District HIV/AIDS Epidemiological Profiles developed through Data Triangulation

FACT SHEETS North East



National AIDS Control Organisation

India's voice against AIDS Ministry of Health & Family Welfare, Government of India 6th & 9th Floors, Chandralok Building, 36, Janpath, New Delhi - 110001 www.naco.gov.in

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भारत सरकार स्वास्थ्य एवं परिवार कल्याण मंत्रालय एड्स नियंत्रण विभाग राष्ट्रीय एड्स नियंत्रण संगठन 6वां तल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली–110001 Government of India Ministry of Health & Family Welfare Department of AIDS Control National AIDS Control Organisation 6th Floor, Chandralok Building, 36 Janpath, New Delhi -110001

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 reporting data 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.

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.

We congratulate the efforts made by the National Technical Team, the State AIDS Control Societies, and the State Coordinating agencies and all the district level personnel involved in the process. The technical & financial 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, UNAIDS & JSI for their efforts in finalizing the individual factsheets. The efforts of the Officers of Data Analysis & Dissemination Unit at NACO for planning, coordinating & successfully completing this process and bringing out this valuable document, are appreciated.



(Dr. Ashok Kumar)

Acknowledgement

Under the project 'District Epidemiological Profiling' using Data Tringulation, the National AIDS Control Organisation had undertaken a systematic compilation and analysis 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 excercise and provides the district-wise HIV epidemic summary and programme response.

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. The efforts of Deputy Director (M&E), State Epidemiologists and M&E Officers of SACS who implemented this exercise under the guidance and leadership of the Project Directors and Additional Project Directors are also appreciated.

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, are highly commendable.

The technical & financial 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, UNAIDS & JSI for their sincere efforts in finalizing the individual district database and factsheets.

Role of Officers of Data Analysis & Dissemination Unit at NACO are deeply appreciated for planning, coordinating & successfully completing this process and bringing out this valuable document.

Contents

Α.	Forewordiii
B.	Acknowledgement iv
C .	Contents v
D.	Acronymsviii
E.	Glossary ix
F.	Introduction 1
G.	Methodology 2
H.	Specific Notes on Fact sheets
I.	District Map of Arunachal Pradesh
1.	Changlang 10
2.	East Siang 12
3.	Lohit 14
4.	Lower Subansiri
5.	Tawang18
6.	Tirap
7.	West Kameng 22
8.	West Siang 24
J.	District Map of Assam
1.	Barpeta 28
2.	Bongaigaon
3.	Cachar
4.	Darrang
5.	Dhemaji
6.	Dhubri
7.	Dibrugarh

8.	Goalpara	. 42
9.	Golaghat	. 44
10.	Hailakandi	. 46
11.	Jorhat	. 48
12.	Karbi Anglong	50
13.	Karimganj	52
14.	Kokrajhar	54
15.	Lakhimpur	. 56
16.	Nagaon	. 58
17.	Nalbari	. 60
18.	Sonitpur	. 62
19.	Tinsukia	64
K.	District Map of Manipur	. 67
1.	Bishnupur	68
2.	Chandel	. 70
3.	Churachandpur	72
4.	Imphal East	. 74
5.	Imphal West	. 76
6.	Senapati	. 78
7.	Tamenglong	80
8.	Thoubal	. 82
9.	Ukhrul	. 84
L.	District Map of Meghalaya	87
1.	East Khasi Hills	. 88
2.	West Garo Hills	90
Μ.	District Map of Mizoram	93
1.	Aizawl	. 94
2.	Champhai	96

3.	Kolasib	
4.	Lawngtlai	100
5.	Lunglei	102
6.	Mamit	104
7.	Saiha	
8.	Serchhip	108
N.	District Map of Nagaland	111
1.	Dimapur	112
2.	Kiphire	114
3.	Kohima	116
4.	Mokokchung	118
5.	Mon	120
6.	Peren	122
7.	Phek	124
8.	Tuensang	126
9.	Wokha	128
10	. Zunheboto	130
0.	District Map of Sikkim	133
1.	East Sikkim	134
2.	North Sikkim	136
3.	South Sikkim	138
4.	West Sikkim	140
P.	District Map of Tripura	143
1.	Dhalai	144
2.	North Tripura	146
3.	South Tripura	148
4.	West Tripura	150

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
BSS	Behavioral Surveillance Survey
ССС	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
ТВ	Tuberculosis
TI	Targeted Interventions

Glossary

- 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 National AIDS Control Organisation 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 Proling	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; profle of PLHIV)
- 2. Drivers of the epidemic (size and profle 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 Profling	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.
- 5. '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 and services provided in the district till 2012. 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. All maps used in this document have been prepared from the Survey of India.
- 19. The district wise factsheets include updated information till 2012. Therefore, <u>the districts newly created after</u> <u>2012 have not been shown as separate districts. The districts with insufficient data are also not included in</u> <u>this report.</u>

District Map of Arunachal Pradesh



Changlang

Background:

Changlang district covered with picturesque hills lies in the southeastern corner of Arunachal Pradesh, located at south of Lohit district and north of Tirap district. The district was created on 14th November 1987, when it was split from Tirap district. As of 2011, it is the second most populous district of Arunachal Pradesh (out of 16), after Papum Pare. It has a population of 1.47 lakh, a sex ratio of 914 females per 1,000 males, and a female literacy rate of 52.08% with an overall literacy rate of 61.90% (Census 2011). The main occupation of the indigenous people of the district is agriculture and allied activities such as government jobs, agricultural labourer, government contract works, casual workers under government departments, trade in local products etc. The district also have tourist destination sites.



HIV Epidemic Profile:

- According to 2012 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, with a stable trend.
- In 2012, the level of HIV positivity among ICTC attendees was low among male and female attendees as well as, among referred and direct walk-in attendees, with a stable trend among all the ICTC attendees.
- According to HRG size mapping data, FSW (161; 51.60% of the total HRG) was the largest HRG in the district followed by IDU (151; 48.40% of the total HRG).
- In 2012, 1,591 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 9.11% of the male population were migrants; among them 9.23% migrated to other states and 27.90% migrated to other districts within the state.
- The top destination for out-of-state migration was Tinsuki, Assam.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 68.2% and 16.4%, respectively.
- In 2012, one composite TI site was functional in the district.

- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- Strengthen outreach activities with STI awareness 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.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

1001	% Pnc:	ICTC	% Dor:	No. HRG-	MSM	No. HRG-	NO. HKG- FSW	5	(U=N)	% of Total			DLN (NA)	ART (NA)			Total tested at ICTCs ⁵	Walk-in	ICTC Direct	ICIC Reterred		ICTC Female	ICTC Male			HSS-MSM		HSS-FSW		HSS-STD		Blood Bank		PPTCT	HSS-ANC			
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⁵ General clients & pregnant women.

East Siang

Background:

East Siang district is a wild mountainous area and presents a remarkable topographical variety in Arunachal Pradesh. In 1989 territory was transferred from West Siang district to East Siang. It is bound at the north by Upper Siang district, at the south by Dhemaji district of Assam, on the east by Dibang Valley district and on the west by West Siang district. It has a population of 0.99 lakh, a sex ratio of 962 females per 1,000 males; female literacy rate of 67.90%, with an overall literacy rate of 73.54% (Census 2011). The East Siang district is mostly populated by the Adi tribe which comprise of a large number of tribal groups. Main occupation of the people in the district is agriculture. National Highway 52 passes through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, but due to lack of data, trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, with a stable trend.
- In 2012, the level of HIV positivity among ICTC attendees was low among male and female attendees, as well as among referred and direct walk-in attendees, with a stable trend among all the ICTC attendees.
- According to HRG size mapping data, FSW (267; 48.81% of the total HRG) was the largest HRG in the district followed by and IDU (248; 45.34% of the total HRG).
- In 2012, 1, 439 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 6.41%.
- As per the 2001 Census, 9.89% of the male population were migrants; among them 4.82% migrated to other states and 45.66% migrated to other districts within the state.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 79.5% and 31.3%, respectively.
- In 2012, one composite TI and one IDU TI site were operational in the district.

- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- Due to a low prevalence of positivity in the district, continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low levels.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

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Lohit

Background:

Lohit is an administrative district of Arunachal Pradesh. The district headquarters are located at Tezu. It has a population of 1.45 lakh, a sex ratio of 901 females per 1,000 males; female literacy rate of 61.62%, with an overall literacy rate of 69.88% (Census 2011). It is bound at the north by China and a part of Dibang Valley district of Arunachal Pradesh, at south by Changlang district of Arunachal Pradesh, in the east by China and Burma, and in the west by Assam state and a part of Dibang Valley district. There are different tribes in the district and most of them have an occupation of agriculture. The district has been found to be an ideal place for Jatropha cultivation, which is used for bio-diesel making. The road along the



Lohit runs right up to the small garrison town of Walong just south of the China border, site of the famous Battle of Walong in 1962. The area is highly inaccessible.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was high (1.43%) among the ANC attendees, with a rising trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.12%) among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low among the Blood Bank attendees, with a stable trend.
- According to 2010 HSS data, HIV positivity was low among FSWs, but due to lack of data, a trend could not be determined.
- In 2012, the level of HIV positivity among ICTC attendees was low among male (0.27%) and female (0.15%) attendees, as well as among referred and direct walk-in (0.28%) attendees. A stable trend was observed among all the ICTC attendees.
- According to HRG size mapping data, FSW (473; 80.99% of the total HRG) was the largest HRG in the district followed by and IDU (106; 18.15% of the total HRG).
- In 2012, 1,913 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 4.19%.
- As per the 2001 Census, 11.32% of the male population were migrants; among them 4.91% migrated to other states and 18.66% migrated to other districts within the state.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 86.1% and 2.7%, respectively.
- In 2012, one FSW TI site and one composite TI were functional in the district.

- Considering the rising prevalence among ANC attendees, socio-demographic analysis of the data should be done to ascertain risk factors.
- Conduct outreach campaign on STI awareness and sexual risk reduction messages especially among women.
- As syphilis positivity was considerable, it is required to perform the differential analysis of the profile of infected population.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

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⁵ General clients & pregnant women.

Lower Subansiri

Background:

Lower Subansiri district of Arunachal Pradesh was formed when Subansiri district was bifurcated into Upper and Lower Subansiri districts in 1987. It is bounded on the north by the Upper Subansiri district of Arunachal, on the south by Papum Pare district of Arunachal Pradesh and Assam, on the east by West Siang and some part of Upper Subansiri, and on the west by East Kameng district of Arunachal Pradesh. It has a population of 0.82 lakh, a sex ratio of 975 females per 1,000 males; female literacy rate of 70.10%, with an overall literacy rate of 76.33% (Census 2011). Agriculture is the main occupation of the inhabitants of the district. They practice both Jhum and settled cultivation.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity was low, with a stable trend.
- According to 2012 PPTCT data, the level of HIV positivity was low, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male and female attendees, as well as among referred and direct walk-in attendees, with a stable trend among all the ICTC attendees.
- According to HRG size mapping data, FSW (245; 86.27% of the total HRG) was the largest HRG in the district.
- In 2012, 756 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 10.59%.
- As per the 2001 Census, 13.16% of the male population were migrants; among them 5.10% migrated to other states and 61.67% migrated to other districts within the state.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 68.9% and 6.3%, respectively.
- In 2012, one FSW TI site was operational in the district.

- As syphilis positivity was high, it is required to perform the differential analysis of the profile of infected population.
- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages, especially among women.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

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Condom outlets	Drop-in-centres	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	STI clinics	Blood Banks	ICTCs	Comp. TIs	IDU TIs	MSM TIs	FSW TIs	No.	-	% Syphilis positivity	No enicodes treated		% Married	% <25 yrs.					Typology					Program Coverage	l ogiann tai gec	Program Target		% Total Pop.		% Total HRG	Year: NA)	Size Est., (Mapping,			
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⁵ General clients & pregnant women.

Tawang

Background:

Tawang district is a district of Arunachal Pradesh. On 6th October 1984, Tawang became a full-fledged district carved out from West Kameng district of Arunachal Pradesh. West Kameng district, adjoins it to the south and east. Bhutan borders Tawang to the west whereas Tibet is to the north of the district. It is the eighth least populous district in the country with a population of 0.49 lakh, a sex ratio of 701 females per 1,000 males; female literacy rate of 48.75%, with an overall literacy rate of 60.61% (Census 2011). The native people inhabiting Tawang district are known as Monpas. Most of the tribes depend on agriculture for a living. Owing to Tawang's cold climate, farmers breed yak and sheep, although in lower altitudes crops are also



planted. Tawang is a popular tourist destination with the well-preserved Tawang Monastery. The Sela Pass rises steeply and is covered with snow for most of the year. Jang waterfall is a big tourist attraction.

HIV Epidemic Profile:

- According to 2012 PPTCT data, the level of HIV positivity was low, with a stable trend.
- In 2012, the level of HIV positivity among ICTC attendees was low among male and female attendees, as well as among referred and direct walk-in clients, with a stable trend among all the ICTC attendees.
- In 2012, 206 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 13.24% of the male population were migrants; among them 18.11% migrated to other states and 30.07% migrated to other districts within the state.
- The top destination for out-of-state migration was Mysore and Uttara Kannada, Karnataka.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 73.9% and 27.3%, respectively.
- In 2012, no TI site was functional in the district.

- Strengthen outreach programmes through awareness campaigns for STI and HIV for women and migrants in the district.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- Generate information on typology of HRG population to better understand district epidemiological profile.
- Additional information on HIV epidemic profile of the district will improve in the understanding of district vulnerability.

PPTCT	% Poc:	70 PUS, ICTC		No. HRG-	MSM	No HRG-	No. HRG- FSW	5	(U=V)	% of Total			DLIN (INA)		A DT /NIA)			ICTCs ⁵	Walk-in	ICTC Direct			ICTC Female	-	ICTC Male			IVICIVI-CCH		HSS-FSW		HSS-STD		BIOOD BANK		PPICI		HSS-ANC			
		,				,					Hetero-sexual					% (N	P	PP	TN	PP	Ę	PP -	ZT PP	3 3	PP	TN	PP	TN	PP :	Z]	Pp	q	РР	N	PP	NT4	PP4		
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Condom outlets	Drop-in-centres	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	ART centres	STI clinics	Blood Banks	ICTCs	Comp. Tls	IDU TIs	HSW IIS	No.		% Syphilis positivity	No. episodes treated			% Married	% < 25 vrs.					Τνροίοαν					Program Coverage	רוטטומווו ומוטבנ	Drogram Target	-	% Total Pop.		% Total HRG		Year: NA)	Cito Ect /Mapping			
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⁵ General clients & pregnant women.

