.57
	NT	-	-	-	-	833	1682	2056	1933

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=14)	71.43	14.29	0	7.14	0	7.14

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	320	-	-
% Total HRG	100	-	-
% Total Pop.	0.02	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily injectors-NA
% <25 yrs.		-	-
% Married		-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	14927	7146	1675	6106
% male pop.	2.79	1.34	0.31	1.14
% total migration	100	47.87	11.22	40.91

Top 5 districts for inter-state out-migration

Surguja, Chhatisgarh	Sonbhadra, Uttar Pradesh	Sidhi, Madhya Pradesh	Rohtas, Bihar	Nainital, Uttaranchal

STI/RTI

	2008	2009	2010	2011
No. episodes treated	865	285	1337	2689
% syphilis positivity	1.32	0	1.97	1.36

Programme Response

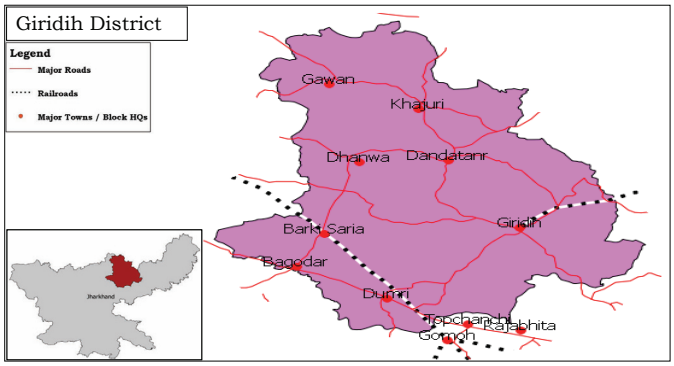
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	-	1	1	2	2
Total tested at ICTC[5]	-	-	-	-	989	3344	4146	4329
Blood Banks	-	-	-	-	1	1	1	1
STI clinics	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	1	1	1
PLHIV Networks	-	-	-	-	-	-	1	1
Red ribbon clubs	-	-	-	-	6	6	6	6
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Giridih

Background:

Giridih district is bordered on the north by Jamui and Nawada of Bihar, on the east by Deoghar and Jamtara, on the south by Dhanbad and Bokaro, and on the west by Hazaribagh and Koderma districts. It is the third most populous district of Jharkhand with a population of 24.45 lakhs with a sex ratio of 943 females per 1,000 males, and a female literacy rate of 50.33% with an overall literacy rate of 65.12% (Census 2011). Giridih is rich in mineral resources, particularly in mica and coal and has several large coal fields with one of the best qualities of metallurgical coal in India. Giridh is one of the country's backward districts and is currently receiving funds from the Backward Regions Grant Fund Programme. It has many important tourist destinations.



HIV Epidemic Profile:

- As per 2011 data, the level of HIV positivity was low among PPTCT (0.18%) and Blood Bank attendees, with a stable trend.
- According to 2010 HSS-FSW data, HIV positivity among FSWs was low (0.40%), but due to non-availability of data from the previous years, a trend was not determined.
- In 2010, HIV prevalence among ICTC attendees was low among male (2.73%) and female (2.88%) clients, and also among referred (2.36%) and direct walk-in (3.13%) clients, with a declining trend.
- As per 2001 Census, 3.88% of the male population were migrants, among them 52.06% migrated to other states and 25.47% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Surat, Gujarat and Kolkata, West Bengal.
- In 2011, HIV transmission rate was high from parent to child route at 9.09%, and 6.06% of the total routes of transmission were unknown in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 12.9% and 6.1%, respectively.
- Although there was no mapping data available for HRG size, yet there was one TI site for FSWs, operational in the district in 2011.
- There was a gradual increase in the number of functional ICTCs in the district.

Key Recommendations:

- Strengthen campaign on HIV and STI awareness and sexual risk reduction messages among general population, especially women.
- Vulnerability factors in transmission of HIV need to be further analysed from ICTC/ART and STI data, although there was a low level of HIV epidemic in the district.
- Availability of additional data on HIV vulnerability like HRG size and profile to get a better understanding of HIV epidemiological profile of the district.
- Detailed analysis of profile of ICTC attendees and strengthening of PPTCT programme is needed, given the high rate of parent to child HIV transmission.
- Demographic and geographic mapping of positivity with sexual dynamics study is needed to understand source of HIV transmission for interventions.
- Availability of ART or DLN data for better understanding of district vulnerabilities.

Giridih

District Population: 24,45,203 (7.42% of Jharkhand Population); Female Literacy[1]: 50.33%; ANC Utilization[2]: 25%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	-	*	0.20	0.28	0.18
	NT	-	-	-	-	*	3534	3599	3842
Blood Bank	PP	-	-	-	*	*	0	0	0
	NT	-	-	-	*	*	1936	1736	1870
HSS-STD	PP	-	-	-	0.40	4.40		1.61	
	NT	-	-	-	252	250		249	
HSS-FSW	PP	-	-	-	-	0		0.40	
	NT	-	-	-	-	250		249	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	7.28	2.92	2.59	2.73
	NT	-	-	-	-	769	2571	2742	2422
ICTC Female	PP	-	-	-	-	11.22	3.07	2.70	2.88
	NT	-	-	-	-	419	2184	2522	2050
ICTC Referred	PP	-	-	-	-	9.87	-	2.05	2.36
	NT	-	-	-	-	456	-	2142	1946
ICTC Direct Walk-in	PP	-	-	-	-	7.92	-	3.04	3.13
	NT	-	-	-	-	732	-	3122	2526

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=132)	84.85	0	0	0	9.09	6.06

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	-	-	-
% Total HRG	-	-	-
% Total Pop.	-	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	37225	19378	9480	8367
% male pop.	3.88	2.02	0.99	0.87
% total migration	100	52.06	25.47	22.48

Top 5 districts for inter-state out-migration

Surat, Gujarat	Kolkata, West Bengal	Thane, Maharashtra	Mumbai (Suburban), Maharashtra	Barddhaman, West Bengal

STI/RTI

	2008	2009	2010	2011
No. episodes treated	-	-	-	-
% syphilis positivity	-	-	-	-

Programme Response

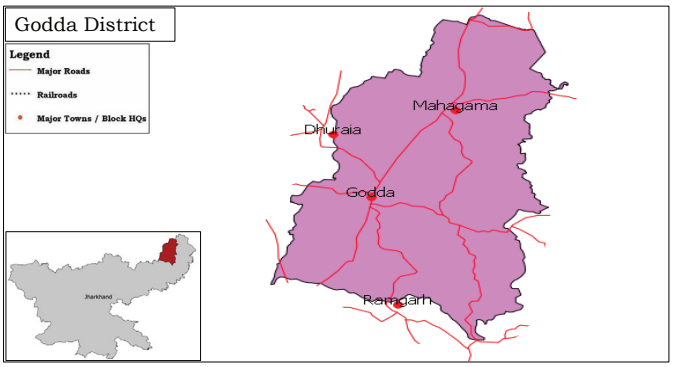
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	1	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	2	3	6	7
Total tested at ICTCs[5]	-	-	-	-	2085	8289	8863	8314
Blood Banks	1	1	1	1	1	1	1	1
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	1	1	1
PLHIV Networks	-	-	-	-	1	1	1	1
Red ribbon clubs	-	-	-	-	8	8	8	8
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Godda

Background:

Godda district lies in the north-eastern part of the Jharkhand state. The geographical area that now comprises Godda district was formerly part of the erstwhile Santhal Parganas district. It has a population of 13.11 lakhs with a sex ratio of 933 females per 1,000 males, and a female literacy rate of 44.90% with an overall literacy rate of 57.68% (Census 2011). Godda is the land of a tribe called Santhals; the local inhabitants also include the non-tribal and urban people. Godda is mostly famous for the Rajmahal Coalfields in Lalmatia. The main economic activity of the people is agriculture; and major crops are paddy, wheat and maize. The district is without any rail link, the nearest railway station being Barahat. Road links exist to Bhagalpur, Deoghar, Dumka, Pakur, Sahebganj, Lalmatiya (Lalmatia Colliery) and other major towns in the region.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC, the level of HIV positivity among the ANC client was low at 0.27%, with a stable trend, except a high prevalence at 2.25% in 2008.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.97%) and female (0.75%) clients as well as among referred (0.28%) clients, but HIV positivity was moderate among direct walk-ins (5.49%), with an overall stable trend for all except direct walk-ins, which represented a rising trend in the last few years.
- According to HRG size mapping data, FSW (350; 82.35% of the total HRG) was the largest HRG in the district.
- In 2011, 2,293 episodes of STI/RTI were treated among STI clinic attendees.
- As per 2001 Census, 3.72% of the male population were migrants, among them 47.01% migrated to other states and 13.29% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Bardhhaman, West Bengal and Surat, Gujrat.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 12.5% and 2.8%, respectively, highlighting poor knowledge regarding HIV and STI in the district.
- There was one FSW targeted intervention site operational since 2008.
- In 2010, a link ART centre was established in the district.

Key Recommendations:

- Disaggregated analysis of HSS-ANC attendees is needed to identify risk factors responsible for the stable HIV epidemic among general population.
- Differential analysis of direct walk-in clients (representative of vulnerable populations) should be done, owing to moderate positivity in 2011. An increasing trend among them can be explored by further analyzing the ICTC data.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- IEC programme for creating HIV and STI awareness should be strengthened in the district among general population, especially women.
- Strengthen routine programme data periodic reviews to understand HIV transmission dynamics in the district.
- Availability of ART or DLN data will help in better understanding of district vulnerabilities.