Tirap

Background:

Tirap district is located in the southeastern part of Arunachal Pradesh. It is bound by Myanmar towards south, by Changlang district of Arunachal Pradesh towards the east, by Dibrugarh district of Assam in the north and by Sibasagar (Assam) and Mon (Nagaland) district towards the west. It has a population of 1.11 lakh, a sex ratio of 931 females per 1,000 males; female literacy rate of 41.83%, with an overall literacy rate of 52.23% (Census 2011). The tribes earn their livelihood through farming and other activities such as government employment, contract works in forest products, trade in local products and agricultural labour etc. The agriculture is primarily of the shifting type (jhum) though slowly people have started adopting terrace farming too.



HIV Epidemic Profile:

- According to 2012 PPTCT data, the level of HIV positivity was low, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male and female attendees, as well as among direct walk-in attendees, with a stable trend among all the ICTC attendees.
- According to HRG size mapping data, FSW (139; 60.43% of the total HRG) was the largest HRG in the district.
- In 2012, 469 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 2.36%.
- As per the 2001 Census, 9.38% of the male population were migrants; among them 5.32% migrated to other states and 27.10% migrated to other districts within the state.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 75.1% and 11.1% respectively.
- In 2012, one composite TI site was operational in the district.

- Conduct special HIV and STI awareness campaign; especially among the pockets of out-migrants at transit points and among women, in the district.
- Availability of data regarding profile and pattern of migration and truckers is recommended for better insight to district HIV vulnerabilities.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

% Pos; PPTCT	ICTC	% Pns:	No. HRG-	MSM	No. HRG-	FSW	No. HRG-		% of Iotal (N=0)				dln (NA)	ART (NA)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct	ICTC Referred		ICTC Eemale	ICTC Male		HSS-IDU		HCC-NICN	HSS-FSW		HSS-SID				PPICI	חחדרד	HOO-AINC			
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Condom outlets	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	Blood Banks	ICTCs	Comp. 11s	IDU TIs	MSM TIs	FSW TIs	No.	-	% Syphilis positivity	No enisodes treated			% Married					Typology					Program Coverage		Program Target		% Total Pop.		% Iotal HRG	A/ T	Year: NA)	Cize Ect (Manning			
			,		· _	، د	_				-	2004		10.21	1313	2009	6			NA	Street	NA;	based-	Brothel	NA;	Home based-	:	140		NΔ		0.12		60.43		139		FSW	HRG Size	
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West Kameng

Background:

West Kameng is district of Arunachal Pradesh is surrounded by Tibet region of China in the North, Bhutan in the west, Tawang district and East Kameng district of Arunachal Pradesh in the northwest and east respectively and the southern boundary adjoins Sonitpur district of Assam. It has a population of 0.87 lakh, a sex ratio of 755 females per 1,000 males; female literacy rate of 60.80%, with an overall literacy rate of 69.40% (Census 2011). Like most of Arunachal Pradesh, Jhum, or shifting cultivation, is practiced among the tribes who live in lower elevations where there is a temperate or subtropical climate. Horticulture is practiced as well. Small industries such as textile and handicraft factories can be found. The District has vast tourism potential.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was moderate (0.75%), with a stable trend till 2007, and a sudden rise was observed in 2012 after a gap of 5 years.
- According to 2012 PPTCT data, the level of HIV positivity was low, with a stable trend.
- In 2012, the level of HIV positivity among ICTC attendees was low among male and female attendees, as well as among referred and direct walk-in attendees, with a stable trend among all the ICTC attendees.
- According to HRG size mapping data, IDU (101; 50% of the total HRG) was the largest HRG in the district.
- In 2012, 1,140 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 3.79%.
- As per the 2001 Census, 11.30% of the male population were migrants; among them 7.22% migrated to other states and 26.95% migrated to other districts within the state.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 75.6% and 28.6%, respectively.
- In 2012, one composite TI site was functional in the district.

- Considering rising prevalence among ANC attendees, socio-demographic analysis should be done to ascertain risk factors.
- Strengthen outreach activities with HIV prevention messages for migrants at source and destination sites and among general population, especially women.
- Availability of data regarding profile and pattern of migration and truckers is recommended for better insight to district HIV vulnerabilities.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

PPTCT	0/ Doc:	% POS; ICTC	IDU	No. HRG-	MSM	FSW	No. HRG-		(N=0)	% of Total				DLN (NA)	ART (NA)			IOTAI tested at ICTCs ⁵		ICTC Direct	ICIC Reterred		ICTC Female			UDI-SSH		HSS-MSM		HSS-ESM	עונ-ננח		Blood Bank	1	PPICI	フ フ イ イ	HOO-AINC			
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							,				Unknown					% Widowed or Divorced		820	54	0	287	0	000	243	0		, ,			,					479	0	400	0.75	2012	
Condom outlets	Drop-in-centres	Comm. care centres	PLHIV Networks	Link ART centres	ART centres	No. FSW TIS MSM TIS IDU TIS IDU TIS ICTCS Blood Banks			% sypnills positivity	No. episodes treated			% Married	% <75 vrs				Typology							Program Target		% Total Pop.		% Total HRG		Year: NA)	Cito Ert (Manning								
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⁵ General clients & pregnant women.

West Siang

Background:

West Siang is an administrative district Arunachal Pradesh. It is bound on the north by China, on the east by Upper Siang & East Siang districts, on the south by Assam and on the west by Upper Subansiri & Lower Subansiri districts of Arunachal Pradesh. It has a population of 1.12 lakh, a sex ratio of 916 females per 1,000 males; female literacy rate of 60.76%, with an overall literacy rate of 67.62% (Census 2011). Cultivation remains the main occupation of the people here, agricultural practices are poorly developed in the area. The district is rich in wildlife. The Gompa at Mechuka is one of the oldest monasteries called Samten Yongcha of Mehayana sect located at a hilltop in the western most part of Mechuka, a place of tourist interest in the district of West Siang.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, but due to lack of data from the previous years, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low among the Blood Bank attendees, with a stable trend.
- According to 2010 HSS data, HIV positivity was low (0.42%) among FSWs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male and female attendees, as well as among referred and direct walk-in attendees, and a stable trend was observed among all the ICTC attendees.
- According to HRG size mapping data, FSW (242; 79.34% of the total HRG) was the largest HRG in the district.
- In 2012, 1,006 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 7.48%.
- As per the 2001 Census, 12.93% of the male population were migrants; among them 5.61% migrated to other states and 38.83% migrated to other districts within the state.
- The top destination for out-of-state migration was Dhemaji, Assam.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 56.8% and 17.6%, respectively.
- In 2012, one FSW TI site was operational in the district.

- As syphilis positivity was high, it is required to perform the differential analysis of the profile of the HIV infected population.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages for migrants at source and destination sites and among general population, especially women.
- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
| % Pos;
PPTCT | ICTC | % Pns: | IDU
IDU | | MSM | No HRG- | FSW | No. HRG- | | (N=0) | % of Total | | | | DLN (NA) | ART(1559) | | | | lotal tested at
ICTCs ⁵ | Walk-in | ICTC Direct | | ICTC Deferred | | | ICTC Male | - | HSS-IDU | | HSS-MSM | | HSS-FSW | | HSS-STD | | Blood Bank | | DDTCT | HSS-ANC | | | |
|-----------------------------------|--------------------|------------------|----------------|------------------|-------------|-------------|-------------|----------|--------------------|----------|------------|---------------|-----------|----------------------------|-----------|-----------------------|----------------------|--------------------|---------------------|---------------------------------------|--------------|-------------|--------|---------------|------------|-----------|-----------|------------|---------|------|------------------|-----|---|------|--------------|--------------|--------------|-----------|-----------|-------------------|------|----------------------|------------------------------------|
| | | | , | | | | | | | | | Hetero-sexual | : | | | | ò | % (| - | NT | T | PP | TN | PP | Π | PP | ZI: | pp | | | | 8 2 | ; pp | 3 2 | i PP | ; ≥ | PP | T | РР | NT^4 | PP4 | | |
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| Drop-in-centres
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| · · | ' | 2 | ' | ' | ' | | | 4 | | | | ' -
 | 1 2010 20 | - | | | | | | | | | | | | | | | | | | - | Top 5 districts for inter-state out-migration | | 38.83 | _ | 3 5.02 | _ | 3 2718 | - | | 2001 Census | |
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District Map of Assam



Barpeta

Background:

Barpeta is renowned in the historical map of Assam as the "Land of the Satras". Barpeta district was created in 1983 when it was split from Kamrup district. It has a population of 16.93 lakh, a sex ratio of 951 females per 1,000 males; female literacy rate of 59.04%, with an overall literacy rate of 65.03% (Census 2011). It is one of the eleven districts in Assam currently receiving funds from the Backward Regions Grant Fund Programme. Factors such as agricultural prosperity of the district, presence of pilgrimage centres and tourist destinations, National Highway passing through the district with truck halt points, migration from neighbouring districts and international borders make the district vulnerable to HIV epidemic.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, but a trend could not be determined due to lack of data.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.04%) among the PPTCT attendees, but a trend could not be determined due to lack of data.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0. 27%) among the Blood Bank donors, with a rising trend.
- According to 2010 HSS-FSW data, HIV positivity was low (0.83%) among FSWs, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.35%) and female (0.20%) attendees, also among referred (0.18%) and direct walk-in (0.38%) attendees. An overall stable trend was observed among all the ICTC attendees.
- According to HRG size mapping data, FSW (1,265; 71.88% of the total HRG) was the largest HRG in the district followed by and MSM (495; 28.13% of the total HRG).
- In 2012, 4,768 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.03%.
- As per the 2001 Census, 4.56% of the male population were migrants; among them 10.11% migrated to other states and 39.28% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Lucknow and Meerut Uttar Pradesh.
- In 2009, of the 113 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 11% were 15-24 years of age, 59% were on ART, 31% were illiterate or only had a primary school education.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 48.7% and 10%, respectively.
- In 2012, two FSW TIs and one MSM TI was operational in the district.

- Expand coverage of HIV counseling and testing in the district, to detect HIV positive cases at an early stage.
- Since the largest HRG was FSW, better assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities.
- Due to a low prevalence of HIV positivity in the district, continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low levels.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women, migrants and around truck halting points and highways in the district.

			% Poc:	INO. HKG-	MISIM	No. HRG-	HSW	No. HRG-		(01=N)	% of Total			DLN (NA)	ART (113)			ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICIC Female		ICTC Male			ואוכואו-ככדו		HSS-FSW		HSS-STD		Blood Bank			HSS-ANC			
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Bongaigaon

Background:

Bongaigaon district is an administrative district of Assam. On 29th September, 1989, the creation of Bongaigaon District was declared by the Government of Assam with its headquarter at Bongaigaon. Bongaigaon district is surrounded by Barpeta in the east, the Brahmaputra in the south and Kokrajhar in the north and west corner. It has a population of 7.32 lakh, a sex ratio of 961 females per 1,000 males; female literacy rate of 65.18%, with an overall literacy rate of 70.44% (Census 2011). It is one of the eleven districts in Assam currently receiving funds from the Backward Regions Grant Fund Programme (BRGF).



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, but due to lack of data, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.09%) among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.11%) among the Blood bank donor, with a stable trend.
- According to 2010 HSS-FSW data, the level of HIV positivity was low among FSWs, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.63%) and female (0.40%) attendees, as well as among referred (0.56%) and direct walk-in (0.42%) attendees. An overall stable trend was observed among all the ICTC attendees.
- In 2012, 3,779 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 4.20% of the male population were migrants; among them 10.65% migrated to other states and 26.45% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Jalpaiguri and Koch Bihar, West Bengal.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 46.6% and 11.5%, respectively.
- In 2012, one FSW TI site was operational in the district, although no information was available on the HRGs.

- Strengthen outreach programmes through awareness campaigns for STI and HIV especially for women and out-migrants.
- Due to a low prevalence of HIV positivity in the district, a continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low levels.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

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Cachar

Background:

The district of Cachar is located in the southernmost part of Assam and is one of the oldest district of Assam. It is bounded on the north by Barali and Jayantia hill ranges, on the south by the State Mizoram, on the east by sister district Hailakandi and Karimganj. It has a population of 17.36 lakh, a sex ratio of 958 females per 1,000 males; female literacy rate of 74.62%, with an overall literacy rate of 80.36% (Census 2011). The district headquarter, Silchar, is one of the most important business centres of Assam. The district is susceptible to perennial drought and lack of non-farm sector activities, absence of employment opportunities, high incidence of poverty and subsequently economic compulsions promotes out-migration of workers



to the nearby states. It is one of the eleven districts in Assam currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The district is connected by meter gauge railroads to Lumding in Assam and by road to the rest of the country.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was moderate (0.50%) among the ANC attendees, but due to lack of data, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.20%) among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, HIV positivity was low (0.14%) among the Blood Bank donors, with a stable trend.
- According to 2010 HSS-FSW data, HIV positivity was low among FSWs, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (4.57%) and female (2.25%) attendees, as well as among referred (2.91%) clients but moderate among direct walk-in (5.83%) attendees. A declining trend was observed among the male and female attendees, and a stable trend was observed among referred and direct walk-ins.
- According to HRG size mapping data, FSW (450; 100% of the total HRG) was the only HRG in the district.
- In 2012, 5,303 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 1.12%.
- As per the 2001 Census, 3.04% of the male population were migrants; among them 32.65% migrated to other states and 24.45% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Aizawl and Kolasib, Mizoram.
- In 2012, of the 1455 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 14% were 15-24 years of age, 40% were on ART, were illiterate or only had a primary school education.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 47.1% and 61%, respectively.
- In 2012, two FSW TIs were operational in the district.

- Conduct socio-demographic analysis of ANC data to understand risk factors for HIV epidemic among general population.
- Conduct disaggregated analysis of ICTC direct walk-in attendees to assess risk factors.
- Since the only HRG was FSW, better assessment of the size and profile of 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.