Godda

District Population: 13,11,382 (3.98% of Jharkhand Population); Female Literacy[1]: 44.90%; ANC Utilization[2]: 24.1%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	0.25	0.25	2.25		0.27	
	NT[4]	-	-	400	400	400		367	
PPTCT	PP	-	-	-	*	*	*	*	*
	NT	-	-	-	*	*	*	*	*
Blood Bank	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	*	*	0.86	0.18	0.86	0.97
	NT	-	-	*	*	583	1130	931	412
ICTC Female	PP	-	-	*	*	0.25	0.10	1.58	0.75
	NT	-	-	*	*	408	1009	568	402
ICTC Referred	PP	-	-	*	*	1.57	0	-	0.28
	NT	-	-	*	*	127	102	-	723
ICTC Direct Walk-in	PP	-	-	*	*	0.46	0.15	1.13	5.49
	NT	-	-	*	*	864	2038	1499	91

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=7)	100	0	0	0	0	0

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	350	75	-
% Total HRG	82.35	17.65	-
% Total Pop.	0.03	0.01	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	20252	9521	2691	8040
% male pop.	3.72	1.75	0.49	1.48
% total migration	100	47.01	13.29	39.70

Top 5 districts for inter-state out-migration

Barddhaman, West Bengal	Surat, Gujarat	Ludhiana, Punjab	Mumbai, Maharashtra	Valsad, Gujarat

STI/RTI

	2008	2009	2010	2011
No. episodes treated	421	680	1773	2293
% Syphilis positivity	0	0	0	0

Programme Response

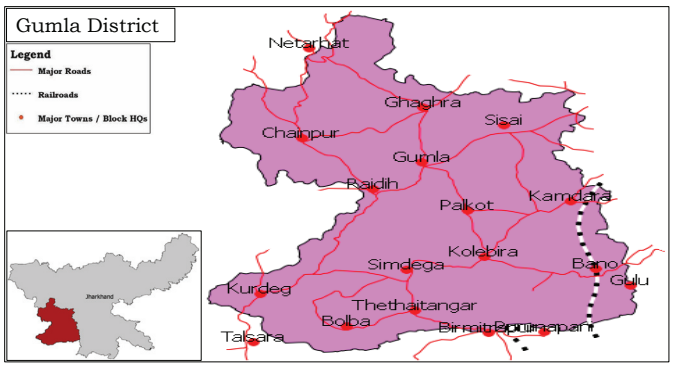
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	1	1	1	1
Total tested at ICTCs[5]	-	-	16	511	1175	2450	1890	1308
Blood Banks	-	-	-	-	-	-	-	-
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1
PLHIV Networks	-	-	-	-	-	-	-	-
Red ribbon clubs	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Gumla

Background:

The district of Gumla is covered by dense forests, hills and rivers and is situated in the southwest part of Jharkhand State. Gumla town is the administrative headquarters of this district. Gumla is located on southern part of the Chota Nagpur plateau which forms the eastern edge of the Deccan plateau. It has a population of 10.25 lakhs with a sex ratio of 993 females per 1,000 males, and a female literacy rate of 56.97% with an overall literacy rate of 66.92% (Census 2011). Gumla is considered to be the birthplace of the Hindu God Hanuman. Gumla has a rich tribal culture and also has many tourist attraction spots. National Highways 23 and 78 pass through the district.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a stable trend over the last recorded years.
- Based on 2011 PPTCT data, the level of HIV positivity among the attendees was low at 0.09%, with an overall stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.33%) and female (0.19%) clients, and also among referred (0.21%) and direct walk-in (0.30%) clients, with an overall stable trend among all.
- According to HRG size mapping data, FSW (650; 94.20% of total HRG) was the largest HRG in the district.
- In 2011, a total of 2,463 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.56%.
- As per 2001 Census, 5.39% of the male population were migrants, among them 44.44% migrated to other states and 19.33% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Sundargarh, Odisha and Jashpur, Chhatisgarh.
- In 2009, of the 27 PLHIV registered at the ART centre, 93% were on ART, which was on a higher side, 15% were in the age group of 15-24 years, 59% were illiterate or only had a primary school education, and 15% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 26.7% and 35.1%, respectively.
- There was one FSW targeted intervention (TI) site operational since 2006.
- Red Ribbon Club was established in 2008 onwards for creating awareness about HIV/AIDS in the youth. There were a total of four RRCs in the district in 2011.

Key Recommendations:

- Strengthening of outreach programmes through awareness campaigns for STI and HIV for migrants at source and destination sites, around truck halt points and highways, and among general population, especially women is highly recommended.
- Analysis of vulnerability factors in transmission of HIV from ICTC and STI data is warranted, although there was a low level of HIV epidemic in the district.
- Improved assessment is required on the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Strengthen routine programme data periodic reviews to understand HIV transmission dynamics in the district.

Gumla

District Population: 10,25,656 (3.11% of Jharkhand Population); Female Literacy[1]: 56.97%; ANC Utilization[2]: 29.3%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	0	0	0		0	
	NT[4]	-	-	396	395	396		398	
PPTCT	PP	-	-	-	-	0.09	0	0.08	0.09
	NT	-	-	-	-	1122	1104	1238	2191
Blood Bank	PP	-	-	-	-	*	*	*	*
	NT	-	-	-	-	*	*	*	*
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	*	1.62	0.38	0.16	0.61	0.33
	NT	-	-	*	743	1066	2476	1969	1826
ICTC Female	PP	-	-	*	0.44	0.51	0.08	0.30	0.19
	NT	-	-	*	688	389	1290	2298	2100
ICTC Referred	PP	-	-	*	0.42	0	0.35	0.45	0.21
	NT	-	-	*	239	130	576	2001	1917
ICTC Direct Walk-in	PP	-	-	*	1.17	0.45	0.09	0.44	0.30
	NT	-	-	*	1192	1325	3190	2266	2009

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (27)	93	15	59	70	15
DLN (NA)	-	-	-	-	

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=11)	81.82	0	0	9.09	0	9.09

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	Gumla, 0.26	Ghag Hra, 0	Bisun Pur, 0	Raidih, 1.92	Chain Pur, 0	Dumri, 1.75	Palkot, 1.1	Basia, 2.67	Kamd Ara, 0
% Positive, PPTCT 2009	Gumla, 0	Ghag Hra, 0	Bisun Pur, 0	Raidih, 0.88	Chain Pur, 0	Dumri, 0	Palkot, 0	Basia, 0	Kamd Ara, 0

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	650	40	-
% Total HRG	94.20	5.80	-
% Total Pop.	0.06	0	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily Injectors -NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	36341	16151	7024	13166
% male pop.	5.39	2.39	1.04	1.95
% total migration	100	44.44	19.33	36.23

Top 5 districts for out-migration

Sundar garh, Odisha	Jash pur, Chhati sgarh	Shimla, Hima chal Pradesh	South Delhi	Anda mans, Anda man & Nicobar Islands

STI/RTI

	2008	2009	2010	2011
No. episodes treated	1132	761	1362	2463
% syphilis positivity	0	0	0	0.56

Programme Response

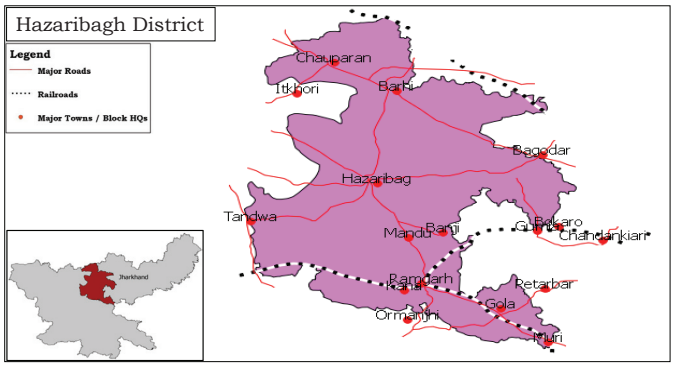
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW Tis	-	-	1	1	1	1	1	1
MSM Tis	-	-	-	-	-	-	-	-
IDU Tis	-	-	-	-	-	-	-	-
Comp. Tis	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	2	2	2	11
Total tested at ICTCs[5]	-	-	209	1431	2577	4870	5505	6117
Blood Banks	-	-	-	-	1	1	1	1
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	1
PLHIV Networks	-	-	-	-	-	-	-	-
Red ribbon clubs	-	-	-	-	4	4	4	4
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Hazaribagh

Background:

Hazaribagh district is situated in the northeast part of the North Chotanagpur Division of Jharkhand. Hazaribagh is bordered by the districts of Gaya and Koderma in the north, Giridih and Bokaro in the east, Ranchi in the south and Palamu and Chatra in the west. It has a population of 17.34 lakhs with a sex ratio of 946 females per 1,000 males, and a female literacy rate of 59.25% with an overall literacy rate of 70.48% (Census 2011). Coal mining and agricultural activities are the two major components of Hazaribagh's economy. There are several historical, archaeological, and religious sites that bring both tourists and pilgrims to the district. The district is well connected to other districts and states by railway, as well as by National Highways 2 and 33.



HIV Epidemic Profile:

- As per 2011 data, the level of HIV positivity was low among PPTCT (0.31%) and Blood Bank (0.12%) attendees, with a stable trend.
- According to 2010 HSS-FSW data, the level of HIV positivity among FSWs was low at 1.67%, but due to lack of data from the previous years, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (3.82%) and female (2.94%) clients, and also among referred clients (2.33%) but near-moderate among direct walk-in (4.90%) clients. All the ICTC clients represented an overall decreasing trend, however, ICTC female clients did not have enough data from the previous years to determine a trend.
- According to HRG size mapping data, FSW (1,090; 85.83% of total HRG) was the largest HRG in the district followed by MSM (180; 14.17% of total HRG).
- In 2011, the syphilis positivity rate among STI clinic attendees was 1.09%.
- As per 2001 Census, 4.84% of the male population were migrants, among them 39.93% migrated to other states and 17.17% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Mumbai and Mumbai (suburban), Maharashtra.
- In 2011, parent to child HIV transmission was high at 6.68%, of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 46.6% and 36.1%, respectively.
- Till 2011, there was only one TI site for FSWs in the district.
- There was a gradual increase in the number of ICTCs in the district, with a total of seven ICTCs in 2011. The number of clients being tested at these centres increased from 2,321 in 2007 to 21,094 in 2011.

Key Recommendations:

- Differential analysis of direct walk-in clients (representative of vulnerable populations) should be done, owing to moderate level positivity among them in 2011.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Strengthen PPTCT programmes to curb the observed high rate of parent to child transmissions.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- Strengthen outreach activities around tourist destinations, pilgrimage sites, migrants and around truck halt points and highways in the district.

Hazaribagh

District Population: 17,34,005 (5.3% of Jharkhand Population); Female Literacy[1]: 59.25%; ANC Utilization[2]: 74.7%

HIV Levels and Trends[2]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	*	0.60	0.20	0.27	0.31
	NT	-	-	-	*	1327	3493	5625	6717
Blood Bank	PP	-	0	0.09	0	0	0.11	0.07	0.12
	NT	-	1018	1133	1715	2673	2754	2796	3377
HSS-STD	PP	-	0	1.00	0.79	0.40		0	
	NT	-	255	200	252	248		247	
HSS-FSW	PP	-	-	-	-	1.60		1.67	
	NT	-	-	-	-	250		239	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	25.16	25.10	24.03	9.98	2.77	4.88	3.82
	NT	-	2477	7585	2291	8053	1376	6397	6697
ICTC Female	PP	-	40.00	-	-	-	-	2.97	2.94
	NT	-	15435	-	-	-	-	8598	7680
ICTC Referred	PP	-	*	30.77	29.92	9.80	2.36	3.14	2.33
	NT	-	*	416	508	2542	7912	8313	8645
ICTC Direct Walk-in	PP	-	*	28.76	20.84	11.94	3.42	4.58	4.90
	NT	-	*	379	782	2052	7258	6682	5732

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero-sexual	Homo- sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=479)	85.59	4.38	0	0	6.68	3.34

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	Sadar, 2.71	Bishu garh,10.3	Ichak, 9.1	Barni 4.8	Choup aran, 6.4	Katkam sandi, 3.6	Churhu, 5.8	Bark atha, 15.9	Keredari, 2.9
% Positive, PPTCT 2009	Sadar, 0	Bishu gar,2.17	Ichak, 0	Barni, 0	Choup aran, 0	Katkam sandi, 0	Churhu, 0	Bark atha, 0	Keredari, 0

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1090	180	-
% Total HRG	85.83	14.17	-
% Total Pop.	0.06	0.01	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	56456	22542	9691	24223
% male pop.	4.84	1.93	0.83	2.07
% total migration	100	39.93	17.17	42.91

Top 5 districts for inter-state out-migration

Mum bai, Mahara shtra	Mum bai (Subu rban) , Mahara shtra	Kolkata, West Bengal	South Delhi, Delhi	Thane, Mahar ashtra

STI/RTI

	2008	2009	2010	2011
No. episodes treated	738	1624	3820	4914
% Syphilis positivity	0	1.68	2.09	1.09

Programme Response

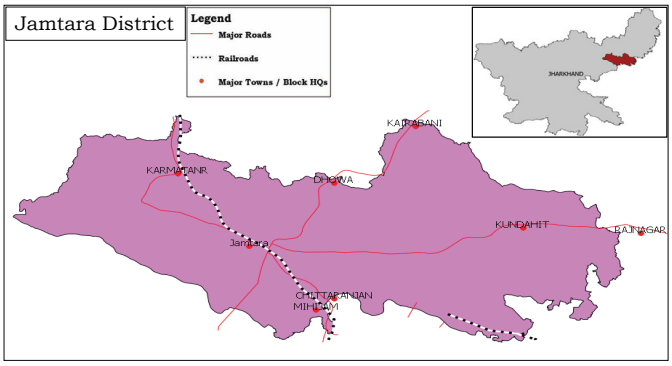
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	1	1	1	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	6	6	7	7
Total tested at ICTCs[5]	-	17912	7585	2321	11635	12923	20620	21094
Blood Banks	4	4	4	4	4	4	4	4
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	1	1
Link ART centres	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	1	1	1	1
Red ribbon clubs	-	-	-	-	4	4	4	4
Comm. care centres	-	-	1	1	1	1	1	1
Drop-in-centres	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Jamtara

Background:

Jamtara is a newly formed district in north-eastern part of Jharkhand state. It came into existence on 26th April 2001. Jamtara is bordered by Deoghar in north, Dumka and West Bengal in the east, Dhanbad and West Bengal in the south and Giridih in the west. It has a population of 7.90 lakhs with a sex ratio of 959 females per 1,000 males, and a female literacy rate of 50.08% with an overall literacy rate of 63.73% (Census 2011). The main economic activity in the district is agriculture. The agro climatic condition of the district is suitable for cultivation for a variety of fruits. It is one of the 21 districts in Jharkhand currently receiving funds from the Backward Regions Grant Fund Programme. It is well connected to other districts and states by state and National highways.



HIV Epidemic Profile:

- Based on 2011 PPTCT data, the level of HIV positivity was low among the attendees, but due to lack of data from the previous years, a trend could not be determined.
- In 2011, the HIV prevalence among ICTC attendees was low among male (0.23%) and female (0.27%) clients, as well as among referred (0.27%) and direct walk-in clients, with an overall stable trend among all.
- According to HRG size mapping data, FSW (200; 100% of total HRG) was the only HRG in the district.
- In 2011, a total of 2,263 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.55%.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 18.7% and 5.3%, respectively
- For recorded 200 FSWs present in the district, there was one TI operational in 2011.
- Red Ribbon Clubs were established from 2008 onwards for creating awareness about HIV/AIDS in the youth. A total of six RRCs were operational in the district.

Key Recommendations:

- Vulnerability factors in transmission of HIV to be further analysed from ICTC and STI data, although there was a low level of HIV epidemic in the district.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities, since FSW was the only HRG in the district.
- Availability of ART or DLN data, typology data for the HRGs will help in understanding of district exposures.
- Availability of data regarding profile and pattern of migration and truckers is recommended to have a better insight to district HIV vulnerabilities.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women, migrants and around truck halt points and highways in the district.

Jamtara

District Population: 7,90,207 (2.40% of Jharkhand Population); Female Literacy[1]: 50.08%; ANC Utilization[2]: 34.2%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	-	*	*	0.11	0
	NT	-	-	-	-	*	*	920	943
Blood Bank	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	0.64	0.43	0.46	0.23
	NT	-	-	-	-	469	1162	865	886
ICTC Female	PP	-	-	-	-	0.96	0.26	0.82	0.27
	NT	-	-	-	-	209	782	609	372
ICTC Referred	PP	-	-	-	-	0	0	0.41	0.27
	NT	-	-	-	-	301	445	973	1116
ICTC Direct Walk-in	PP	-	-	-	-	1.36	0.35	1.00	0
	NT	-	-	-	-	369	1127	501	142

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=3)	100	0	0	0	0	0

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	Taluka 1, 0.13	Taluka, 2 0	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	200	-	-
% Total HRG	100	-	-
% Total Pop.	0.03	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	-	-	-	-
% of male pop.	-	-	-	-
% of total migration	-	-	-	-
Top 5 districts for inter-state out-migration				
	-	-	-	-

STI/RTI

	2008	2009	2010	2011
No. episodes treated	40	390	1334	2263
% Syphilis positivity	0	0.55	1.29	0.55

Programme Response

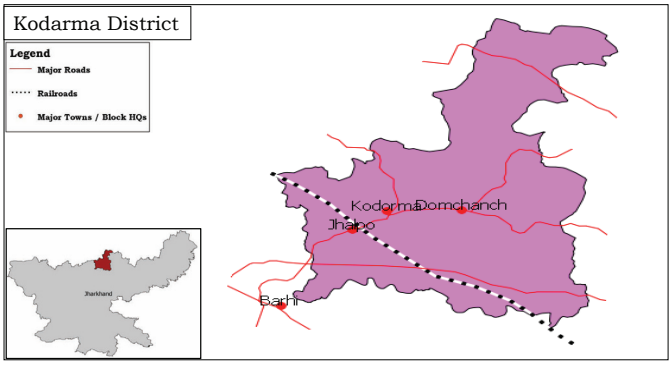
	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	-	1	1	1	1
Total tested at ICTCs[5]	-	-	-	-	947	2539	2394	2201
Blood Banks	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	1	1
Red ribbon clubs	-	-	-	-	6	6	6	6
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Kodarma

Background:

Kodarma district of Jharkhand state was created on 10th April 1994, after being carved out of the original Hazaribagh district. Kodarma is bordered by Nawada of Bihar on the north, Gaya of Bihar on the west, Giridh on the east and the Hazaribagh on the south. It has a population of 7.17 lakhs, with a sex ratio of 949 females per 1,000 males, and a female literacy rate of 54.77% with an overall literacy rate of 68.35% (Census 2011). Kodarma is surrounded by forests and richly endowed by natural resources. At one time, Kodarma was considered mica capital of India. Dhawajadhari Pahar (hill) in Koderma, is a well-known pilgrimage site for the Hindus. The district is currently receiving funds from the Backward Regions Grant Fund Programme. National Highway 31 passes through Kodarma district.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity among the ANC clients was moderate at 0.75%, representing a rising trend.
- According to 2011 PPTCT data, the level of HIV positivity was low (0.26%) among the clients, but due to non-availability of data from the previous years, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was moderate among male (5.01%), but low among female (3.64%) clients, and also among referred (1.39%) clients. Direct walk-in clients had a high prevalence at 13.30%. ICTC male and female clients had a declining trend, but direct walk-ins had a rising trend.
- In 2011, a total of 2,079 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.08%.
- As per 2001 Census, 3.18% of the male population were migrants, among them 48.69% migrated to other states and 25.29% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Kolkata, West Bengal and South Delhi.
- As per 2011 ICTC data, the route of HIV transmission was high for parent to child transmission at 9.89%. However 7.69% of transmissions routes were unknown in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 21.2% and 15%, respectively.
- Although there was no data for HRG size, there was one TI for FSWs operational in the district in 2011.
- A total of four ICTCs were operational in the district in 2011.

Key Recommendations:

- Socio-demographic analysis to be carried out to ascertain risk factors, considering the rising prevalence among ANC attendees.
- Analysis of risk profile of positive individuals is warranted for determining associated factors, given the high HIV prevalence among direct walk-in clients.
- Availability of additional data on HIV vulnerability like HRG size and profile will help in better understanding of HIV epidemiological profile of the district.
- Availability of ART or DLN data will help in understanding the district vulnerabilities.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women, migrants and around truck halt points and highways in the district.
- Strengthening of PPTCT program coverage in the district as parent to child HIV transmission rate was high in the district.