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Darrang

Background:

The district of Darrang had been created with effect from July'1983 converting the erstwhile Sub-Division of Mangaldai, in the Indian state Assam. On the north there exist the Udalguri district and mighty Brahmaputra flows along the southern boundary of the district. It has a population of 9.08 lakh, a sex ratio of 923 females per 1,000 males; female literacy rate of 60.4%, with an overall literacy rate of 64.55% (Census 2011). The district in general is considered to be plain except a few hillocks in Udalguri Subdivision. On the north, the foot-hills of Himalaya rise like a wall from the valley and mighty Brahmaputra flows along the southern boundary of the district. The soil of this district is very fertile for cultivation



and the main crops are paddy, oil seeds, sugarcane and jute. The area is also known for its considerable tea productions. Darrang is well connected by rail and a good network of road transport system. The nearest airport is at Tezpur which is 110 km east of Mangaldai.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.01%) among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.03%) among the Blood Bank clients, with a stable trend.
- According to 2010 HSS-FSW data, the level of HIV positivity was low among FSWs (1.20%), with a stable trend.
- In 2011, HIV positivity among ICTC attendees was low among male (1.01%) and female (0.45%) clients, as well as among referred (0.86%) and direct walk-in (0.38%) clients. A stable trend was observed among all the ICTC clients.
- In 2012, 4,070 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.09%.
- As per the 2001 Census, 3.58% of the male population were migrants; among them 11.45% migrated to other states and 30.18% migrated to other districts within the state.
- In 2009, of the 50PLHIV registered at the Anti-Retroviral Therapy (ART) center, 14% were 15-24 years of age, 70% were on ART, 34% were illiterate or only had a primary school education.
- The top two destinations for out-of-state migration were Jalpaiguri, West Bengal and Siwan, Bihar.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 60.4% and 7.4%, respectively.
- In 2012, one FSW TI was operational in the district.

- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centers upon confirmation of positivity.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women, migrants and around truck halting points and highways in the district.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC/ ART and STI data.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.

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Dhemaji

Background:

Dhemaji district is one of the districts situated in the remote corner of Assam on the north bank of river Brahmaputra. The Dhemaji district came into being on 14th August / 1st October 1989. The boundaries of the district are the hilly ranges of Arunachal Pradesh to the North and the East, Lakhimpur district in the West and the river Brahmaputra in the South. It has a population of 6.88 lakh, a sex ratio of 949 females per 1,000 males; female literacy rate of 62.13%, with an overall literacy rate of 69.07% (Census 2011). It is one of the eleven districts in Assam currently receiving funds from the Backward Regions Grant Fund Programme. Agriculture is the main occupation of the people engaging about 59% of the working population.



Paddy is the major agricultural crop cultivated. The district is not well connected with the rest of the Assam by road or rail network.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low (0.07%) among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, HIV positivity was low, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.25%) and female (0.37%) clients, as well as among referred (0.12%) and direct walk-in (0.72%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (404; 100% of the total HRG) was the only HRG in the district.
- In 2012, 2,527 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 2.78%.
- As per the 2001 Census, 4.33% of the male population were migrants; among them 23.80% migrated to other states and 27.35% migrated to other districts within the state.
- The top two destinations for out-of-state migration were East Siang and West Siang, Arunachal Pradesh.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 66.4% and 15.2%, respectively.
- In 2012, one FSW TI was operational in the district.

- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- 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.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women and migrants in the district.
- As syphilis positivity is considerable, it is required to perform the differential analysis of the profile of infected population.

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Dhubri

Background:

Dhubri district is an administrative district of Assam. The Dhubri district is one among the many Muslim Majority districts of Assam. About 75% of population is Muslim in Dhubri. It is bounded both by inter-state and international border i.e. West Bengal and Bangladesh in the west, Goalpara and Bogaigoan district of Assam and Garo Hills district of Meghalaya in the east, Kokrajhar district in the north, Bangladesh and state of Meghalaya in the south. It has a population of 19.48 lakh, a sex ratio of 952 females per 1,000 males; female literacy rate of 54.26%, with an overall literacy rate of 59.36% (Census 2011). Dhubri District is primarily dependent on agricultural and forest products. Its rich natural wealth is yet to be explored and



some believe that proper utilization of natural resources could provide a boost for the struggling economy.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV positivity was low among the ANC attendees, but due to lack of data from the previous years, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low(0.07%), but due to lack of data from the previous years, a trend could not be determined.
- According to 2012 Blood bank data, the level of HIV positivity was low among the Blood Bank donors, with a decreasing trend.
- According to 2010 HSS-FSW data, the level of HIV positivity was low (0.80%) among FSWs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (0.97%) and female (0.04%) clients, as well as among referred (0.53%) and direct walk-in (0.12%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (278; 80.58% of the total HRG) was the largest HRG in the district.
- In 2012, 6,158 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.09%.
- As per the 2001 Census, 5.15% of the male population were migrants; among them 12.34% migrated to other states and 24.07% migrated to other districts within the state.
- The top two destinations for out-of-state migration were West Garo Hills, Meghalaya and Koch Bihar, West Bengal
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 41.6% and 4.4%, respectively.
- In 2012, one FSW TI and one composite were operational in the district.

- Strengthen outreach programmes through awareness campaigns for STI and HIV for women and migrants in the district.
- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- 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.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

ICTC Referred PT - ICTC Direct PP - Walk-in NT - Total tested at NT 0 ICTCs ⁵ M 0 ART(49) - ART(49) - DLN (NA) - % of Total Hetero-sexual % of Total 88.89 (No. HRG- - FSW - No. HRG- - FSW - No. HRG- - IDU - MSM - No. HRG- - IDU - MSM - No. HRG- - IDU - No. HRG- - IDU - Wo - No. HRG- - IDU - Wo - No. HRG- - IDU - Wo - No. - IDU - Wo - IDU -	rect PP ect PP ted at NT ted at NT ted at NT	ted at NT ted at NT	rect PP ect PP ted at NT ted at NT ted at NT .ted at NT	ted at NT ted at NT ted at NT ted at NT ted at NT ted at NT ted at NT	rect PP ect PP ted at NT ted at NT ted at NT ted at NT NT ted at NT stal stal stal stal stal stal stal stal	ted at NT ted at NT tal Heter	ect PP ect ANT ted at NT ted at NT ted at NT .ted at NT .ted at NT .ted at NT	ted at NT ted at NT ted at NT All Heter	ted at NT ted at NT ted at NT ted at NT ted at NT	rect PP ect PP ted at NT ted at NT ted at NT ted at NT Heter aal 8	Average Averag	ted at NT ted at NT	ted at NT %	A)	rerred PP ect PP ted at NT %	rerred NT ect PP ted at NT %	ect ted at	ect ted at	ect	ferred	+	Г	תת	ICIC Female NT	_	ICTC Male PP		PRC-INII PP	NT NICIVI-CCH		HSS-FSW NT		HSS-STD NT	_	Blood Bank		PPTCT PP	NT ⁴	LICC ANIC PP4			District Population: 19,48,632 (6.25% of Assam Population); Female Literacy : 54.26%; ANC Utilization ² : 20.7%
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Dibrugarh

Background:

The district of Dibrugarh with only one sub-division is situated in the eastern part of Assam. The district is surrounded by Dhemaji district and a part of Lakhimpur district in the north, part of Sivasagar district and Arunachal Pradesh in the south, Tinsukia district in the East and Sivasagardist in the West. It has a population of 13.27 lakh, a sex ratio of 952 females per 1,000 males; female literacy rate of 69.52%, with an overall literacy rate of 76.22% (Census 2011). Tea and oil are the major revenue earners for the district. Dibrugarh has the world's largest area covered by tea gardens. The entire district is surrounded by tea plantations and has tea factories. Dibrugarh is well linked by roads, railway, airway (Mohanbari Airport) and waterway.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low (0.25%) among the ANC attendees, but due to lack of data, a trend could not be determined.
- According to 2012 PPTCT data, HIV positivity was low (0.03%) among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.05%), with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was low among FSWs, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (1.15%) and female(0.90%) clients, as well as among referred (0.84%) and direct walk-in (2.10%) clients. A stable trend was observed among all the ICTC clients.
- In 2012,4,130 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 1.91%.
- As per the 2001 Census, 3.71% of the male population were migrants; among them 20.36% migrated to other states and 28.86% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Changlang and Tirap, Arunachal Pradesh.
- In 2009, of the 310 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 13% were 15-24 years of age, 83% were illiterate or only had a primary school education.
- According to 2012 ICTC data, HIV transmissions through blood transfusion route accounted for 5.88% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 71.4% and 17.3% respectively.
- In 2012, one FSW and one IDU TI were operational in the district, although no information was available on the HRGs.

- Since HIV transmission rates through blood transfusion relatively higher, there is a need to better understand the profile of these positive individuals through in-depth analysis of ICTC and ART data analysis.
- Conduct outreach campaign on STI awareness and sexual risk reduction messages especially among women.
- Improved data availability with mapping for HRGs and migrants, truckers for risk behavior will provide more information regarding district vulnerabilities.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC/ ART data.

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Goalpara

Background:

Goalpara district is an administrative district of Assam, located by the bank of the famous river Brahmaputra. The districtis bounded by West and East Garo Hill districts of the state of Meghalaya on the south and Kamrup district on the East, Dhubri district on the West and mighty river Brahmaputra all along the North. It has a population of 10.08 lakh, a sex ratio of 962 females per 1,000 males; female literacy rate of 64.53%, with an overall literacy rate of 68.67% (Census 2011). It is one of the eleven districts in Assam currently receiving funds from the Backward Regions Grant Fund Programme. Some of the tourist spots are Hulukanda hill, located at the heart of Goalpara town on the bank of the river Brahmaputra.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, but due to lack of data, a trend could not be determined.
- According to 2012 PPTCT data, HIV positivity was low among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, the level of HIV positivity was low, with a stable trend.
- According to 2010 HSS-FSW data, the level of HIV positivity was low among FSWs, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.22%) and female (0.09%) clients, as well as among referred (0.10%) and direct walk-in (0.14%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (487; 96.06% of the total HRG) was the largest HRG in the district.
- In 2012, 26,321 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.62%.
- As per the 2001 Census, 5.38% of the male population were migrants; among them 11.83% migrated to other states and 24.27% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Jalpaiguri, West Bengal and East Garo Hills, Meghalaya.
- In 2009, of the 24 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 50% were on ART.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 55.4% and 5.9%, respectively.
- In 2012, one TI each for FSWs and IDUs, and one composite TI were operational in the district.

- Strengthen outreach programmes through awareness campaigns for STI and HIV for women.
- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centers upon confirmation of positivity.
- Since the largest HRG was FSW, better assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.

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Golaghat

Background:

Golaghat district is an administrative district of Assam. It attained district status in 1987. Golaghat district is surrounded by the river Brahmaputra to the north, the state of Nagaland to the south, Jorhat district to the east and KarbiAnglong and Nagaon district to the west. It has a population of 10.58 lakh, a sex ratio of 961 females per 1,000 males; female literacy rate of 72.18%, with an overall literacy rate of 78.31% (Census 2011). The economy of Golaghat district is agriculture-based. Tea, rice and sugar cane are the main agricultural crops grown in the district, with tea being is the largest agricultural industry. World famous Kaziranga National Park is situated in Golaghat district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, but due to lack of data, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.04%) among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.06%) among the Blood Bank donors, with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was low among FSWs (0.40%), but due to lack of data, a trend could not be determined.
- In 2011, HIV positivity among ICTC attendees was low among male (0.46%) and female (0.60%) clients, as well as among referred (0.82%) and direct walk-in (0.34%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (518; 88.70% of the total HRG) was the largest HRG in the district.
- In 2012, 2,256 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 3.21% of the male population were migrants; among them 9.80% migrated to other states and 23.22% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Wokha and Dimapur, Nagaland.
- In 2009, of the 113 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 10% were 15-24 years of age, 34% were illiterate or only had a primary school education.
- According to 2012 ICTC data, HIV transmissions through needle/syringe and through parent to child route, each accounted for 6.45% of all the HIV transmissions in the district, and unknown route accounted for 9.68% of the total HIV transmissions.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 68.2% and 11%, respectively.
- In 2012, one MSM TI and one composite TI were operational in the district.

- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages especially among women.
- Since the only HRG was FSW, better assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities.
- Parent to child transmission was high in the district; therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Considering the high HIV transmission through needle-syringe in the district, an HSS-IDU site may be established.
- Since HIV transmission rates through blood transfusion relatively higher, there is a need to better understand the profile of these positive individuals through in-depth analysis of ICTC and ART data analysis.

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Hailakandi

Background:

Hailakandi district, Declared as the 24th district of Assam in 1989 by a Government of Assam, is one of the fastest forward marching districts in the Barak Valley Region of Assam. The Hailakandi district is situated in the southernmost part of Assam, and is bounded by River Barak & Cachar district in the north and east, State of Mizoram in the south and east and Karimganj district in the west. It has a population of 6.59 lakh, a sex ratio of 946 females per 1,000 males; female literacy rate of 68.54%, with an overall literacy rate of 75.26% (Census 2011). It is one of the eleven districts in Assam currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Places which can rightfully claim a



place in tourism map of Assam are Siddyashar Bari Sibmandir at Badarpur Ghat and PachPirr Mukam in South Hailakandi. Hailakandi is well conncected by Airways, Roadways and Railways to the rest of the country.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was moderate (0.50%), but due to lack of data, a trend could not be determined.
- According to 2012 PPTCT data, HIV positivity was low among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, HIV positivity was low, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.11%) and female clients, as well as among referred (0.05%) and direct walk-in (0.08%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (467; 95.89% of the total HRG) was the largest HRG in the district.
- In 2012, 2,313 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0%.
- As per the 2001 Census, 2.40% of the male population were migrants; among them 10.99% migrated to other states and 24.19% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Kolasib, Mizoram and North Tripura, Tripura.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 34.1% and 67.6%, respectively.
- In 2012, one FSW TI was operational in the district.