Kodarma

District Population: 7,17,169 (2.18% of Jharkhand Population); Female Literacy[1]: 54.77%; ANC Utilization[2]: 33.3%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	*	-	0	0	0.75		0.75	
	NT[4]	*	-	400	399	400		398	
PPTCT	PP	-	-	-	-	*	*	-	0.26
	NT	-	-	-	-	*	*	-	1154
Blood Bank	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	12.80	5.78	4.07	5.01
	NT	-	-	-	-	211	900	1425	1018
ICTC Female	PP	-	-	-	-	6.30	5.00	4.18	3.64
	NT	-	-	-	-	413	840	1268	1098
ICTC Referred	PP	-	-	-	-	-	-	1.90	1.86
	NT	-	-	-	-	-	-	947	1665
ICTC Direct Walk-in	PP	-	-	-	-	8.49	-	5.33	13.30
	NT	-	-	-	-	624	-	1746	451

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=91)	82.42	0	0	0	9.89	7.69

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	-	-	-
% Total HRG	-	-	-
% Total Pop.	-	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based- NA; Brothel based- NA; Street based- NA	Kothi- NA; Panthi- NA; Double decker- NA	Daily Injectors- NA; Non daily Injectors- NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	7915	3854	2002	2059
% of male pop.	3.18	1.55	0.80	0.83
% of total migration	100	48.69	25.29	26.01

Top 5 districts for inter-state out-migration

Kolkata, West Bengal	South Delhi	Thane, Maha rashtra	North Delhi	Mum bai, Maha rashtra

STI/RTI

	2008	2009	2010	2011
No. episodes treated	112	372	995	2079
% Syphilis positivity	0	0	0	0.08

Programme Response

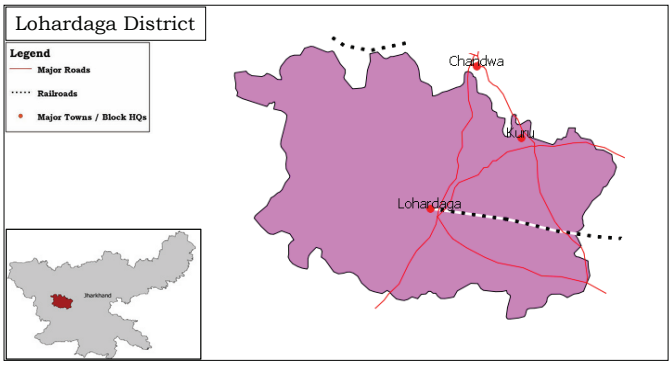
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW Tis	-	-	-	-	1	1	1	1
MSM Tis	-	-	-	-	-	-	-	-
IDU Tis	-	-	-	-	-	-	-	-
Comp. Tis	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	2	2	3	4
Total tested at ICTCs[5]	-	-	-	-	770	2199	2693	3270
Blood Banks	-	-	-	-	-	-	-	-
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1
PLHIV Networks	-	-	-	-	-	-	1	1
Red ribbon clubs	-	-	-	-	2	2	2	2
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Lohardaga

Background:

Lohardaga district is located in the south-western part of Jharkhand. It has a population of 4.61 lakhs with a sex ratio of 985 females per 1,000 males, and a female literacy rate of 57.86% with an overall literacy rate of 68.29% (Census 2011). Lohardaga is mainly a tribal area. The tribal people depend heavily on forest resources for food, shelter as well as medicines. The inhabitants of this district mainly depend on agriculture, forest produce and seasonal migration to different parts of the country for employment. No national highway passes through the district and Lohardaga town is located on the state highway between Ranchi and Raurkela. It is also connected with Ranchi by a meter gauge railway line.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity among the ANC clients was moderate at 0.51%, representing a rising trend.
- According to 2011 PPTCT data, the level of HIV positivity was low among the attendees, with a stable trend over the past recorded years.
- As per 2010 HSS-FSW data, the level of HIV positivity was low at 0.81% among FSWs, but due to lack of data from the previous years, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.60%) and female (0.10%) clients, and also among referred (0.15%) clients and direct walk-ins (1.52%), with an overall stable trend.
- According to HRG size mapping data, FSW (480; 100% of total HRG) was the only HRG in the district. The major typology was street based (94.86%) among the FSWs.
- In 2011, a total of 3,228 STI/RTI episodes were treated among STI clinic attendees.
- As per 2001 Census, 5.25% of the male population were migrants, among them 37.17% migrated to other states and 29.16% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Gorakhpur and Jaunpur, Uttar Pradesh.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 29.6% and 21.1%, respectively.
- In 2011, there were two TI sites operational in the district, one for FSWs and one composite TI.
- There was a gradual increase in the number of clients being tested for HIV in the district.

Key Recommendations:

- Socio-demographic analysis to ascertain risk factors, considering rising prevalence among the ANC attendees.
- Vulnerability factors in transmission of HIV needs to be analysed further from ICTC and STI data, although there was a low level of HIV epidemic in the district.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, for understanding of district vulnerabilities. Also, a focus is required on street based FSWs.
- Availability of ART or DLN data will help in understanding of district vulnerabilities.
- Conduct special awareness campaign especially among pockets of out-migrants transit points and around truck halt points and highways in the district.

Lohardaga

District Population: 4,61,738 (1.40% of Jharkhand Population); Female Literacy[1]: 57.86%; ANC Utilization[2]: 29.4%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	0	0	0.25		0.51	
	NT[4]	-	-	300	400	398		395	
PPTCT	PP	-	-	-	-	*	0.08	0.10	0
	NT	-	-	-	-	*	1299	2000	2534
Blood Bank	PP	-	-	-	-	*	*	*	*
	NT	-	-	-	-	*	*	*	*
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	1.25		0.81	
	NT	-	-	-	-	240		247	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	*	0	0.65	0.60
	NT	-	-	-	-	*	897	765	499
ICTC Female	PP	-	-	-	-	*	0.30	0.11	0.10
	NT	-	-	-	-	*	331	913	971
ICTC Referred	PP	-	-	-	-	*	0	0.20	0.15
	NT	-	-	-	-	*	869	1535	1338
ICTC Direct Walk-in	PP	-	-	-	-	*	0.28	2.10	1.52
	NT	-	-	-	-	*	359	143	132

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=5)	60.00	0	0	0	20.00	20.00

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	Lohar Daga, 0	Senha, 0	Kisko, 1	Bhandara, 0	Kuru, 0	Ranchi, 0	Gumla, 0	Latehar, 0	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	480	-	-
% Total HRG	100	-	-
% Total Pop.	0.10	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-5.14%; Brothel based-0%; Street based-94.86%	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	34.29	-	-
% Married	18.71	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	9674	3596	2821	3257
% of male pop.	5.25	1.95	1.53	1.77
% of total migration	100	37.17	29.16	33.67

Top 5 districts for inter-state out-migration

Gorakh pur, Uttar Pradesh	Jaun pur, Uttar Pradesh	Vara nasi, Uttar Pradesh	Hugli, West Bengal	Ghazi pur, Uttar Pradesh

STI/RTI

	2008	2009	2010	2011
No. episodes treated	315	910	1502	3228
% syphilis positivity	0	0	0	0

Programme Response

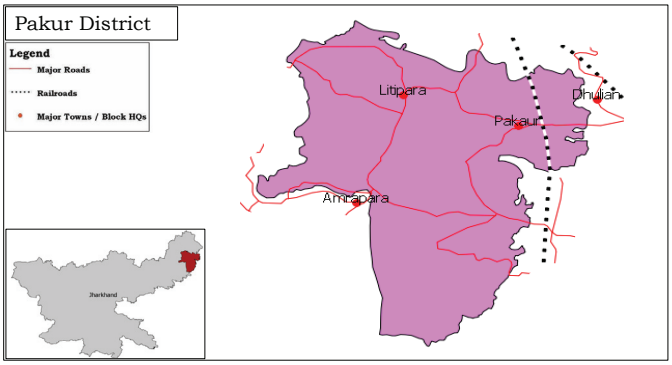
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	1	1	1	1	1
ICTCs	-	-	-	-	88	2527	3678	4004
Total tested at ICTCs[5]	-	-	-	-	1	1	1	1
Blood Banks	-	-	-	-	1	1	1	1
STI clinics	-	-	-	-	-	-	-	-
ART centres	-	-	-	-	-	-	-	2
Link ART centres	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	2	2	2	2
Red ribbon clubs	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	1	1	1	1	1

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Pakur

Background:

Pakur is one of the district of Jharkhand state, India. It is bordered by Sahibganj in north, Dumka in south, Godda in west and by Murshidabad in east. It has a population of 8.99 lakhs with a sex ratio of 985 females per 1,000 males, and a female literacy rate of 41.23% with an overall literacy rate of 50.17% (Census 2011). The economy of Pakur is predominantly agricultural in character. The main occupation of the people is cultivation. The local people of the district are either working as agricultural labours or as cultivators. There are three main rivers in this district namely Bansloi, Torai & Brahmini. Many major roads cross through the district but there's no national highway that passes through the district.



HIV Epidemic Profile:

- Based on 2009 PPTCT data, the level of HIV positivity among the attendees was low at 0.09%, but due to lack of data from previous years trend was not determined.
- According to 2010 HSS-FSW data, HIV positivity was low at 0.80% among FSWs, with a stable trend in the last three recorded years.
- In 2011, HIV prevalence among ICTC attendees was low among male (1.03%) and female (0.08%) clients, and also among referred (0.38%) and direct walk-in (1.05%) clients, with an overall stable trend.
- According to HRG size mapping data, FSW (700; 100% of total HRG) was the only HRG in the district.
- In 2011, a total of 3,194 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 2.71 %.
- As per 2001 Census, 2.21% of the male population were migrants, among them 9.40% migrated to other states and 19.38% migrated to other districts within the state.
- The top destination for out-of-state migration was Birbhum in West Bengal.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 10.8% and 4.8%, respectively.
- One FSW-TI was operational in the district in 2011.

Key Recommendations:

- Vulnerability factors in transmission of HIV to be analysed from ICTC and STI data, though there was a low level of HIV epidemic in the district.
- Improved assessment of the size and profile of FSWs client population including migrants and truckers, for understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Availability of ART or DLN data will help in understanding of district vulnerabilities.
- Strengthening of outreach programmes through awareness campaigns for STI and HIV among general population, especially women is highly recommended.
- Strengthening of routine programme data from district need for completeness and accuracy, followed by periodic reviews to understand HIV transmission dynamics in the district.

Pakur

District Population: 8,99,200 (2.73% of JharkhandPopulation); Female Literacy[1]: 41.23%; ANC Utilization[2]: 17.4%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	-	*	0.09	-	*
	NT	-	-	-	-	*	1112	-	*
Blood Bank	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	1.58	2.00		0.80	
	NT	-	-	-	253	250		250	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	2.16	1.73	0.84	1.03
	NT	-	-	-	-	416	1042	1070	874
ICTC Female	PP	-	-	-	-	1.70	1.29	0.61	0.08
	NT	-	-	-	-	294	852	1154	1250
ICTC Referred	PP	-	-	-	-	3.43	-	0.20	0.38
	NT	-	-	-	-	408	-	1520	1837
ICTC Direct Walk-in	PP	-	-	-	-	0	-	1.85	1.05
	NT	-	-	-	-	302	-	704	287

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total	-	-	-	-	-	-

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	700	-	-
% Total HRG	100	-	-
% Total Pop.	0.08	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily Injectors -NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	7937	746	1538	5653
% of male pop.	2.21	0.21	0.43	1.58
% of total migration	100	9.40	19.38	71.22

Top 5 districts for out-migration

Birbhum, West Bengal	-	-	-	-

STI/RTI

	2008	2009	2010	2011
No. episodes treated	221	908	-	3194
% Syphilis positivity	0	0	-	2.71

Programme Response

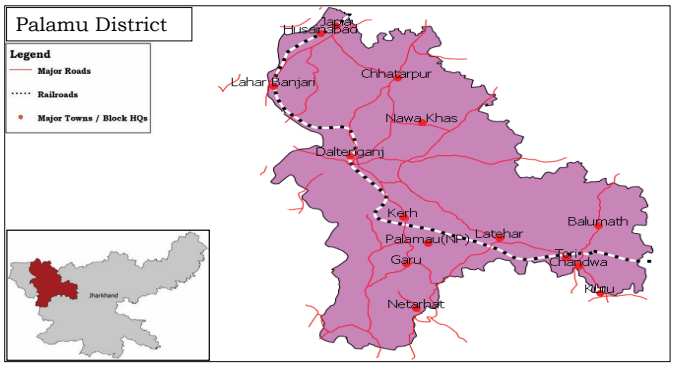
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW Tis	-	-	-	-	1	1	1	1
MSM Tis	-	-	-	-	-	-	-	-
IDU Tis	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	1	1	1	1
Total tested at ICTCs[5]	-	-	-	-	949	3006	2224	3021
Blood Banks	-	-	-	-	-	-	-	-
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1
PLHIV Networks	-	-	-	-	-	-	1	1
Red ribbon clubs	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Palamu

Background:

Palamu district is bordered by Chatra and Hazaribagh districts in the east, by Latehar in the south, Garhwa in the west, and by the Son River in the north which separates it from Rohtas and Aurangabad districts of Bihar. It has a population of 19.36 lakhs with a sex ratio of 929 females per 1,000 males, and a female literacy rate of 53.87% with an overall literacy rate of 65.50% (Census 2011). Tourism of Palamu district includes several places of interest including reserve forests, National Parks and the natural beauty of the district. Palamu Division is ideal for the development of tourism particularly for the motorists and the hikers. National highway 75 and 98 pass through the district connecting it to other districts and states.



HIV Epidemic Profile:

- Based on 2011 data, the level of HIV positivity was low among the PPTCT (0.04%) and Blood Bank (0.12%) attendees, with a stable trend.
- According to 2010 HSS-FSW data, HIV positivity was low among FSWs, but due to lack of data from the previous years, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (1.55%) and female (1.19%) clients, and also among referred (1%) and direct walk-in (2.74%) clients. The ICTC attendees showed a stable trend.
- According to HRG size mapping data, FSW (530; 100% of the total HRG) was the only HRG in the district.
- In 2011, a total of 5,970 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 1.03%.
- As per the 2001 Census, 3.82% of the male population were migrants, among them 45.16% migrated to other states and 21.18% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Surguja, Chhattisgarh and Sonbhadra, Uttar Pradesh.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 26.1% and 11.9%, respectively.
- There was a gradual increase in the number of clients being tested at the ICTCs.
- In 2011, one TI for FSWs was operational in the district.
- Red Ribbon Club was established from 2008 onwards for creating awareness about HIV/AIDS in the youth. A total of three RRCs were operational in the district in 2011.

Key Recommendations:

- HIV preventive measures should be strengthened through awareness campaign among general population, especially for women, around highways and tourist destinations to curb the epidemic at low level.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC and STI data.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities.
- Mechanism needs to be put in place in order to collect more data on HRG typologies, which will help to understand the district vulnerabilities.
- Availability of ART or DLN data will help in better understanding of district vulnerabilities.

Palamu

District Population: 19,36,319 (5.87% of Jharkhand Population); Female Literacy[1]: 53.87%; ANC Utilization[2]: 22.4%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	*	*	0.08	0.13	0.04
	NT	-	-	-	*	*	1196	3760	4674
Blood Bank	PP	-	-	*	0.06	0	0.05	0	0.12
	NT	-	-	*	1791	1800	1849	2294	3389
HSS-STD	PP	0	0	0	0	0.40		0	
	NT	251	248	249	251	249		248	
HSS-FSW	PP	-	-	-	-	0		0	
	NT	-	-	-	-	244		248	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	*	*	4.28	3.09	1.24	1.40	1.55
	NT	-	*	*	467	1101	3555	2493	2894
ICTC Female	PP	-	*	*	12.44	2.82	1.25	1.30	1.19
	NT	-	*	*	225	992	2646	2313	3269
ICTC Referred	PP	-	*	*	6.33	3.24	1.27	1.06	1.00
	NT	-	*	*	158	895	3550	3492	4885
ICTC Direct Walk-in	PP	-	*	*	7.08	2.75	1.74	4.41	2.74
	NT	-	*	*	537	1198	2651	1314	1278

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=84)	100	0	0	0	0	0

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	530	-	-
% Total HRG	100	-	-
% Total Pop.	0.03	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA, Brothel based-NA, Street based-NA	Kothi-NA, Panthi-NA, Double decker-NA	Daily Injectors-NA, Non-daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	41218	18616	8730	13872
% of male pop.	3.82	1.72	0.81	1.28
% of total migration	100	45.16	21.18	33.66

Top 5 districts for inter-state out-migration

Surguja, Chhatisgarh	Sonbhadra, Uttar Pradesh	Jaunpur, Uttar Pradesh	Rohtas, Bihar	Jalandhar, Punjab

STI/RTI

	2008	2009	2010	2011
No. episodes treated	1027	1027	2257	5970
% syphilis positivity	2.70	13.64	7.92	1.03

Programme Response

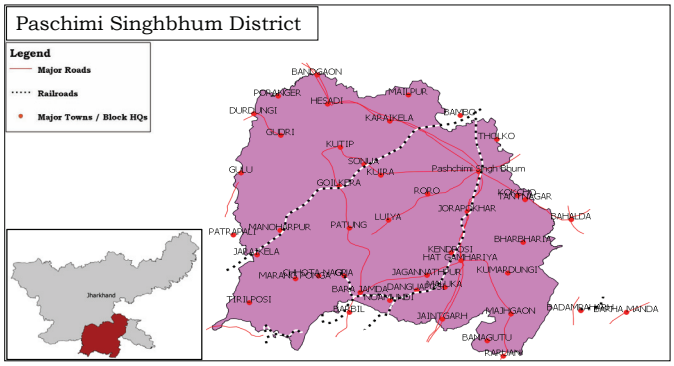
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	1	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	3	3	4	4
Total tested at ICTCs[5]	-	52	196	699	2474	7397	8566	10837
Blood Banks	-	1	1	1	1	1	1	1
STI clinics	-	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	1
Link ART centres	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	1	1
Red ribbon clubs	-	-	-	-	3	3	3	3
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Paschimi Singhbhum

Background:

West Singhbhum or Pashchimi Singhbhum district forms the southern part of the newly created Jharkhand state and is the largest district in the state. It came into being in 1990, when the old Singhbhum district was bifurcated. District has a population of 15.01 lakhs with a sex ratio of 1004 females per 1,000 males, and a female literacy rate is 47.01% with an overall literacy rate is 59.54% (Census 2011). The majority of the population of West Singhbhum district is tribal population. The main economic activity of the people of West Singhbhum district is agriculture. The district contains large deposits of iron ore which are increasingly being mined to feed the growing demand for steel production. West Singhbhum district is full of dense forests, many waterfalls and hills; and harbors a variety of flora and fauna, which are tourist attractions.



HIV Epidemic Profile:

- According to 2011 PPTCT (0.05%) and Blood Bank (0.25%) data, the level of HIV positivity was low among the attendees, with a stable trend.
- According to 2010 HSS-FSW data, the level of HIV positivity was low among FSWs at 1.34%, but due to lack of data from the previous years, a trend was not determined.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.37%) and female (0.41%) clients, as well as in referred (0.27%) and direct walk-in (0.58%) clients, with an overall stable trend among all.
- In 2011, 4,366 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.08%.
- As per the 2001 Census, 2.60% of the male population were migrants, among them 36.75% migrated to other states and 14.37% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Medinipur and Hugli, West Bengal.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 29.4% and 6.6%, respectively.
- Although there was no data for HRG size, but there was one TI each for FSWs and MSM operational in the district in 2011.
- There was a gradual increase in the number of clients being tested at the ICTCs over the years.
- Red ribbon club was established from 2008 onwards for creating awareness about HIV/AIDS in the youth.

Key Recommendations:

- Additional data on HIV vulnerability like HRG size and profile should be made available to get an understanding of HIV epidemiological profile of the district. As well as availability of typology data would help to analyze risk factors.
- Strengthening of IEC programme for creating HIV and STI awareness in district among general population, especially women.
- Availability of ART or DLN data will help in understanding of district vulnerabilities.
- Vulnerability factors in transmission of HIV to be analysed from ICTC and STI data, although there was a low level of HIV epidemic in the district.
- Additional information on HIV epidemic profile of the district will improve in the understanding of district vulnerability.