- Conduct socio-demographic analysis of ANC attendees to understand risk factors for HIV epidemic among general population.
- Focus on the outreach efforts for home based FSW (63.86% of the total FSW in the district) to keep HIV prevalence among them 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.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

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Jorhat

Background:

Jorhat, was the last capital of the Ahom Kingdom and is located in the central part of Brahmaputra Valley of Assam. The modern-day district of Jorhat was created in 1983 when it was split from Sibsagar district. The district is bounded by Lakhimpur district on north, Nagaland state on the south, Sibsagar on the east and Golaghat on the west. It has a population of 10.91 lakh, a sex ratio of 956 females per 1,000 males; female literacy rate of 78.22%, with an overall literacy rate of 83.42% (Census 2011).The district has a number of small scale and cottage industries in the field of cane work and bamboo work, silver jewelry, furniture making, brass smithy, umbrella making, soap manufacturing, packaged food manufacturing etc.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low (0. 25%) among the ANC attendees, with a stable trend till 2007, and the next recording happened in 2012.
- According to 2012 PPTCT data, the level of HIV positivity was low (0. 08%), among the PPTCT attendees, but due to lack of data, a trend could not be determined.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0. 23%), with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was low among FSWs, but due to lack of data, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (1.09%) and female (0.57%) clients, as well as among referred (0.97%) and direct walk-in (0.84%) clients. A stable trend was observed among all the ICTC clients.
- In 2012, 2,597 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0%.
- As per the 2001 Census, 3.74% of the male population were migrants; among them 18.31% migrated to other states and 31.37% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Lucknow, Uttar Pradesh and Mokokchung, Nagaland.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 70.2% and 14.7%, respectively.
- In 2012, one FSW TI was operational in the district.

- Strengthen outreach programmes through awareness campaigns for STI for 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.
- 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.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

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Karbi Anglong

Background:

The Karbi Anglong district is situated in the central part of Assam. It is bounded by Golaghat district in the east, Meghalaya and Morigaon district in the west, Nagaon and Golaghat district in the north and N.C. Hills district and Nagaland in the south. It has a population of 9.65 lakh, a sex ratio of 956 females per 1,000 males; female literacy rate of 64.62%, with an overall literacy rate of 73.52% (Census 2011). The population of the district is predominantly tribal. The district is basically an agricultural district. It is one of the eleven districts in Assam currently receiving funds from the Backward Regions Grant Fund Programme. A hilly district of Assam Karbi Anglong is a very beautiful place in the lap of nature. It is still somewhat



unknown to the tourist in spite of its enchanting natural green forests and picturesque hills. The district is well connected with other districts through various routes. On the north it is covered by NH-36 and on the east by NH-39.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was moderate (0.50%), but due to lack of data, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low (0. 04%) among the PPTCT attendees, but a trend could not be determined due to lack of data.
- According to 2012 Blood Bank data, the level of HIV positivity was moderate (0. 38%), with a stable trend till 2011, but a sudden rise was observed in 2012.
- According to 2010 HSS data, the level of HIV positivity was low among IDUs (0.87%), with a fluctuating trend.
- In 2012, HIV positivity among ICTC attendees was low among male (1.12%) and female (1.22%) clients, as well as among referred (1.36%) and direct walk-in (0.98%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (363; 61.42% of the total HRG) was the largest HRG in the district followed by IDU (228; 38.58% of the total HRG).
- In 2012, 1,861 STI/RTI episodes were treated.
- As per the 2001 Census, 3.87% of the male population were migrants; among them 7.71% migrated to other states and 21.32% migrated to other districts within the state.
- The top destination for out-of-state migration was Dimapur, Nagaland.
- In 2009, of the 75 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 12% were 15-24 years of age, 45% were illiterate or only had a primary school education.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 63.5% and 3.9%, respectively.
- In 2012, one TI each for FSWs and IDUs, and one composite TI was operational in the district.

- Conduct socio-demographic analysis of HSS-ANC attendees to understand risk factors for HIV epidemic among general population.
- Conduct disaggregated analysis of Blood Bank data to assess risk factors in the district.
- Strengthen outreach programmes through awareness campaigns for STI for women.
- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- Need to strengthen and improve quality of outreach programme for IDUs and FSWs.

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Karimganj

Background:

Karimganj District is located in the Southern tip of Assam. The district is bounded on the north by Bangladesh and Cachar district; on the south by Mizoram and Tripura states, on the west by Bangladesh and Tripura and on the east by Hailakandi district. It has a population of 12.17 lakh, a sex ratio of 961 females per 1,000 males; female literacy rate of 73.49%, with an overall literacy rate of 79.72% (Census 2011). Karimganj town is an important centre of trade and commerce in the North East India. Economy of Karimganj district is agrarian in character with as much as 60% of the active workforce engaged in cultivation. Karimganj town is linked via both rail and road transport with the rest of India.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low (0.25%) among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.19%) among the PPTCT attendees, but a trend could not be determined due to lack of data.
- According to 2012 Blood Bank data, the level of HIV positivity was low, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (1.66%) and female (1.07%) clients, as well as among referred (0.78%) client but moderate among direct walk-in (5.05%) clients. A stable trend was observed among all the ICTC clients, except for DWI observing a sudden rise in 2012.
- According to HRG size mapping data, FSW (467; 100% of the total HRG) was the only HRG in the district.
- In 2012, 4,722 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.82%.
- As per the 2001 Census, 3% of the male population were migrants; among them 44.74% migrated to other states and 26.58% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Aizawl, Mizoram and Dimapur, Nagaland.
- In 2009, of the 193 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 28% were 15-24 years of age.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 6.90% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 33.6% and 52.5%, respectively.
- In 2012, one FSW TI was operational in the district.

- Conduct socio-demographic analysis of ANC attendees to understand risk factors for HIV epidemic among general population.
- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations), owing to moderate positivity in 2012. Sudden rise among them can be explored by further analysing the ICTC data.
- Since the only HRG was FSW, better assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities. The availability of typology data would help better to analyze risk factors among HRGs.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data as the parent to child HIV transmission rate was high in the district.

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Kokrajhar

Background:

Kokrajhar is one of the twenty-three districts of Assam and can be described as the gateway to the north eastern region of India. Kokrajhar district is located on the north bank of the river Brahmaputra that slices the state of Assam into two, identified as north and south banks. It has a population of 8.86 lakh, a sex ratio of 958 females per 1,000 males; female literacy rate of 59.54%, with an overall literacy rate of 66.63% (Census 2011). It is one of the eleven districts in Assam currently receiving funds from the Backward Regions Grant Fund Programme. Forest is one of the most prominent features of Kokrajhar district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees.
- According to 2012 Blood Bank data, the level of HIV positivity was low, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.68%) and female (0.16%) clients, as well as among referred (0.36%) and direct walk-in (0.55%) clients. A stable trend was observed among all the ICTC clients.
- In 2012, 2,597 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.23%.
- As per the 2001 Census, 11.52% of the male population were migrants; among them 7.51% migrated to other states and 11.18% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Jalpaiguri and Koch Bihar, West Bengal.
- In 2009, of the 43PLHIV registered at the Anti-Retroviral Therapy (ART) center, 7% were 15-24 years of age, 63% were on ART, 42% were illiterate or only had a primary school education.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 36.6% and 7.4%, respectively.
- In 2012, one FSW TIs was operational in the district.

- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- 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.
- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centers upon confirmation of positivity.
- IEC programme for creating STI awareness should be strengthened in district among general population, especially women.
- Mechanisms need to be put in place in order to collect more data on HRG typologies, which will help to better under the district's vulnerabilities.

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,		,									0		Unknown		1	I	or Divorced	lidowod	9291	1283	0.55	3334	0.36	2427	0.16	2190				ı			,	-	1677		,	400	0	2012	
Condom outlets	Drop-in-centres	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	STI clinics	Blood Banks	ICTCs	Comp. Tls	IDU TIs	MSM TIs	FSW TIs	No.	بم مالميسة المصيدية	% Synhilis nositivity	No enicodes treated		% Married	% <25 yrs.				:	Typology					Program Coverage	ו ועשומווו ומושבר	Program Target		% Total Pop.		% Total HRG	Year: NA)	Size Est., (Mapping,			
,		,		,		'	,				,	'		2004	••••	0.04	26007				NA;	based-	Street	NA;	based-	Rrothal	based-	Home				NΔ							FSW	HRG Size	
		,		,			<u> </u>		_	-		,		2005		0.63	1700	SII/KII	,			NA	decker-		NA;	Panthi -	NA:				1	ND		,					MSM		
				'			<u> </u>		2	'	,	•	-	2006	Program	0.34	2011	4 4 4 4		•			Å	Injectors-	Non daily	NA;	Daily				Į	ND							IDU		Vulne
	'	•	'	,	•				ω	'	,	'	\rightarrow	2007 20	Programme Response	0.23	2012	C 1 0 C						Bengal	Jalpaiguri,							5	migration	% total	pop.	% of male	migration				Vulnerabilities
		'	'	•	'	1 ·			ω	-	•	'	+	2008 2009	ςρ -								Bengal			Koch						n 5 districts :	-00	100	11.52		55114		Overall	Male Mi	
,	,			,		ı .	_		ω			,	\rightarrow	9 2010									Bengal	West	Dinajpur,						ויסף שומווינים וסו וווניו שנמני סמי וווושומנוסוו	for inter-stat		7 51	0.8/		4138	State	Inter-	Male Migration, 2001 Census	
,				,	,				ω	,		,	-	2011										Bengal	Darjiling,							out-minra م		11 18	92.1		6161	State	Intra-	1 Census	
			_	\rightarrow	-+	+	_	\vdash		-	\vdash		+	2012										Meahalava	West Garo					_		tion		81 31	9		44815	a	Intra-	1	

Lakhimpur

Background:

Lakhimpur is an administrative district in the state of Assam in India. The district is bounded on the north by Siang and Papumpare District of Arunachal Pradesh and on the east by Dhemaji District and Subansiri River. Majuli Sub Division of Jorhat District stands on the southern side and Gahpur sub division of Sonitpur District is on the West. It has a population of 10.40 lakh, a sex ratio of 965 females per 1,000 males; female literacy rate of 71.91%, with an overall literacy rate of 78.39% (Census 2011). Economy of Lakhimpur is mainly based on agriculture. Major crops are rice, Tea, mustard, sugarcane etc. Small numbers of industries are located in the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, with a stable trend according to last three recordings.
- According to 2012 Blood Bank data, the level of HIV positivity was low, with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was low among FSWs.
- In 2012, HIV positivity among ICTC attendees was low among male (0.10%) and female (0.06%) clients, as well as among referred (0.09%) and direct walk-in (0.06%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (656; 100% of the total HRG) was the only HRG in the district.
- In 2012, 6,986 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.38%.
- As per the 2001 Census, 5.78% of the male population were migrants; among them 45.84% migrated to other states and 18.95% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Papum Pare, Arunachal Pradesh and Kheri, Uttar Pradesh.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 63% and 17.2%, respectively.
- In 2012, one FSW TI was operational in the district.

- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Since the only HRG was FSW, better assessment of the size and profile of 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.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC/ ART and STI data.

HIV Levels and Trends ³	-	;	AIH	V Levels a	Levels and Trend	S3	- - - -	-					Vulne	Vulnerabilities				
_	+	2005	2006	2007	2008	2009	2010	2011	2012		HRG Size				Male N	ligration	2	01 0
HSS-ANC			400	400	200		005		400		FSW	MSM	IDU		Overall		a H	Inter- Intra- State state
	PP :	'	' .	' .	1 (,	, (1 0	Size Est., (Mapping, Year: NA)	656		,	No. out-	76596		וכ	_
PPICI	T					'	,	'						migration	47507	+		12000 4900
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BIOOD BANK	T	'		,		2068	2137	2652	1870					pop.		+		+
	pp	'								% Total Pop.	0.06			% total	100	4		45.84 18.95
	T	1		,			,		1					וווטומנוטוו		-		┢
T	PP	•					0		•	Program Target	NA	NA	NA	- Top) 5 district	; for int	eŗ.	Top 5 districts for inter-state out-migration
HSS-FSW	NT	'					250				142.1	141.1	47.1				é	
_	PP	'	,	,	,		,			Program Coverage								
ויזנויזי־נכוו	NT	'					,											
	P	'	,				,		,		Home							
	T	'									based-	Kothi -	Daily					
	PP	'		,	1.55	0.14	0.86	0.53	0.10		INH,	IVH,	Injectors-					
		'	,	,	322	1400	581	947	1043	-	Brothel	Panthi -	INA,	Papum	Kheri		È.	
CTC Female	PP	'	,		0	0.17	0.46	0	0.06	Typology	based-	NA;	Non daily	Pare,	Uttar		∰ =	Uttar Uttar
_		'			546	574	1530	2314	3283		NA,	Double	Injectors-	Pradesh			e	
ICTC Referred	2	'					1.36	C	0.09		Street	decker-	NA	1000				
							0 31	0 21	0.06		based-	NA						
							0.0	0.21	0.00		INH,							
Total tested at		'	,		·	, ,	2.44	2393	31//	% <25 yrs.								
	TN	'	,	,	898	1974	2111	3261	10794	% Married								
				PLHIV Profile, 2009	ile, 2009						S	STI/RTI	-					
	% On	On ART	% 15-24 yrs		% III., Prim. Edu.		% Married	or Г	% Widowed	-	2009	2010	2011	2012				
ART (26)			,	_		_		<u>c</u>		No. episodes treated		4707	5560	9869				
DLN (NA)			,		ı.					% syprin's positivity	2.09	l.40	0.00	0.00				
			Route of HIV		Transmission, I	CTC 2012					1 VUUC	2002	2006	2006 2007 2009		2006	<u>ງ</u>	2010
	Hetero-sexual		Homo-sexual		.ē.	Needle/	Parent to		Unknown	FSW TIs		- 2002						1
		-		Iranstusion	sion	Syringe	Child			MSM TIs	,	,		•		'		'
% of Iotal (N=2)	100		0	0		0	0		0	IDU TIs		,	,	•		'		'
			_	Block-Level	el Details					Lomp. IIS	، <u>د</u>	- ,	، ر			· ·		υ ,
No. HRG-	•				,						<u> </u>	<u> </u>	- ~			- u		- u
FSW										Blood Banks	<u> </u>		<u> </u>			<u> </u>		<u> </u>
No. HRG-		,	,		,		,	,		STI clinics								
MSM					1			1		ART centres	,	,	,	•		'		,
No HRG-					,					Link ART centres		•	•	•		'		•
										PLHIV Networks	,	,	,	•		'		,
										Red Ribbon Clubs			'	•		'		'
% POS;	,				,					Comm. care centres						'		,
										Drop-in-centres						'		'
% Pos;		1	,	,	,	,	,	ı	,	Condom outlets	,	,	•			'		'

Nagaon

Background:

Nagaon is an administrative district of Assam. As of 2011, it is the most populous district of Assam (out of 27) and one of the largest in area. It has a population of 28.26 lakh, a sex ratio of 962 females per 1,000 males; female literacy rate of 69.21%, with an overall literacy rate of 73.78% (Census 2011). Economy of Nagaon District, in terms of natural resources endowment, is purely agrarian, providing livelihood to almost 78 percent of the total population. The economy of Nagaon District also suggests that there has been a lot of development in aquaculture technologies during the last few decades. The district has a big tourism industry as well.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.11%) among the PPTCT attendees.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.06%), with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (2.19%) and female (1.11%) clients, as well as among referred (1.56%) and direct walk-in (1.71%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (547; 63.16% of the total HRG) was the largest HRG in the district followed by IDU (304; 35.10% of the total HRG).
- In 2012,4,969 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.26%.
- As per the 2001 Census, 3.49% of the male population were migrants; among them 15.96% migrated to other states and 36.46% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Dimapur, Nagaland and Jalpaiguri, West Bengal.
- In 2009, of the 217PLHIV registered at the Anti-Retroviral Therapy (ART) center, 10% were widowed/divorced.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 8.51% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 55.4% and 12.4%, respectively.
- In 2012, two FSW TIs and one IDU TI site was operational in the district.