Paschimi Singhbhum

District Population: 15,01,619 (4.56% of Jharkhand Population); Female Literacy[1]: 47.01%; ANC Utilization[2]: 32.6%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	-	*	0.06	0.05	0.05
	NT	-	-	-	-	*	1776	1941	1854
Blood Bank	PP	-	-	-	4.61	0	0	0	0.25
	NT	-	-	-	1453	2516	2097	2042	2797
HSS-STD	PP	-	-	-	0.40	0.80		2.02	
	NT	-	-	-	250	249		248	
HSS-FSW	PP	-	-	-	-	-		1.34	
	NT	-	-	-	-	-		224	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	0.38	0.37	0.51	0.37
	NT	-	-	-	-	1328	3829	3750	3237
ICTC Female	PP	-	-	-	-	0.44	0.48	0.68	0.41
	NT	-	-	-	-	454	1036	1173	1972
ICTC Referred	PP	-	-	-	-	0	-	0.47	0.27
	NT	-	-	-	-	578	-	2538	3301
ICTC Direct Walk-in	PP	-	-	-	-	0.58	-	0.63	0.58
	NT	-	-	-	-	1204	-	2385	1908

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=20)	100	0	0	0	0	0

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	-	-	-
% Total HRG	-	-	-
% Total Pop.	-	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA, Brothel based-NA, Street based-NA	Kothi-NA, Panthi-NA, Double decker-NA	Daily Injectors-NA, Non-daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	27355	10054	3930	13371
% of male pop.	2.60	0.96	0.37	1.27
% of total migration	100	36.75	14.37	48.88

Top 5 districts for inter-state out-migration

Medinipur, West Bengal	Hugli, West Bengal	Bardd haman, West Bengal	Puruliya, West Bengal	North Twenty Four Parganas, West Bengal

STI/RTI

	2008	2009	2010	2011
No. episodes treated	10375	2439	1486	4366
% Syphilis positivity	0	0	0	0.08

Programme Response

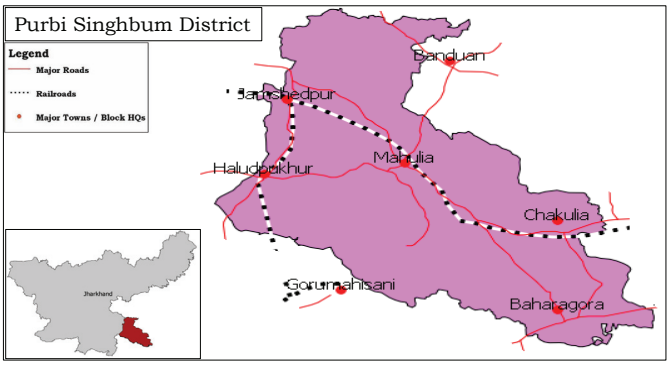
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	2	2	3	5
Total tested at ICTCs[5]	-	-	-	-	2630	6641	6864	7063
Blood Banks	3	3	3	3	3	3	3	3
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1
PLHIV Networks	-	-	-	-	-	-	-	-
Red ribbon clubs	-	-	-	-	8	8	8	8
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Purbi Singhbhum

Background:

Purbi Singhbhum district is situated at the extreme corner of the southeast of Jharkhand. The district is bordered on the east by Midnapore, on the north by Puruliya, districts of West Bengal, on the west by West Singhbhum district of Jharkhand, and on the south by Mayurbhanj district of Odisha. It has a population of 22.91 lakhs with a sex ratio of 949 females per 1,000 males, and a female literacy rate of 67.33% with an overall literacy rate of 76.13% (Census 2011). More than 50% of the district is covered by dense forests and mountains. Purbi Singhbhum has a leading position in respect of mining and other industrial activities in Jharkhand leading to in migrants from nearby districts and states to Purbi Singhbhum for employment. In rural areas, people are mainly dependent on agriculture. One major tourist attraction is Chitreshwar temple, having one of the largest natural Shiva linga.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity among the ANC clients was moderate at 0.75%, with a rising trend.
- In 2011, the level of HIV positivity was low among PPTCT (0.22%) and Blood Bank (0.11%) clients, representing a stable trend over the past few years.
- According to 2010 HSS data, the level of HIV positivity was low among FSWs (0.81%) and IDUs (2.02%), with a stable trend.
- In 2011, HIV prevalence was low among male (4%) and female (2.44%) clients, and also among referred (3.06%) clients, but near-moderate among direct walk-in (4.55%) clients, with a declining trend among all.
- According to HRG size mapping data, FSW (2,035; 77.23% of the total HRG) was the largest HRG in the district followed by IDU (600; 22.77%).
- In 2011, 21,312 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.26%.
- As per 2001 Census, 5.11% of the male population were migrants; among them 47.35% migrated to other states and 26.97% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Kendujhar and Sundargarh, Odisha.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 62.6% and 21.6%, respectively.
- In 2011, a total of three TIs were operational in the district.
- There was a gradual increase in the number of clients being tested at the ICTCs over the years in the district.

Key Recommendations:

- Socio-demographic analysis to be done to ascertain risk factors, considering rising prevalence among HSS-ANC attendees.
- Improved assessment of the size and profile of FSWs client population including migrants and truckers, for better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Availability of ART or DLN data would help in understanding of district vulnerabilities.
- Continuation of HIV prevention strategies is suggested to maintain existing low levels of HIV positivity.
- Strengthen outreach activities around pilgrimage sites and industrial areas in the district.

Purbi Singhbhum

District Population: 22,91,032 (6.95% of Jharkhand Population); Female Literacy[1]: 67.33%; ANC Utilization[2]: 55%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	0	0	0.13	0.51	0.59		0.75	
	NT[4]	400	400	795	790	1194		1196	
PPTCT	PP	-	-	-	0	0.72	0.14	0.29	0.22
	NT	-	-	-	1000	4842	5120	5129	5047
Blood Bank	PP	-	0.09	0.07	0.19	0.15	0.05	0.14	0.11
	NT	-	1060	1401	38280	41630	41823	44116	44017
HSS-STD	PP	-	-	0.40	1.20	1.22		4.00	
	NT	-	-	250	249	245		250	
HSS-FSW	PP	-	0	1.20	-	2.01		0.81	
	NT	-	250	500	-	249		246	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	0.40	-	1.65		2.02	
	NT	-	-	250	-	242		247	
ICTC Male	PP	-	14.46	16.97	13.16	6.95	4.87	5.43	4.00
	NT	-	325	548	1808	2159	3879	3298	5119
ICTC Female	PP	-	4.11	6.80	4.26	4.06	3.05	2.56	2.44
	NT	-	560	618	2702	1847	3412	3439	4143
ICTC Referred	PP	-	6.81	10.66	8.12	5.50	3.41	3.67	3.06
	NT	-	602	769	3842	2638	5107	5593	7747
ICTC Direct Walk-in	PP	-	6.48	13.35	6.14	5.85	5.45	5.42	4.55
	NT	-	283	397	668	1368	2184	1144	1515

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=271)	95.94	0.37	0	0.37	2.21	1.11

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	2035	-	600
% Total HRG	77.23	-	22.77
% Total Pop.	0.09	-	0.03
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA, Brothel based-NA, Street based-NA	Kothi-NA, Panthi-NA, Double decker-NA	Daily Injectors-NA, Non-daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	52414	24816	14137	13461
% of male pop.	5.11	2.42	1.38	1.31
% of total migration	100	47.35	26.97	25.68

Top 5 districts for inter-state out-migration

Kend ujhar, Odisha	Sunda rgarh, Odisha	Mayu rbhanj, Odisha	Medi nipur, West Bengal	Pune, Maha rashtra

STI/RTI

	2008	2009	2010	2011
No. episodes treated	28984	23871	29734	21312
% syphilis positivity	0	0	0	0.26

Programme Response

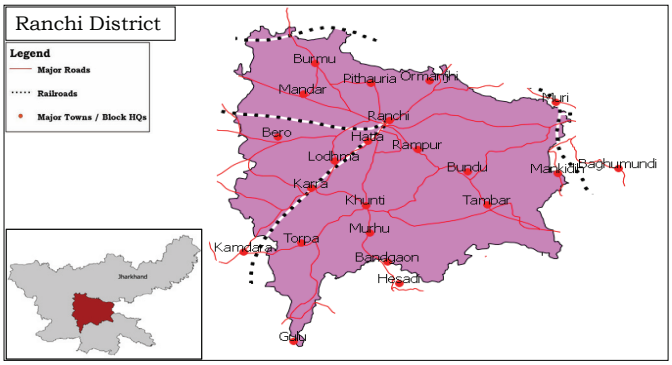
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW Tis	1	1	2	2	1	1	1	2
MSM Tis	-	-	-	-	-	-	-	-
IDU Tis	-	-	-	-	-	1	1	1
Comp. Tis	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	3	3	4	4
Total tested at ICTCs[5]	-	885	1166	5510	8848	12411	11866	14309
Blood Banks	2	2	2	2	2	2	2	2
STI clinics	2	2	2	2	2	2	2	2
ART centres	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	-
PLHA Networks	-	-	-	-	1	1	1	1
Red ribbon clubs	-	-	-	-	13	13	13	13
Comm. care centres	-	-	-	-	-	-	-	1
Drop-in-centres	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Ranchi

Background:

Ranchi district is located in the centre of the state. It is bordered by the districts of Hazaribagh and Chatra in the north, West Singhbhum in the south, Latehar, Lohardaga and Gumla in the west and Bokaro and Saraikela in the east. It is the most populous district of Jharkhand with a population of 29.12 lakhs, with a sex ratio of 950 females per 1,000 males, and a female literacy rate of 68.20% with an overall literacy rate of 77.13% (Census 2011). The basis of the economy in the district is agriculture and allied activities. Ranchi, Capital of Jharkhand is also called as city of Water falls and lakes, with six noted waterfalls. It also has many religious and other interesting places as tourist attractions. National Highway 23, 33 and 75 pass through the district.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity among the ANC clients was moderate at 0.75%, with a rising trend.
- According to 2011 PPTCT and Blood Bank data, the level of HIV positivity was low (0.12%) among the attendees, representing a stable trend over the past few years.
- According to 2008 HSS-FSW data, the level of HIV positivity was low among FSWs (0.40%), with a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (4.51%) and female (4.32%) clients, as well as in referred (3.78%) clients but moderate among direct walk-in (7.48%) clients, with an overall decreasing trend.
- According to HRG size mapping data, FSW (2,750; 83.84% of the total HRG) was the largest HRG in the district followed by MSM (310; 9.45% of the total HRG) and IDU (220; 6.71%).
- In 2011, 7,736 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 1.19%.
- As per the 2001 Census, 5.69% of the male population were migrants, among them 58.59% migrated to other states and 14.39% migrated to other districts within the state.
- The top two destinations for out-of-state migration were North Twenty Four Parganas and Hugli districts in West Bengal.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 43.8% and 29.3%, respectively.
- There were a large number of HRGs in the district and a total of four targeted interventions (TI) were operational since 2008.
- Red ribbon club was established from 2009 onwards for creating awareness about HIV/AIDS in the youth. A total of 35 RRCs were operational in the district in 2011.

Key Recommendations:

- Socio-demographic analysis needs to be done to ascertain risk factors, considering rising prevalence among HSS-ANC attendees.
- Vulnerability factors in transmission of HIV need to be analysed from ICTC and STI data, although there was a low to moderate level of HIV epidemic in the district.
- Improved assessment of the size and profile of FSWs client population including migrants and truckers, for better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Conduct special awareness campaign especially among pockets of out-migrants transit points and around truck halt points and highways in the district.
- Availability of ART or DLN data will help in understanding of district vulnerabilities.

Ranchi

District Population: 29,12,022 (8.83% of Jharkhand Population); Female Literacy[1]: 68.20%; ANC Utilization[2]: 40.6%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	0.25	0.25	0.25	0	0.25		0.75	
	NT[4]	400	400	400	399	398		400	
PPTCT	PP	-	-	*	0.31	0.22	0.18	0.15	0.12
	NT	-	-	*	1627	4176	4565	7392	9673
Blood Bank	PP	0.11	0.14	0.24	0.07	0.06	0.07	0.09	0.08
	NT	8712	11738	26368	25441	37525	33605	41133	42066
HSS-STD	PP	0.40	0	0.68	0	0.81		0	
	NT	250	250	444	502	495		499	
HSS-FSW	PP	0	1.20	0.21	1.00	0.40		-	
	NT	250	250	474	500	250		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	*	21.99	19.91	16.31	8.82	3.72	4.51
	NT	-	*	582	1572	2262	4070	20497	7132
ICTC Female	PP	-	*	18.30	15.81	13.40	8.10	4.64	4.32
	NT	-	*	388	1341	1724	3222	9719	3984
ICTC Referred	PP	-	*	13.52	11.25	6.70	8.20	2.95	3.78
	NT	-	*	429	1236	2105	4023	19007	9110
ICTC Direct Walk-in	PP	-	*	26.06	23.02	24.40	8.87	5.82	7.48
	NT	-	*	541	1677	1881	3269	11209	2006

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=505)	90.89	0.40	1.78	0.20	3.56	3.17

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	Ranchi, 86	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	Nager Nigam, 0.08	Namkum, 0	Kanke, 0	Ormanjhi, 0	Ratu, 0	Bundu, 0	Tamar, 0	Sonahatu, 0	Mandar, 0
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	2750	310	220
% Total HRG	83.84	9.45	6.71
% Total Pop.	0.09	0.01	0.01
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-14.06%; Brothel based-20.79%; Street based-65.15%	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non daily Injectors-NA
% <25 yrs.	27.82	-	48.84
% Married	66.33	-	68.60

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	81684	47860	11751	22073
% of male pop.	5.69	3.33	0.82	1.54
% of total migration	100	58.59	14.39	27.02

Top 5 districts for inter-state out-migration

North Twenty Four Parganas, West Bengal	Hugli, West Bengal	Patna, Bihar	Samastipur, Bihar	Barddhaman, West Bengal

STI/RTI

	2008	2009	2010	2011
No. episodes treated	-	2931	5655	7736
% Syphilis positivity	-	20	1.12	1.19

Programme Response

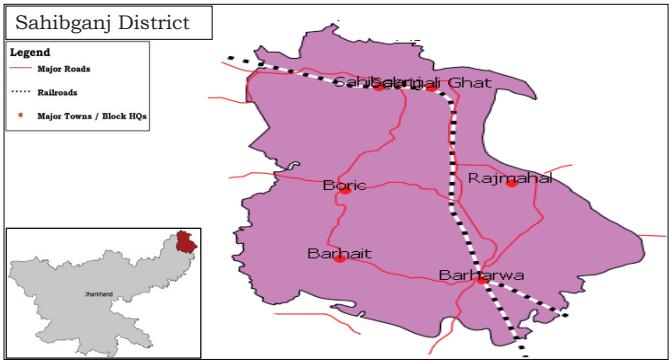
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TI	2	2	2	2	2	2	2	2
MSM TI	-	-	-	-	-	-	1	1
IDU TI	-	-	-	-	1	1	1	1
Comp. TI	-	-	-	-	-	-	-	-
ICTCs	-	-	-	3	5	5	7	9
Total tested at ICTCs[5]	-	418	1480	4540	8162	11857	37608	20789
Blood Banks	8	8	8	8	10	10	10	10
STI clinics	1	1	2	2	2	2	2	2
ART centres	-	-	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	1	1	1	1
Red ribbon clubs	-	-	-	-	35	35	35	35
Comm. care centres	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	1	1	1	1
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Sahibganj

Background:

Sahibganj district is located in the north east of the state. It is bordered by Bhagalpur and Godda district in the west, Maldah and Murshidabad district of West Bengal in the east, Ganga River and Katihar district in the north. Sahibganj district with a predominantly tribal population is a part of Santhal Paraganas division and forms the eastern tip of the division. It has a population of 11.50 lakhs with a sex ratio of 948 females per 1,000 males, and a female literacy rate of 44.31% with an overall literacy rate of 53.73% (Census 2011). Sahibganj is by far the most important place for trade and commerce in the district. Wholesale trading in foodgrains is mostly carried in Sahibganj. There are several places of religious, historical and archaeological importance in Sahibganj district attracting in migrants to visit the district. The district has good network of roadways. National Highway 80 passes through the district.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity among the ANC clients was moderate at 0.50%, with a fluctuating trend.
- According to 2011 PPTCT data, the level of HIV positivity was low (0.06%) among the attendees, representing a stable trend.
- According to 2010 HSS-FSW data, the level of HIV positivity was low among FSWs (1.67%), with a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (2.08%) and female (1.50%) clients, as well as in referred (1.45%) and direct walk-in (2.97%) clients, with a stable trend.
- According to HRG size mapping data, FSW (1,980; 77.65% of the total HRG) was the largest HRG in the district followed by MSM (310; 12.16% of the total HRG) and IDU (260; 10.20% of the total HRG).
- In 2011, 1,095 STI/RTI episodes were treated.
- As per 2001 Census, 3.71% of the male population were migrants, among them 44.86% migrated to other states and 8.53% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Murshidabad and Barddhaman, West Bengal.
- In 2011, HIV route of transmission rate was close to high among parent to child at 4.62%, of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 12.6% and 28.7%, respectively.
- While there were over 2,500 mapped HRGs in the district, there was only one targeted intervention site in operation in the district.

Key Recommendations:

- Considering rising prevalence among ANC attendees, socio-demographic analysis should be done to ascertain risk factors.
- Continued attention to decrease and limit the spread of the infection further in the district
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, will help in better understanding of district vulnerabilities. As well as availability of typology data would help to analyze risk factors.
- There is a need to understand the dynamics of HIV transmission among IDUs and MSM, either through initiation of HRG sites for HSS or further analysis of ICTC/PPTCT data.

Sahibganj

District Population: 11,50,038 (3.49% of Jharkhand Population); Female Literacy[1]: 44.31%; ANC Utilization[2]: 23.2%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	0	0.25	0.50	0	0		0.50	
	NT[4]	400	400	400	398	399		399	
PPTCT	PP	-	-	-	-	*	0.08	0.21	0.06
	NT	-	-	-	-	*	1320	1941	1802
Blood Bank	PP	-	-	-	-	-	-	-	*
	NT	-	-	-	-	-	-	-	*
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	1.20	2.00	-	0.40		1.67	
	NT	-	251	250	-	250		240	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	-	3.77	1.41	2.26	2.08
	NT	-	-	-	-	477	1420	1326	1537
ICTC Female	PP	-	-	-	-	3.25	1.35	1.45	1.50
	NT	-	-	-	-	277	1037	1862	2065
ICTC Referred	PP	-	-	-	-	4.02	1.54	1.35	1.45
	NT	-	-	-	-	497	1621	2600	2896
ICTC Direct Walk-in	PP	-	-	-	-	2.33	1.08	3.74	2.97
	NT	-	-	-	-	257	836	588	706

PLHIV Profile, 2009

	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2010

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=65)	92.31	0	0	0	4.62	3.08

Block-Level Details, Year

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-
No. HRG-FSW	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	1980	310	260
% Total HRG	77.65	12.16	10.20
% Total Pop.	0.17	0.03	0.02
Program Target	NA	NA	NA
Program Coverage	-	-	-
Size Est., (Mapping, Year: NA)	1980	310	260
Typology	Home based-NA, Brothel based-NA, Street based-NA	Kothi -NA, Panthi-NA, Double decker-NA	Daily Injectors-NA, Non-daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-state	Intra-state	Intra-district
No. out-migration	17711	7946	1511	8254
% male pop.	3.71	1.66	0.32	1.73
% total migration	100	44.86	8.53	46.60

Top 5 districts for inter-state out-migration

Murshidabad, West Bengal	Barddhaman, West Bengal	Birbhum, West Bengal	Maldah, West Bengal	Pak aur, Jharkhand

STI/RTI

	2008	2009	2010	2011
No. episodes treated	107	1222	530	1095
% Syphilis positivity	0	0	0	0

Programme Response

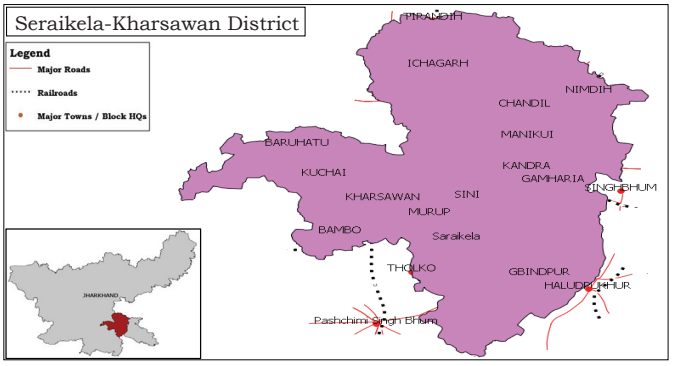
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	-	1	2	3	4
Total tested at ICTCs[5]	-	-	-	-	1283	3777	5129	5404
Blood Banks	-	-	-	-	-	-	-	1
STI clinics	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1
PLHIV Networks	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Seraikela-Kharsawan

Background:

Seraikela-Kharsawan district, formerly the princely state of Seraikella/ Saraikella, was carved out from West Singhbhum district in 2001. It has a population of 10.63 lakhs with a sex ratio of 958 females per 1,000 males, and a female literacy rate of 56.19% with an overall literacy rate of 68.85% (Census 2011). In 2006, the Ministry of Panchayati Raj named Seraikela Kharsawan one of the country's 250 most backward districts (out of a total of 640). It is currently receiving funds from the Backward Regions Grant Fund Programme. Seraikela has become the 'Mecca' for connoisseurs of music and dance. Here lies the citadel of world famous Chhaudance.The district has not only a rich cultural heritage but also has large deposits of minerals like Kyanite, Asbestos, quartz etc. and other valuable minerals. The government has announced the district as a tourist center as it has many historical and sightseeing places. National Highway 33 passes through the district.