- It is necessary to strengthen PPTCT program coverage in the district as parent to child HIV transmission was high.
- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- Conduct outreach campaign on STI awareness and sexual risk reduction messages especially among women.
- Need to strengthen and improve quality of outreach programme for IDUs and FSWs.

ART (217) % DLN (NA) Heter % of Total 8 (N=94) 8 FSW - No. HRG- - FSW - MSM - MSM - IDU - MSM - IDU - MDU - IDU - No. HRG- - MSM - No. HRG- - MSM - IDU - IDU - % - IDU - % - IDU - % - % - % - % - % - % - % - % - % - % - %																%	0/	_		ICTCs ⁵ NT	Walk-in NT	ect	-	ICTC Bafarrad PP		ICTC Franch PP	ICTC Male		PP UDI-SSH		HCC-WCW PP	NT NC-FOW		HSS-SID NT		Blood Bank NT		PPTCT PP		HSS-ANC PP4		-	Nagaon District Population:28,26,006 (9.07% of Assam Population); Female Literacy': 69.21%; ANC Utilization ² : 51.2%
							_				84.04		Hetero-sexual	_	•			, On ΔRT			,		,				, ,										,		400	0	2005		26,006 (9.1
											3.19		Homo-sexua	Route of			-C 1 0/	% 15-3		ı	,	,	,	,			, ,	,		,				,			,	, ,	400	0.25	2006	T	07% of Assan
							,			Block-Lev	0	+	Blood Transflucion	Route of HIV Transmission,				15-24 vrc	PLHIV Profile, 2009												-								400	0	2007	HIV Levels and Trends ³	n Populatio
							,	,		lock-Level Details							/0 III., I IIIII. LQU.	% III Prim	file, 2009	2686					951	1.37	1735	د ۱ ر											396	0	2008	and Trends	ı); Female L
,							,	,			0	Junior	Needle/ Svringe	ICTC 2012	_			-		2308					1038	0.67	1270	200								10419	0.07				2009	-ω	iteracy ¹ : 69
							,				8.51	(Parent to				/0 ועומוווכע	% Married		2727	1534	0.46	1193	1.84	1425	0.91	1302	C			-					10952	0.14		400	0.25	2010		.21%; ANC
,							,	,		-	_			-	_		or [۸ %		6597	3490	0.57	3107	1.45	3449	0.58	3148	2							0,00	13558	0.07				2011		Utilization ²
ı											4.26		Unknown		•	•	or Divorced	% Widowed		20460	2158	1.71	3777	1.56	3147	1.11	2788	, ,	,	,						11916	0.06	1/1225	400	0	2012		: 51.2%
Condom outlate	Drop-in-centres	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	STI clinics	Blood Banks	ICTCs	Comp. 11s	IDU TIs	MSM TIS	FSW TIs	No.		% Syphilis positivity	No. episodes treated			% Married	% <25 vrs.					Typology					Program Coverage		Program Target		% Total Pop.		% Total HRG	Year: NA)	Size Est., (Mapping,				
				,	ı		_	ω		. ,	,	,	,	2004		2.88	1575	2009	S			NA;	based-	Street	NA;	based-	Brothel	NA;	Home				NΔ		0.02		63.16	J47	E / 7	FSW	HRG Size		
	•	•			•	•		ω		. ,	,	,	'	2005	-	1.37	2081	2010	STI/RTI				NA	decker-		NA;	Panthi -	NA;	Vo+h:				NΔ		0		1.73	Ū	1	MSM			
	'	•	•		'	•		ω	2	, ,	,	'	,	2006	Program	1.07	3455	2011						Ň	Injectors-	Non daily	NA;	Daily					ND		0.01		35.10	400	700	IDU		Vulne	
•	'	•	•	'	'	•		- ω	2		'	'	'	2007 20	Programme Response	0.26	4969	2012							Nagaland	Dimapur,						-	To	migration	% total	pop.	% of male	migration	-			Vulnerabilities	
	·	•	•	-					4 5		'	'	2 2	2008 2009	se		I							,									n 5 districts		100	J. 43	2 10	41676		Overall	Male M		
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Nalbari

Background:

Nalbari is an administrative district of Assam. The north and west side of the district is bounded by Baksa and Barpeta districts respectively .The south and east side of the district is bounded by Kamrup district. It has a population of 7.69 lakh, a sex ratio of 945 females per 1,000 males; female literacy rate of 73.85%, with an overall literacy rate of 79.89% (Census 2011). Nalbari is well connected both by rail and road network. The town is about 2 k.m. from 31 National Highway.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, but a trend could not be determined due to lack of data.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.06%), with a stable trend.
- According to 2007 HSS data, the level of HIV positivity was low among FSWs and as per 2010 HSS-MSM data, the level of HIV positivity was low among MSM (0.79%), but due to lack of data, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male and female (0.04%) clients, as well as among referred (0.06%) and direct walk-in clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (1,000; 69.40% of the total HRG) was the largest HRG in the district, followed by MSM (441; 30.60% of the total HRG).
- In 2012, 7,599 STI/RTI episodes were treated.
- As per the 2001 Census, 4.22% of the male population were migrants; among them 8.06% migrated to other states and 54.87% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Jalpaiguri, West Bengal and North West Delhi.
- In 2009, of the 48 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 17% were 15-24 years of age, 56% were on ART, 29% were illiterate or only had a primary school education.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 56.3% and 8.9%, respectively.
- In 2012, two FSW TIs and one MSM TIwas operational in the district.

- Strengthen outreach programmes through awareness campaigns for STI and HIV for women.
- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centers upon confirmation of positivity.
- Since the largest HRG was FSW, better assessment of the size and profile of client population including migrants and truckers, will help in better understanding of district vulnerabilities.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC/ ART and STI data.
| | 0/2 Pnc- | ICTC | % Pns: | וחוו
וחוו | | MSM | | NO. HRG-
FSW | | 1 I | % of Total
(N=1) | | | | DLN (NA) | ART(48) | | | ICTCs ⁵ | | ICTC Direct | | | ICTC Female | | ICTC Male | | | ואוכואו-ככח | | HSS-FSW | | HSS-STD | | Blood Bank | rrici | ллт/т | HOO-AINC | | | |
|----------------|-----------------|--------------------|------------------|----------------|------------------|-------------|-------------|-----------------|-------|-------------|---------------------|----------|----------------|----------------------------|------------------------|-----------------------|--------------------------|---------------------|--------------------|-----------|-------------|--------|-------------|-------------|-----------------|------------|--------|------|-------------|------------------|---|----------------|---------------|---------------|-------------|-----------|-----------|-------------------|--------|-----------------------------|------------------------------------|
| | , | | | | | | | | | | | | Hoto | | | | % | | NT | ZT | РР | TN | _ | 3 | ₽₽ Z | PP | Ę | PP | TN | PP | TN | PP 4 | | ; 목 | PP | N | PP | NT ⁴ | PP4 | | |
| | | | | | | | | | - | | 0 | 0-367441 | Hotorn-covilal | | | 56 | On ART | | , | | | | | | | | | | | | 195 | 0 | | , | | | , | | , | 2005 | |
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| | | | , | | | | | | | Block-Level | 100 | = | al Blood | Route of HIV Transmission, | | 17 | 15-24 yrs | PLHIV Pro | | | | | | | | | | , | , | | 250 | 0 | | , | , | | , | 400 | 0 | 2007 | HIV Levels and Trends ³ |
| | , | | , | , | | | | | _ | el Details | 0 | usion | od | | ī | 29 | % Ill., Prim. Edu. | PLHIV Profile, 2009 | 2402 | | | | | 1450 | 0 14 | 0 | | | | | | | | , | | | 1 | 66£ | 0 | 2008 | and Trenc |
| | , | | , | , | | | | | | | 0 | Syringe | Needle/ | ICTC 2012 | | | | - | 2871 | | | | | 1703 | 0 1 7 | 0.43 | | | | | | | | 1640 | 0 | | | | | 2009 | S. |
| | | | | , | | | | | | | 0 | Child | Parent to | | | 0 | % Married | | 3704 | 2112 | 0.19 | 1592 | 0.06 | 1624 | 0 18 | 0.10 | | | 252 | 0.79 | | | | 1787 | 0 | | | 400 | 0.25 | 2010 | |
| | , | | , | , | | | | | | | | - | | | | | % V
or [| 2 | 4797 | 2997 | 0.20 | 1800 | 0.33 | 2191 | 25 U | 0.27 | | | | | | | | 1511 | 0 | | | | | 2011 | |
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or Divorced | - | 11118 | 2890 | 0 | 1610 | 0.06 | 2540 | 0 04 | 1000 | | , | , | | , | | | 1654 | 0.06 | 6618 | 0 | 386 | 0 | 2012 | |
| Condom outlets | Drop-in-centres | Comm. care centres | Red Ribbon Clubs | PLHIV Networks | Link ART centres | ART centres | STI clinics | Blood Banks | ICTCs | Comp. TIs | IDU TIs | MSM TIs | FSW TIs | No | vo printing population | % Synhilis nositivity | No opicodor troatod | | % Married | % <75 vrs | | | | | Tvnnlnnv | | | | | Program Coverage | רוטטומווו ומוטבנ | Drogram Targot | 70 וטנמו רטט. | 0/. Total Dop | % IOTAI HRG | | Year: NA) | Cize Ect (Manning | | | |
| | | | | ı | | ı | | _ | _ | , | 1 | | - | 2004 | 1.71 | 7 94 | 1003 | S | 83.71 | 33 05 | 52.12% | based- | Street | based-0%; | Brothel | 47.28%; | based- | Home | | | NN | NN | 0.15 | 0 10 | 69.40 | | 1000 | | FSW | HRG Size | |
| | | , | | • | | • | _ | _ | _ | , | | , | ' | 2005 | | 1 67 | 2010 | STI/RTI | | | | NA | Double | 1.42.47 | Panthi -
NA· | 1, 19, 1 | NA- | | | | NN
NN | NIA | 0.00 | 0 00 | 30.60 | 00.00 | 441 | | MSM | | |
| | | , | | | | • | <u> </u> | _ | 2 | | | • | - | 9006 | Drogram | 0.24 | 2011 | | • | | | | NA | Non daily | | Injectors- | Daily | | | ' | N | NIA | | | | | | | IDU | | Vulne |
| | • | ' | • | • | | ' | <u> </u> | <u> </u> | 2 | | • | ' | - | 2007 20 | | 0 | 2012 | | | | | | Deligar | West | Jalpaiguri | | | | | | | | migration | % total | % of male | migration | No. out- | | | | Vulnerabilities |
| ' | ' | | • | • | ' | • | | <u> </u> | 4 | | | | - | _ | 6 – | | | | | | | | | | , North | | | | | | ה ה חופרוורה | n 5 dietricte | 100 | | e 4.22 | + | 24800 | Overall | Overal | Male N | |
| | | | | | | | | 2 2 | 4 4 | | | _ | + | 2009 2010 | | | | | | | | | iviegiiaiay | Hills, | East Khas | | | | | | | for interate | 8.06 | | 0.34 | - | | State | Inter- | Male Migration, 2001 Census | |
| | | | | | | | | 2 | 4 | | | | - | 0 2011 | | | | | | | | | â | - <u>-</u> | <u><u> </u></u> | | | | | | וטף 2 מוזמורנז וסו ווונכו-זנמנכ סמר-ווועומנוסוו | nin-min ate | 54.8/ | | 2.32 | | | state | Intra- | 101 Census | |
| | | - | | | | | | | | - | \vdash | | + | 2012 | | | | | | | | | | | | | | | | | | ation | 37.06 | | 1.56 | | 9192 | district | Int | | |

Sonitpur

Background:

Sonitpur is an administrative district of Assam. The district headquarters are located at Tezpur. Sonitpur district was created in 1983 when it was split from Darrang. As of 2011 it is the third most populous district of Assam (out of 27), after Nagaon and Dhubri. It has a population of 19.25 lakh, a sex ratio of 946 females per 1,000 males; female literacy rate of 62.53%, with an overall literacy rate of 69.96% (Census 2011). It is the seventh largest city of Assam after Guwahati, Silchar, Dibrugarh, Jorhat, Nagaon and Tinsukia. Sonitpur is home to two wildlife sanctuaries: Burachapori Wildlife Sanctuary and Sonai Rupai Wildlife Sanctuary.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, but due to lack of data, a trend could not be determined.
- According to 2012 PPTCT data, HIV positivity was low (0.05%) among the PPTCT attendees.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.07%), with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was low among FSWs.
- In 2012, HIV positivity among ICTC attendees was low among male (0.88%) and female (0.49%) clients, as well as among referred (0.43%) and direct walk-in (1.10%) clients. A stable trend was observed among all the ICTC clients.
- According to HRG size mapping data, FSW (852; 98.73% of the total HRG) was the largest HRG in the district.
- In 2012, 4,685 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 2.52%.
- As per the 2001 Census, 4.59% of the male population were migrants; among them 20.71% migrated to other states and 14.66% migrated to other districts within the state.
- The top two destinations for out-of-state migration were West Kamengand Papum Pare, Arunachal Pradesh.
- In 2009, of the 106 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 10% were 15-24 years of age, 62% were on ART, 36% were illiterate or only had a primary school education and 8% were widowed/divorced.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 8.16% and unknown routes accounted for 18.37% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 51.2% and 11%, respectively.
- In 2012, two FSW TIs were operational in the district.

- Strengthen outreach activities with HIV prevention messages for migrants at source and destination sites and among general population, especially women.
- Collect and analyze data at TIs and patients at ART center to understand geography and profile of groups.
- Strengthen efforts towards assessing route of HIV transmission at the ICTCs.
- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- Parent to child transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.

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Tinsukia

Background:

Tinsukia district is one of the 27 administrative districts of Assam. It has a population of 13.16 lakh, a sex ratio of 948 females per 1,000 males; female literacy rate of 63.54%, with an overall literacy rate of 70.92% (Census 2011). Tinsukia is an industrial district of Assam. Tinsukia is one of the premier commercial centres in Assam. It is an industrial district, yet it produces a sizeable amount of tea, oranges, ginger, other citrus fruits and paddy (rice). Tinsukia is well connected by air, national highway and railway.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was moderate (0.50%), with an increasing trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.04%) among the PPTCT attendees, but a trend could not be determined due to lack of data.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.04%), with a stable trend.
- According to 2006 HSS data, the level of HIV positivity was low among FSWs (0.43%).
- In 2012, HIV positivity among ICTC attendees was low among male (1%) and female (0.77%) clients, as well as among referred (0.75%) and direct walk-in (1.13%) clients. A stable trend was observed among all the ICTC clients.
- In 2012, 3,166 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.52%.
- As per the 2001 Census, 4.03% of the male population were migrants; among them 34.76% migrated to other states and 14.99% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Lohit and Changlang, Arunachal Pradesh.
- In 2009, of the 92 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 5% were 15-24 years of age, 77% were illiterate or only had a primary school education and 4% were widowed/divorced.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 12.12% and unknown routes accounted for 6.06% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 47.8% and 13.9%, respectively.
- In 2012, one FSW TI and one composite TI was operational in the district.

- Considering rising prevalence among HSS-ANC attendees, socio-demographic analysis should be done to ascertain risk factors.
- Improve counseling at ICTCs, since the rate of unknown HIV transmission was high.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women.
- The percentage of transmission via parent to child is high. Therefore, there is a need to better understand the profile and dynamics of clinic attendees and their spouses, through analysis of ART and ICTC data.
- 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.

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District Map of Manipur



Bishnupur

Background:

Bishnupur district of Manipur has the smallest area. It is bound on the north by Imphal West district, on the south by Churachandpur district, on the east by Imphal and Thoubal districts. It has a population of 2.40 lakh, a sex ratio of 1,000 females per 1,000 males; female literacy rate of 67.29%, with an overall literacy rate of 76.35% (Census 2011). The main occupation of the people of Bishnupur is agriculture. Rice, potato, cabbage, pulses, brinjal and tomato are the main crops cultivated and produced in the town. The district has a few tourist attraction spots. National Highway-105 passes though the district connecting West Imphal to Churachandpur districts.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was high (1.0%), with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.30%) among the PPTCT attendees, with a declining trend.
- As per 2010 HSS-IDU data, the level of HIV positivity was moderate (5.60%) among IDUs, with a decreasing trend, but a steep rise was observed in 2008.
- In 2012, HIV positivity among ICTC attendees was low among male (0.98%) and female (0.98%) attendees, also among referred and direct walk-in (0.99%) attendees. An overall declining trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (1,859; 70.52% of the total HRG) was the largest HRG in the district followed by FSW (505; 19.16% of the total HRG) and MSM (272; 10.32% of the total HRG).
- In 2012, 8,691 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 1.49% of the male population was migrant population; among them 29.43% migrated to other states and 31.46% migrated to other districts within the state.
- In 2009, of the 310 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 10% were 15-24 years of age, 0% were on ART, 7% were illiterate or only had a primary school education and 16% were widowed/divorced.
- According to 2012 ICTC data, HIV transmissions through needle syringe was high at 16.28%, through parent to child route accounted for 13.95% of all the HIV transmissions in the district, and homosexual and unknown routes, each accounted for 6.98% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 99.3% and 72.3%, respectively.
- In 2012, one MSM TI site was operational in the district.

- Strengthen TI site exclusively for IDUs to provide HIV preventive and referral services, considering their large numbers and HIV transmission in the district.
- There is a need to establish TI services for 30% HRGs (MSM & FSWs) mapped, to saturate the high risk groups due to increasing vulnerability as evidenced.
- Although there was a low level of HIV epidemic in the district, analysis on vulnerability factors in transmission of HIV needs to be conducted from ICTC/ART and STI data.
- Strengthen efforts towards assessing the route of HIV transmission at the ICTCs.
- High percentage of parent to child HIV transmission in the district, also necessitates need to review PPTCT programme in the district.
- There needs to be a better understanding of the dynamics of HIV transmission in homosexuals, through initiation of HSS-MSM site or through further analysis of ICTC data.

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Chandel

Background:

Chandel district (formerly known as Tengnoupal district) came into existence on May 13, 1974. It is the border district of the state. Its neighbors are Myanmar (erstwhile Burma) on the south, Ukhrul district on the east, Churachandpur district on the south and west, and Thoubal district on the north. As of 2011, it is the second least populous district in the state, after Tamenglong with a population of 1.44 lakh, a sex ratio of 932 females per 1,000 males; female literacy rate of 63.26%, with an overall literacy rate of 70.85% (Census 2011). It is one of the three districts in Manipur currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The main food crops are paddy, potato and vegetables. National Highway Nos. 39 and 150 pass through this district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was moderate (0.52%), with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.44%) among the PPTCT attendees, with a decreasing trend.
- As per 2010 HSS-FSW data, HIV positivity was moderate (5.20%) among FSWs, with a decreasing trend in the last three recordings.
- As per 2010 HSS-IDU data, HIV positivity was very high (18.67%) among IDUs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (2.07%) and female (1.66%) attendees, also among referred (2.31%) and direct walk-in (1.39%) attendees. An overall declining trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (1,672; 67.28% of the total HRG) was the largest HRG in the district followed by FSW (813; 37.72% of the total HRG) and MSM (272; 10.32% of the total HRG).
- In 2012, 6,992 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 3.94% of the male population was migrant population; among them 18.72% migrated to other states and 16.66% migrated to other districts within the state.
- According to 2012 ICTC data, HIV transmissions through needle/syringe was high at 31.91% of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 98.3% and 34.8%, respectively.
- In 2012, one FSW TI and one IDU TI site was operational in the district.

- Conduct socio-demographic analysis of HSS-ANC data and HSS- IDU and FSW data to understand risk factors for HIV epidemic among general population & high risk groups accordingly.
- There is a need to increase the number of IDU targeted intervention (TI) sites and prevention efforts through TIs need to be strengthened, considering large number of IDUs with moderate HIV prevalence and high rate of HIV transmission through needle/syringes in the district.
- Further exploration of IDU-FSW networks to understand the dual risk due to the high rates of HIV infection among IDUs and a large number of FSWs.
- 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.

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Churachandpur

Background:

Churachandpur is the largest district of Manipur. It is located in the south western corner of Manipur. It has a population of 2.71 lakh, a sex ratio of 969 females per 1,000 males; female literacy rate of 80.13%, with an overall literacy rate of 84.29% (Census 2011). It is one of the three districts in Manipur currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). National Highway No. 150, also known as Tipaimukh Road, passes through the heart of the town on its way to Mizoram covering many blocks.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low, with a decreasing trend.
- According to 2012 PPTCT data, the level of HIV positivity was moderate (0.54%) among the PPTCT attendees, with a decreasing trend.
- According to 2012 Blood bank data, the level of HIV positivity was moderate (0.58%) among the Blood bank attendees, but due to lack of data from the previous years, a trend could not be determined.
- As per 2010 HSS-FSW data, HIV positivity was low (0.40%) among the FSWs, with a decreasing trend in the last three recordings.
- As per 2010 HSS-IDU data, HIV positivity was high (13.17%) among the IDUs, with a fluctuating trend till 2008, and a fall was observed in 2010.
- In 2012, HIV positivity among ICTC attendees was moderate among male (5.41%) attendees and low among female (4.43%) attendees; moderate among referred (6.85%) attendees and close to moderate among direct walk-in (4.60%) attendees. An overall declining trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (1,672; 65.96% of the total HRG) was the largest HRG in the district followed by FSW (863; 34.04% of the total HRG).
- In 2012, 4,807 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 1.06%.
- As per the 2001 Census, 6.41% of the male population were migrants; among them 50.90% migrated to other states and 11.68% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Aizawl and Champhai, Mizoram.
- In 2012, of the 3,258 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 35% were on ART, 7% were 15-24 years of age, 9% were illiterate or only had a primary school education.
- According to 2012 ICTC data, HIV transmissions through needle/syringe was high at 31.54% and through parent to child the transmission accounted for 5.02% of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was97.6% and 27.8%, respectively.

- District has high HIV prevalence among IDU and FSW groups, hence, scale up the quality of intervention services to curtail HIV spread from HRGs.
- Conduct socio-demographic analysis of HSS-ANC data to understand the risk factors for HIV epidemic among general population.
- There is a need for an increase in the number of IDU targeted intervention (TI) sites and prevention efforts through TIs need to be strengthened, considering large number of IDUs and high rate of HIV transmission through needle/syringes in the district.
- Though HIV prevalence has declined from high to moderate levels among ICTC attendees, district needs continued attention to decrease and limit the spread of the infection further.
- The parent to child HIV transmission rate was high, thus more needs to be done to understand the profile of the attendees through indepth analysis of ICTC data.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.

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Imphal East

Background:

Imphal East district of Manipur state came into existence in June, 1997. As of 2011, it is the second most populous district in the state, after Imphal West, with a population of 4.52 lakh, a sex ratio of 1,011 females per 1,000 males; female literacy rate of 75.92%, with an overall literacy rate of 82.81% (Census 2011). Agriculture is the main occupation of the people in the district. The main food crops are paddy, potato and vegetables. There are two tourist spots in the district, one is at Kaina and another at Jiribam. Imphal East is connected by road to other parts of the country through National Highways-N.H. 39, N.H. 53 and N.H. 150.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was moderate (0.50%) among the ANC attendees, with a
 decreasing trend.
- According to 2012 PPTCT data, the level of HIV positivity was moderate (0.57%) among the PPTCT attendees, with a decreasing trend.
- According to 2012 Blood bank data, the level of HIV positivity was low (0.12%) among the Blood bank attendees, with a stable trend.
- As per 2010 HSS-FSW data, the level of HIV positivity was low (1.61%) among the FSWs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (4.20%) attendees and moderate among female (7.71%) attendees, and it was low among referred (4.56%) attendees and moderate among direct walk-in (6.25%) attendees. An overall declining trend was observed among all the ICTC attendees, except for direct walk-in attendees who observed an increasing trend.
- According to HRG size mapping data, IDU (4,286; 86.10% of the total HRG) was the largest HRG in the district followed by FSW (692; 13.90% of the total HRG).
- In 2012, 16,049 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.79%.
- As per the 2001 Census, 2.31% of the male population were migrants; among them 50.33% migrated to other states and 12.93% migrated to other districts within the state.
- The two destinations for out-of-state migration were Cachar, Assam and Bangalore, Karnataka.
- In 2012, of the 7,467 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 39% were on ART, 28% were illiterate or had primary education and 15% were widowed/divorced.
- According to 2012 ICTC data, HIV transmissions through needle/syringe was high at 28.12% and through unknown routes was high at 25.58% in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 96.7% and 68.3%, respectively.
- In 2012, one FSW TI, one MSM TI and 11 IDU TIs were operational in the district.

- Special population to be included for HIV/STI prevention & control interventions like ICTC referral, IEC, Mid Media campaigns, were partners of IDU & FSW, as well among married people, and also need to focus prevention messages for PMTCT interventions.
- Conduct disaggregated analysis of ART profile of PLHAs, ICTC & PPTCT data to assess more risk factors in the district including sociodemographic analysis of HSS-ANC data to understand risk factors for HIV epidemic among general population.
- Considering the high HIV transmission & concentrated epidemic, strengthening of TI-NGOs for IDUs, MSM& FSWs is strongly recommended to ensure the quality of services through interventions.
- Strengthen and improve the quality of counseling at ICTCs, since the rate of unknown HIV transmission was high.