HIV Epidemic Profile:

- According to 2011 PPTCT data, the level of HIV positivity was low (0.03%) among the clients, but a trend determination was not done due to lack of data points from the previous years.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.41%) and female (0.32%) clients, as well as among referred (0.24%) and direct walk-in (0.70%) clients, with an overall stable trend.
- According to HRG size mapping data, FSW (350; 100% of the total HRG) was the only HRG in the district.
- In 2011, 2,751 STI/RTI episodes were treated among STI clinic attendees.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 36.3% and 12.9%, respectively.
- Although there was no data for HRG size, but there was one TI for FSWs operational in the district in 2011.
- There was a gradual increase in the number of clients being tested at the ICTCs over the years in the district.
- Red Ribbon Club was established from 2009 onwards for creating awareness about HIV/AIDS in the youth. A total of three RRCs were operational in the district in 2011.

Key Recommendations:

- Strengthen outreach activities among general population, around tourist destinations and around truck halt points and highways in the district.
- Vulnerability factors in transmission of HIV need to be analysed from ICTC and STI data, although there was a low level of HIV epidemic in the district.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Availability of ART or DLN data would help in understanding of district vulnerabilities.
- Availability of data regarding profile and pattern of migration and truckers is recommended to have a better insight to district HIV vulnerabilities.
- Additional data on HIV vulnerability like HRG size and profile should be made available to get a better understanding of HIV epidemiological profile of the district.

Seraikela-Kharsawan

District Population: 10,63,458 (3.23% of Jharkhand Population); Female Literacy[1]: 56.19%; ANC Utilization[2]: 49.7%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	-	-	-		-	
	NT[4]	-	-	-	-	-		-	
PPTCT	PP	-	-	-	*	*	*	0.12	0.03
	NT	-	-	-	*	*	*	2595	3515
Blood Bank	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	*	*	0.09	0.32	0.41
	NT	-	-	-	*	*	2275	1238	1975
ICTC Female	PP	-	-	-	*	*	0.22	0.43	0.32
	NT	-	-	-	*	*	889	703	937
ICTC Referred	PP	-	-	-	*	*	0.26	0.24	0.24
	NT	-	-	-	*	*	1535	2044	2059
ICTC Direct Walk-in	PP	-	-	-	*	*	0	0.35	0.70
	NT	-	-	-	*	*	1629	1448	853

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=-)	-	-	-	-	-	-

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	350	-	-
% Total HRG	100	-	-
% Total Pop.	0.03	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA, Brothel based-NA, Street based-NA	Kothi-NA, Panthi-NA, Double decker-NA	Daily Injectors-NA, Non daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	-	-	-	-
% of male pop.	-	-	-	-
% of total migration	-	-	-	-

Top 5 districts for inter-state out-migration

-	-	-	-	-

STI/RTI

	2008	2009	2010	2011
No. episodes treated	51	1396	1346	2751
% Syphilis positivity	0	0	0	0

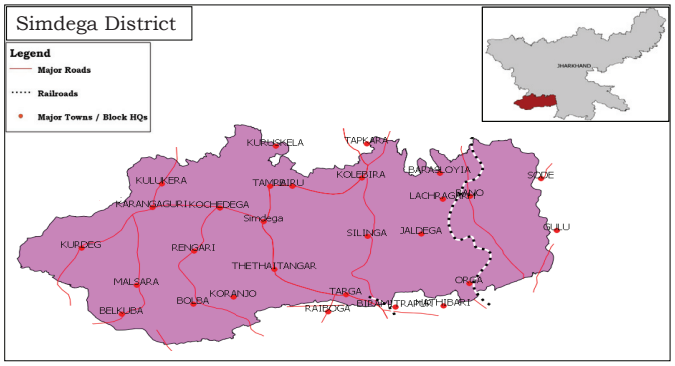
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	2	2	3	3
Total tested at ICTCs[5]	-	-	-	71	605	3888	4536	6427
Blood Banks	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	1
PLHA Networks	-	-	-	-	-	-	-	-
Red ribbon clubs	-	-	-	-	3	3	3	3
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

Simdega

Background:



Simdega district is situated in the southwestern part of the state of Jharkhand. It is surrounded by Gumla in the North, Ranchi and West Singhbhum in the east, Jashpur district of Chhattisgarh in the west and district Sundergarh of Odisha in the South. The district is the third least populous district of Jharkhand with a population of 5.99 lakhs, 100% percent sex ratio, i.e.,1,000 females per 1,000 males, and a female literacy rate of 59.38% with an overall literacy rate of 66.92% (Census 2011). The economy of the district depends mainly on agriculture, forest products, cattle rearing, mining activities and other little commercial activities. Its scenic beauty, landscapes full of greenery coupled with very pleasant climate attracts both domestic as well as foreign tourists. The district has a good network of roadways but road condition is not up to the mark. NH- 23 passes through the district connecting the districts and states.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity among the ANC clients was moderate at 0.51%, with a stable trend till 2008, but a steep rise to moderate level was observed in 2010.
- According to 2011 PPTCT data, the level of HIV positivity was low among the clients, representing a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (0.38%) and female (0.20%) clients, as well as in referred (0.25%) and direct walk-in (0.32%) clients, with an overall stable trend.
- According to HRG size mapping data, FSW (480;100% of the total HRG) was the only HRG in the district.
- In 2011, 1,874 STI/RTI episodes were treated among STI clinic attendees
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 22.4% and 46.9%, respectively.
- In 2011, only one FSW-TI was functional in the district.

Key Recommendations:

- Considering moderate prevalence among HSS-ANC attendees, conduct socio-demographic analysis of ANC attendees to understand the risk factors for HIV epidemic among general population.
- Though HIV prevalence has been low among ICTC attendees, district needs continued attention to limit the spread of the infection further. Vulnerability factors in transmission of HIV needs to be analysed from ICTC and STI data.
- Improved assessment of the size and profile of FSWs client population, including migrants and truckers, for better understanding of district vulnerabilities. Availability of typology data would help to analyze risk factors.
- Availability of data regarding profile and pattern of migration and truckers is recommended for having a better insight to district HIV vulnerabilities.
- Availability of ART or DLN data would help in understanding of district vulnerabilities.
- Routine programme data from district need to be reviewed periodically to understand HIV transmission dynamics in the district.

Simdega

District Population: 5,99,813 (1.82% of Jharkhand Population); Female Literacy[1]: 59.38%; ANC Utilization[2]: 36.8%

HIV Levels and Trends[3]

		2004	2005	2006	2007	2008	2009	2010	2011
HSS-ANC	PP[4]	-	-	0	0	0		0.51	
	NT[4]	-	-	397	331	360		396	
PPTCT	PP	-	-	-	*	*	0.11	0.20	0
	NT	-	-	-	*	*	908	1025	1811
Blood Bank	PP	-	-	-	-	-	*	*	*
	NT	-	-	-	-	-	*	*	*
HSS-STD	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-FSW	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-MSM	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
HSS-IDU	PP	-	-	-	-	-		-	
	NT	-	-	-	-	-		-	
ICTC Male	PP	-	-	-	*	*	0.22	0.32	0.38
	NT	-	-	-	*	*	919	1238	1064
ICTC Female	PP	-	-	-	*	*	0	0.43	0.20
	NT	-	-	-	*	*	349	703	988
ICTC Referred	PP	-	-	-	*	*	0.17	0.37	0.25
	NT	-	-	-	*	*	601	1084	807
ICTC Direct Walk-in	PP	-	-	-	*	*	0.15	0.35	0.32
	NT	-	-	-	*	*	667	857	1245

PLHIV Profile, 2009

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% widowed or divorced
ART (NA)	-	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2011

	Hetero sexual	Homo/ Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=7)	71.43	0	0	0	14.29	14.29

Block-Level Details

No. HRG-FSW	-	-	-	-	-	-	-	-	-
No. HRG-MSM	-	-	-	-	-	-	-	-	-
No. HRG-IDU	-	-	-	-	-	-	-	-	-
% Positive, ICTC 2009	-	-	-	-	-	-	-	-	-
% Positive, PPTCT 2009	-	-	-	-	-	-	-	-	-

Vulnerabilities

HRG Size

	FSW	MSM	IDU
Size Est., (Mapping, Year: NA)	480	-	-
% Total HRG	100	-	-
% Total Pop.	0.08	-	-
Program Target	NA	NA	NA
Program Coverage	-	-	-
Typology	Home based-NA, Brothel based-NA, Street based-NA	Kothi-NA, Panthi-NA, Double decker-NA	Daily Injectors-NA, Non daily injectors-NA
% <25 yrs.	-	-	-
% Married	-	-	-

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	-	-	-	-
% of male pop.	-	-	-	-
% of total migration	-	-	-	-
Top 5 districts for inter-state out-migration				
	-	-	-	-	-

STI/RTI

	2008	2009	2010	2011
No. episodes treated	7	2438	5089	1874
% Syphilis positivity	0	0	2.30	0

Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	-	-	1	1	1	1	3
Total tested at ICTCs[5]	-	-	-	256	687	2176	2966	3863
Blood Banks	-	-	-	-	-	1	1	1
STI clinics	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	1
PLHA Networks	-	-	-	-	-	-	-	-
Red ribbon clubs	-	-	-	-	1	1	1	1
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

* Inadequate sample size; - Data not available; [1] 2011 Census; [2] Source: DLHS III; [3] Data presented only for years where sample size is valid (HSS-ANC≥ 300, HSS-HRG/STD≥ 187, ICTC≥ 600, PPTCT≥ 900 and BB≥ 900); [4] PP = percent positive, NT = number tested; [5] General clients & pregnant women

The National AIDS Control Programme has a strong focus on district level planning, implementation and monitoring of interventions for prevention and control of HIV. The Programme is generating a rich evidence base on HIV/AIDS through a robust and expanded HIV Sentinel Surveillance system, monthly reporting from programme units, mapping and size estimations, behavioural surveys as well as several studies, research projects and evaluations.

In this context of increased availability of data and the requirement of decentralized planning at the district level, a project titled "Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level using Data Triangulation" was undertaken by the Department of AIDS Control in 25 states (539 districts). The objective of this exercise was to develop district HIV/AIDS epidemic profiles, by consolidating all the available information for a district at one place and drawing meaningful inferences using Data Triangulation approaches.

This technical document is an outcome of the data triangulation process and consists of a snapshot on the district background, and on the HIV epidemic profile of each district based on the available updated information, thereby giving an overview of the HIV epidemic scenario in each of the districts of the State.

This document would be useful for the HIV programme managers and policy makers at all levels to help in decision making, as well as for researchers and academicians as a quick reference guide to the HIV/AIDS situation in the districts.

NACO

India's voice against AIDS

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