PPTCT 2009	% Pos;		ICTC 2009	% Pos;		No. HRG-IDU	No. HRG-MSM		No HRG-FSW		% of Total (N=473)	0/ of Totol			DLN (NA)	ART (8164)				ICTCs ⁵	Walk-In	ICIC Direct	7	ICTC Referred		ICTC Female		ILL Mala	UCI-SSH		HSS-MSM		HSS-FSW		HSS-SID		Blood Bank		PPTCT		HSS-ANC		
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Imphal West

Background:

Imphal West district is one of the nine districts of Manipur state in northeastern India. It is surrounded by Senapati District on the north, on the east by Imphal East and Thoubal districts, on the south by Thoubal and Bishnupur Districts, and on the west by Senapati and Bishnupur Districts. As of 2011 it is the most populous district in the state, with a population of 5.14 lakh, a sex ratio of 1,029 females per 1,000 males; female literacy rate of 80.71%, with an overall literacy rate of 86.70% (Census 2011). Imphal is well connected by road with Guwahati (Assam) through National Highway No. 39 and Silchar (Assam) through National Highway No. 53. Other National Highways passing through district are NH-102, 150 and 37.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was moderate (0.62%), with a decreasing trend till 2010, but a steep rise was observed in 2012.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.22%) among the PPTCT attendees, with a decreasing trend.
- According to 2012 Blood bank data, the level of HIV positivity was low (0.26%) among the Blood bank attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low (4%) among FSWs, with a decreasing trend.
- As per 2010 HSS-MSM data, HIV positivity was high (10.53%) among MSM, with a decreasing trend
- As per 2010 HSS-IDU data, HIV positivity was high (13.18%) among IDUs, with a fluctuating trend.
- In 2012, HIV positivity among ICTC attendees was low among male (4.39%) and female (3.65%) attendees, also among referred (4.62%) and direct walk-in (3.85%) attendees. An overall declining trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (3,593; 72.90% of the total HRG) was the largest HRG in the district followed by FSW (882; 17.89% of the total HRG) and MSM (454; 9.21% of the total HRG).
- In 2012, 14,607 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0%.
- As per the 2001 Census, 3.31% of the male population were migrants; among them 43.36% migrated to other states and 15.03% migrated to other districts within the state.
- In 2009, of the 6,715 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 41% were on ART.
- The top two destinations for out-of-state migration were Chandigarh and South West Delhi.
- According to 2012 ICTC data, HIV transmissions through needle syringe was high at 15.26%, of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was99% and 71.3%, respectively.
- In 2012, one FSW TI, one MSM TI and 14 IDU TIs were operational in the district.

- The epidemic profile of the district can be better understood with more detailed disaggregated data analysis of ICTC attendees, MSM, FSW & IDU sentinel surveillance data and PLHA profile of patients on ART.
- Considering the dual risk and epidemic pattern of HIV in Imphal West, strengthening of TI-NGOs for IDU, MSM & FSW is recommended to ensure the quality of services through interventions.
- Blocks like Lamphelpat, patsoi and wangoi being high priority blocks within the districts may be reviewed and monitoring closely for all interventions of NACP.
- Though HIV prevalence has declined from high to moderate levels among ICTC attendees, district needs continued attention to decrease and limit the spread of the infection further.

	% Pos;		ICTC 2009	% Pos;		No HRG-IDU	No. HRG-MSM	No. HRG-FSW		(IV-029)	% of Total			DLN (NA)	ART (5053)			ICTCs ⁵	Walk-in Total texted at	ICTC Direct		ICTC Deferred	ICIC remaie		ICTC Male			INICIAI-SCH		HSS-FSW		HSS-STD		Blood Bank		DDT/T	HSS-ANC			HIV Levels and Trends ³
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Condom outlets	Drop-in-centres	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	STI clinics	Blood Banks	ICTCs	Comp. Tls	IDU TIs	FSW TIS	No.	functed cumple of	% Synhilis nositivity	No enicodes treated		% Married	% <25 yrs.				3	Typology					Program Coverage	riogiani laiget	Drogram Targat	/o lotal i op.	% Total Pon	/0 10(a) 11100	% Total HDG	Year: NA)	Cize Ect (Manning			
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Senapati

Background:

The Senapati district located of Manipur is bound on the east by Ukhrul district, on the west by Tamenglong district, on the north by Phek district of Nagaland and on the south by Imphal East district and Imphal West district. It has a population of 3.54 lakh, a sex ratio of 939 females per 1,000 males; female literacy rate of 68.80%, with an overall literacy rate of 75% (Census 2011). Agriculture is the main occupation of the people and terrace cultivation is generally practiced by the people. Rice, Maize, Potato, Cabbage and cereals are the major produce of the district. 80% of the area is covered by forest and remaining 20% is arable land. National Highway-39 passes through the district from south end to the north end.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low (0.25%), with a stable trend in the last three recordings.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.31%) among the PPTCT attendees, with a decreasing trend till 2011.
- As per 2010 HSS-IDU data, HIV positivity was high (11.07%) among the IDUs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (1.03%) and female (1.94%) attendees, also among referred (0.60%) and direct walk-in (1.67%) attendees. A stable trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (1,539; 64.18% of the total HRG) was the largest HRG in the district followed by FSW (859; 35.82% of the total HRG).
- As per the 2001 Census, 1.86% of the male population was migrant population; among them 37.34% migrated to other states and 26.68% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Kohima, Nagaland and East Khasi Hills, Meghalaya.
- In 2009, of the 120 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 8% were 15-24 years of age, 62% were on ART, 78% were illiterate or only had a primary school education and 3% were widowed/divorced.
- According to 2012 ICTC data, HIV transmissions through needle/syringe was high at 38.89%, parent to child transmission accounted for 14.81% of all the HIV transmissions in the district, and 7.41% of the HIV route of transmission were unknown.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 91.4% and 41.2%, respectively.
- In 2012, one FSW TI and four IDU TIs were operational in the district.

- The disaggregated analysis of data from HSS-ANC, ICTC and PLHA profile will further improve the epidemic profile hence may be conducted, prevention efforts through TIs need to be strengthened.
- Parent to child HIV transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Improve counseling at ICTCs, since the rate of unknown HIV transmission was high.
- Though HIV prevalence has declined from high to moderate levels among ICTC attendees, district needs continued attention to decrease and limit the spread of the infection further.
- Focus on IDU-FSW sexual networks and address the dual risk that is posed due to the high rates of infection among IDUs and a large number of FSWs.
- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centers upon confirmation of positivity.

% Pos; PPTCT 2009		ICTC 2009	% Pos;		No HRG-IDU	No. HRG-MSM		No HRG-FSW		(N=54)	0/ _ftt_1			DLN (NA)	ART (120)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICIC remaie		ICTC Male		HSS-IDU		HSS-MSM		HSS-ESIM		HCC_CTD		Rlood Rank	PPICI		HSS-ANC			
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Condom outlets	Comm care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	STI clinics	Blood Banks		Comp. IIS	IDU TIs	MSM TIs	FSW TIs	No.	-	% Syphilis positivity	No enisodes treated			% Married						Typology					Program Coverage		Program Target		% Total Pop.	-	% Iotal HKG		Year: NA)				
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Tamenglong

Background:

Tamenglong district of Manipur is bound by Nagaland state on the north, by Senapati district on the north and east, by Churchandpur district on the south and by Imphal West district and Assam state on the west. Tamenglong town is the headquarters of this district. As of 2011, it is the least populous district in the state. It has a population of 1.40 lakh, a sex ratio of 953 females per 1,000 males; female literacy rate of 63.76%, with an overall literacy rate of 70.40% (Census 2011). It is one of the three districts in Manipur currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Tamenglong has some of the popular places that have attracted a number of tourists round the year. National Highway- 53 passes through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was moderate (0.50%), with a declining trend in the last three recordings.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.08%) among the PPTCT attendees, with an increasing trend till 2011, but dropped in 2012.
- As per 2010 HSS-IDU data, HIV positivity was moderate (8.40%) among IDUs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (0.51%) and female (0.74%) attendees, also among referred (0.51%) and direct walk-in (0.65%) attendees. A stable trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (958; 88.29% of the total HRG) was the largest HRG in the district followed by FSW (127; 11.71% of the total HRG).
- In 2012, 1,274 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 3.08% of the male population were migrants; among them 28.84% migrated to other states and 43.77% migrated to other districts within the state.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 86% and 12.8%, respectively.
- In 2012, two IDU TIs and one composite TI site were operational in the district.

- The FSWs should be reached through interventions like with core composite TIs and though effective IEC.
- Considering fluctuations prevalence among HSS-ANC attendees, close monitoring of sentinel sites in the districts and socio-demographic analysis of the data should be done to ascertain risk factors of ICTC and HSS data sets.
- Considering moderate HIV prevalence among IDUs and high rate of HIV transmission through needle/syringes in the district, prevention efforts through TIs need to be strengthened.
- IEC programme for creating STI awareness should be strengthened in district among general population, especially women.
- Availability of data regarding profile and pattern of migration and truckers is recommended for better insight to district HIV vulnerabilities.

% Pos; pptct 2009	10102009	% Pos;		No. HRG-IDU	No. HRG-MSM	IND. HRG-FSVV			% of Iotal (N=12)				DLN (NA)	ART (51)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct			ICIC Female	-	ICTC Male		HSS-IDU		MSM-SSH			עונ-ננח		סוטטע סמווא		PPICI		HSS-ANC			HIV Levels and Trends ³
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Thoubal

Background:

Thoubal district of Manipur is bound by Senapati district on the north, Ukhrul and Chandel districts on the east, Churchandpur and Bishnupur districts on the south and Imphal West and Imphal East districts on the west. It has a population of 4.20 lakh, a sex ratio of 1,006 females per 1,000 males; female literacy rate of 67.57%, with an overall literacy rate of 76.66% (Census 2011). Agriculture is the most important source of livelihood for the people of this district of Manipur. More than 70 per cent of the total population of the district is directly or indirectly engaged in agricultural activities. The district has a few places of historical importance and tourist interest. Asian highway AH-1 is passing in the heart of Thoubal town and



it connected with Imphal toward north and east by Moreh the border town of Manipur.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low (0.38%), with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.10%) among the PPTCT attendees, with a stable to decreasing trend.
- As per 2010 HSS-IDU data, HIV positivity was very high (25.60%) among IDUs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (0.76%) and female (1.69%) attendees, also among referred (0.77%) and direct walk-in (1.06%) attendees. A declining trend was observed among the male and female attendees but a stable trend was observed among referred and direct walk-in attendees.
- According to HRG size mapping data, IDU (3,702; 78.77% of the total HRG) was the largest HRG in the district followed by MSM (531; 11.30% of the total HRG) and FSW (467; 9.94% of the total HRG).
- In 2012, 4,164, STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 1.26% of the male population was migrant population; among them 24.58% migrated to other states and 41.93% migrated to other districts within the state.
- In 2009, of the 1,003 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 37% were on ART.
- According to 2012 ICTC data, HIV transmissions through needle syringe was high at 28.38%, and HIV transmission through parent to child and unknown routes, each accounted for 5.41% of all the transmissions in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 99.4% and 75.8%, respectively.
- In 2012, one FSW TI and nine IDU TIs were operational in the district.

- HIV prevalence in the district necessitates analysis of ICTC, HSS-IDU, PLHA profile data to understand the time, place and type of people infected with HIV.
- Parent to child HIV transmission was high in the district along with needle/syringe route of HIV transmission, hence it is recommended to strengthen PPTCT & TI-NGO program coverage& quality of services in the district.
- Special IEC campaigns with messages on STI prevention & control for ICTC attendees including vulnerable females should be continued.
- Strengthen efforts towards assessing route of HIV transmission at the ICTCs.
- Though HIV prevalence has declined from high to moderate levels among ICTC attendees, district needs continued attention to decrease and limit the spread of the HIV infection further.

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Ukhrul

Background:

Ukhrul is a district in the north eastern state of Manipur in India. It is bounded by Myanmar in the East, Chandel District in the South, Imphal East and Senapati Districts in the West and Nagaland State in the North. Ukhrul has a population of 1.83 lakh, a sex ratio of 948 females per 1,000 males; female literacy rate of 77.47%, with an overall literacy rate of 81.87% (Census 2011). Agriculture is the main economics activities of the Tangkhul who are living in this district. The main food crops are paddy, potato and vegetables. There are a few tourist spots in the district like Khayang Peak, Shirui, Khangkhui Mangsor, Ango Ching etc. Ukhrul is linked with Imphal, the state capital by a NH 150 about 84 Km.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV positivity among the ANC attendees was high (2.50%), with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was high (1.14%) among the PPTCT attendees, with a decreasing trend in the last three recordings.
- As per 2010 HSS-IDU data, HIV positivity was low (3.21%) among IDUs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (3.23%) and female (4.06%) attendees, also among referred (3.57%) and direct walk-in (3.41%) attendees. An overall declining trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (1,799; 89.15% of the total HRG) was the largest HRG in the district followed by FSW (219; 10.85% of the total HRG).
- In 2012, 1,523 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- As per the 2001 Census, 3.57% of the male population were migrants; among them 51.75% migrated to other states and 34.78% migrated to other districts within the state.
- The top two destinations for out-of-state migration were East Khasi Hills, Meghalaya and Bangalore, Karnataka.
- In 2012, of the 1,616 PLHIV registered at the Anti-Retroviral Therapy (ART) center, 48% were on ART.
- According to 2012 ICTC data, HIV transmissions through needle/syringe was high at 32.48% in the district, though parent to child it accounted for 10.26% of all the HIV transmissions in the district and 6.84% of the HIV routes of transmission in the district were unknown.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 96.6% and 25.8%, respectively.

- The further disaggregation of data analysis by age, gender, geography and time of ICTC and ART data may help to refine epidemic profile of the district.
- Considering high HIV prevalence among HSS-ANC attendees, socio-demographic analysis of the data should be done to ascertain risk factors.
- There is a need for an increase in the number of IDU targeted intervention (TI) sites and prevention efforts through TIs need to be strengthened, considering large number of IDUs and high rate of HIV transmission through needle/syringes in the district.
- Expand coverage of HIV counseling and testing in the district to detect positive cases at early stage.
- Improve counseling at ICTCs, since the rate of unknown HIV transmission was high.
- The parent to child transmission rate was high, thus more needs to be done to understand the profile of the attendees through in-depth analysis of ICTC data.

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District Map of Meghalaya



East Khasi Hills

Background:

East Khasi Hills district of Meghalaya is bound by Ri-Bhoi district on the north, Karbi Anglong district on the north east, Jaintia Hills district on the east, Bangladesh on the south and West Khasi Hills district on the west. It has a population of 8.24 lakh, a sex ratio of 1,008 females per 1,000 males; female literacy rate of 84.15%, with an overall literacy rate of 84.7% (Census 2011). Agriculture is the main occupation of the rural people of East Khasi Hills District in general. The staple food of Khasis is rice. East Khasi Hills has a lot many beautiful nature spots, attracting tourists. The headquarters of the district, Shillong which is also the capital city of State, is connected to Guwahati and Silchar by National Highway, 44 of 103 km and 240 km respectively.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity was low among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.32%) among the PPTCT attendees, with a stable trend in the last three years.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.37%) among the Blood bank attendees, with a fluctuating trend.
- According to 2010 HSS-IDU data, the level of HIV positivity was moderate (6.44%) among IDUs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (2.73%) and female (2.16%) attendees, as well as among referred (2.49%) and direct walk-in (2.36%) attendees. A declining trend was observed among all the ICTC attendees.
- According to 2008-09 HRG size mapping data, FSW (365; 57.94% of the total HRG) was the largest HRG in the district followed by IDU (265; 42.06% of the total HRG).
- In 2012, the syphilis positivity rate among STI clinic attendees was 3.31%.
- As per the 2001 Census, 3.81% of the male population were migrants; among them 40.49% migrated to other states and 10.11% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Kamrup, Assam and South West Delhi.
- In 2012, of the 335 PLHIV registered at ART centre, 52% were on ART.
- According to 2012 ICTC data, HIV transmissions through unknown route accounted for 13.28% and parent to child route accounted for 8.30% of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 72.4% and 12.1%, respectively.
- In 2012, two IDU TI sites and one composite TI site were operational in the district.

- Considering moderate HIV prevalence among IDUs, prevention efforts through TIs need to be strengthened. Also, recommended to start new FSW sentinel site to monitor trend among FSWs.
- Strengthen outreach programmes through awareness campaigns for STI for women.
- Improve counseling at ICTCs, since the rate of unknown HIV transmission was high.
- Since the largest HRG was FSW, better assessment of the size and profile of 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.
- Parent to child HIV transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Diaggregated ICTC and ART data analysis can help to generate more evidence on epidemic profile and geo-prioritization.

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West Garo Hills

Background:

West Garo Hills is one of the largest districts of Meghalaya located in the western part of the State. The West Garo Hills district lies on the western part of the state of Meghalaya bound by the East Garo Hills district on the east, the South Garo Hills on the south-east, the Goalpara district of Assam on the north and north-west and Bangladesh on the south. It has a population of 6.42 lakh, a sex ratio of 979 females per 1,000 males; female literacy rate of 63.34%, with an overall literacy rate of 68.38% (Census 2011). It is one of the three districts in Meghalaya currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The out migration for work to adjacent states and districts, is noticeable. Farming, dairy, bee keeping and



poultry are the major economic activities in the district. Some places of tourist interest in Garo Hills are Siju Cave, Nokrek Peak, Siju Bird Sanctuary, Imilsang Dare falls, Sosibibra and Rongdong falls.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC & PPTCT data, the trend of HIV positivity was low among the attendees and had been zero consistently, which indicated HIV transmission restricted to high risk group only and did not spread to general population.
- According to 2012 Blood Bank data, HIV positivity was low (0.12%) among the Blood Bank attendees, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.36%) and female (0.44%) attendees, as well as among referred (0.58%) and direct walk-in attendees. A declining trend was observed among the male ICTC attendees, whereas female, referred and direct walk-in attendees had a stable trend.
- In 2012, the syphilis positivity rate among STI clinic attendees was 2.04%.
- As per the 2001 Census, 2.09% of the male population were migrants; among them 15.79% migrated to other states and 21.50% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Goalpara and Dhubri, Assam.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 46.5% and 13.5%, respectively.
- In 2012, there was no TI site operating in the district.

- The HIV positivity among females was little higher than males, hence, requires more detailed analysis of HIV positives to track the progression and spread.
- The size of high risk groups being minimal, may be linked to ICTC and STI services regularly by camp/ mobile approach as feasible to local settings as TI intervention may not be required.
- Strengthen outreach programmes through mass awareness campaigns for STI, HIV prevention and ART services especially for vulnerable migrants, women and HRGs.
- Additional information on HIV epidemic profile of the district, like block level details, disaggregation analysis of ICTC, STI and risk groups by age, area , occupation will improve in the understanding of district vulnerability.

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District Map of Mizoram



Aizawl

Background:

Aizawl district is one of the 8 districts of Mizoram state in India. The headquarters of the district is Aizawl city, the capital of Mizoram. The district is bounded on the north by Kolasib district, on the west by Mamit district, on the south by Serchhip districts and on the east by Champhai district. It has a population of 4.04 lakh, a sex ratio of 1,009 females per 1,000 males; female literacy rate of 98%, with an overall literacy rate of 98.5% (Census 2011). Aizawl is a beautiful place that offers plenty of tourist attractions to tourists and habitants alike.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was high (1.25%).
- According to 2011 PPTCT data, the level of HIV positivity was moderate (0.82%), with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.31%), with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was low (1.22%) among MSM and high among IDUs (18%). A trend could not be determined among MSM due to lack of data. The level among IDU remains very high..
- In 2012, HIV positivity among ICTC attendees was high for male (3.88%), female (4.97%), referred (6.34%), and direct walk-in (3.42%) clients. A possible declining trend was observed among the male and female clients, and stable among the referred and direct walk-ins.
- In 2012, 21,548 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.37%.
- As per the 2001 Census, 16.69% of the male population were migrants; among them 43.61% migrated to other states and 17.59% migrated to other districts within the state.
- The top destination for out-of-state migration was North Tripura, Tripura and East Khasi Hills, Meghalaya.
- According to 2011 ICTC data, HIV transmissions through Needle/Syringe route accounted for 16.19% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 99.1% and 65.3%, respectively.
- In 2012, there were 14 ICTCs and 28,400 clients were tested for HIV.

- Conduct disaggregated analysis of PPTCT and BB data to assess risk factors in the district.
- Considering high HIV prevalence among IDUs, prevention efforts through TIs need to be strengthened.
- Considerable rate of migration to other states demands assessment of the size and profile of migrants to further improve the understanding of district vulnerabilities.
- Strengthen TI interventions for the FSW population, as the percentage of HIV positivity was nearing high.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.
- Needles/Syringes transmission was high in the district, therefore, it is necessary to strengthen IDU program coverage in the district.

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Champhai

Background:

Champhai district is one of the 8 districts of Mizoram state in India. The district is bounded on the north by Churachandpur district of Manipur state, on the west by Aizawl and Serchhip districts, and on the south and east by Myanmar. It has a population of 1.25 lakh, a sex ratio of 981 females per 1,000 males; female literacy rate of 92.2%, with an overall literacy rate of 93.51% (Census 2011). Set in the beautiful state of Mizoram with its colorful tribal traditions, orchids and butterflies, Champhai boasts a fabulous view of the Myanmar hills. The major religious groups in this districts are: the Christians, then Hindus and then Muslims.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was high(0.5%).
- According to 2012 PPTCT data, the level of HIV positivity was moderate (0.61%), with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was high among IDUs (36.23%). This data point is much higher than in previous years.
- In 2012, HIV positivity among ICTC attendees was moderate to high among male (2.31%), female (2.30%), referred (7.44%), direct walk-in (1.88%) clients. A stable trend was observed among the male and female clients.
- In 2012, the syphilis positivity rate among STI clinic attendees was 0.22%.
- As per the 2001 Census, 14.47% of the male population were migrants; among them 3.52% migrated to other states and 66.09% migrated to other districts within the state.
- According to 2011 ICTC data, HIV transmissions through needle/syringe route accounted for 37.17% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 97.6% and 37.9%, respectively.
- In 2012, there were 11 ICTCs and 6,867 clients were tested for HIV.

- Considering high HIV prevalence among IDUs, prevention efforts through TIs need to be strengthened.
- Considerable rate of migration to other states demands assessment of the size and profile of migrants to further improve the understanding of district vulnerabilities.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.
- There needs to be a better understanding of the dynamics of HIV transmission among IDUs, it is necessary to strengthen program coverage in the district.
| PPTCT | % Pos: | | ICTC | % Pnc | ועט. האם- ועט | | No. HRG-MSM | NO. HRG-FSW | | | (N=113) | 0/ of Total | | | DLN(NA) | ART (1398) | | | | ICTCs ⁵ | Walk-in | ICTC Direct | | ICTC Referred | | ICTC Esmala | ICTC Male | - | H33-IUU | | INICIAI-SSH | | איניז-נכח | | עונ-ננח | | סוטטע סמווא | | rr ICI | | HSS-ANC | | | |
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Kolasib

Background:

Kolasib district is one of the 8 districts of Mizoram state in India. The district is bounded on the north and northwest by Hailakandi district of Assam state, on the west by Mamit district, on the south and east by Aizawl district and on the northeast by Cachar district of Assam state. It has a population of 0.83 lakh, a sex ratio of 956 females per 1,000 males; female literacy rate of 93.53%, with an overall literacy rate of 94.54% (Census 2011).

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was low (025%).
- According to 2011 PPTCT data, the level of HIV positivity was low (0.39%), with a flat trend.
- According to 2007 HSS data, the level of HIV positivity was high (7.20%) among FSWs. There is no data for FSW after 2007.
- According to 2010 HSS data, the level of HIV positivity was high among IDUs (5.20%).
- In 2011, HIV positivity among ICTC attendees was moderate among male (1.52%), female (1.77%), referred (2.70%), and direct walk-in (1.35%) clients. A stable trend was observed for all client types.
- In 2012, the syphilis positivity rate among STI clinic attendees was 0.32%.
- As per the 2001 Census, 9.73% of the male population were migrants; among them 13.51% migrated to other states and 49.34% migrated to other districts within the state.
- The top destination for out-of-state migration was North Tripura, Tripura.
- According to 2011 ICTC data, HIV transmissions through parent to child route accounted for 9.52% and through needle/syringe 19.05% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 95.5% and 48.3%, respectively.

- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Considering moderate HIV prevalence among IDUs, prevention efforts through TIs need to be strengthened.
- Considerable rate of migration to other states demands assessment of the size and profile of migrants to further improve the understanding of district vulnerabilities.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.
- Parent to child transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Data for HRG need to be collected.
- Consider more TI for IDU.



% Pos; ICTC	% Pnc:		No. HRG- IDU	No. HRG-MSM	No. HRG-FSW		(N=42)	% of Total			DLN(NA)	ART (450)			Total tested at ICTCs ⁵	Walk-in	ICTC Direct	ICIC Keterred		ICTC Female	ICTC Male			HSS-MSM		HSS-FSW	עוג-צנא		Blood Bank	-	PPTCT		HSS-ANC		HIV Levels and Trends ³
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Lawngtlai

Background:

Lawngtlai district is one of the 8 districts of Mizoram state in India. The district is bounded on the north by Lunglei district, on the west by Bangladesh, on the south by Myanmar and on the east by Saiha district. It has a population of 1.17 lakh, a sex ratio of 945 females per 1,000 males; female literacy rate of 57.62%, with an overall literacy rate of 66.41% (Census 2011). The inhabitants of the district are mainly the ethnic groups of tribals like Lai and Chakma, who are among the minor tribal communities of Mizoram. One-third of the total inhabitants of Lawngtlai district rely entirely on agriculture, which is mostly based on traditional method of shifting cultivation. Only a small fraction of urban population is



involved in permanent employment, such as state government service, bank and schools, and few engaged in small-scale business. The inhabitants of Lawngtlai district are very backward in various ways, the standard of living is very low and literacy percentage of the district is also the lowest amongst the eight districts in Mizoram.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was moderate (0.75%).
- According to 2012 PPTCT and blood bank data, the level of HIV positivity was moderate (0.51%) among the PPTCT attendees, and low among blood bank attendees.
- In 2012, HIV positivity among ICTC attendees was low to moderate among male (0.90%), female (1.12%), referred (0.75%), and direct walk-in (3.33%) clients. The latest data points are higher than previous years.
- In 2012, the syphilis positivity rate among STI clinic attendees was 0.59%.
- As per the 2001 Census, 5.41% of the male population were migrants; among them 1.40% migrated to other states and 28.45% migrated to other districts within the state.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 78.5% and 20.4%, respectively.
- In 2012, there were three ICTCs and 2,504 clients were tested for HIV in the district.

- Strengthen TIs particularly for IDUs for referral and preventional services.
- Considerable rate of migration to other states demands assessment of the size and profile of migrants to further improve the understanding of district vulnerabilities.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.
- Parent to child transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Data on HRG need to be collected.

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Lunglei

Background:

Lunglei is situated in the south-central part of Mizoram state, northeastern India. The district is bounded on the north by Mamit and Aizawl districts, on the west by Bangladesh, on the south by Lawngtlai district, on the southeast by Saiha district, on the east by Myanmar and on the northeast by Serchhip District. It has a population of 1.54 lakh, a sex ratio of 944 females per 1,000 males; female literacy rate of 85.85%, with an overall literacy rate of 89.4% (Census 2011). Most of the indigenous local inhabitants of the district of Lunglei depend on agriculture and earn their livelihood from growing crops. The cash crops of coffee and rubber help the district to earn its revenue. Blessed with unmatchable natural scenic beauty,



Lunglei draws several tourists from far and wide who are absolutely thrilled with the captivating sight of the place. It is communicated by Road National Highway 54 only Via Serchhip and Thenzawl.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was high (1%).
- According to 2011 PPTCT data, the level of HIV positivity was moderate (0.50%).
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.26%).
- According to 2010 HSS data, the level of HIV positivity was high among IDUs (4.40%). There is no recent data.
- In 2011, HIV positivity among ICTC attendees was moderate to high among male (1.64%), female (1.96%), referred (4.01%), and direct walk-in (1.06%) clients. A declining trend was observed among the male and female clients.
- In 2012, 3,830 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 5.06%.
- As per the 2001 Census, 10.99% of the male population were migrants; among them 10.49% migrated to other states and 36.98% migrated to other districts within the state.
- The top destination for out-of-state migration was North Tripura, Tripura.
- According to 2011 ICTC data, HIV transmissions through Needle/Syringe route accounted for 7.58% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 92.6% and 52.2%, respectively

- Conduct disaggregated analysis of ANC data to assess risk factors in the district.
- Strengthen outreach activities for migrants especially those out-migrating to high prevalent districts.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.
- Needle/Syringes transmission was high in the district, therefore, it is necessary to strengthen IDU TIs program coverage in the district.
- Need to collect data for HRG.

	994 (14.12% o 2005 200 	ICTC Referred PP - ICTC Direct PP - Walk-in NT - Total tested at ICTCs ⁵ NT - ART (483) 57 - DLN(NA) - - % of Total (N=66) Hetero-sexual Hom % of Total (N=66) 86.36 - No. HRG-MSM - - No. HRG-IDU - - % Pos: Taluka 1(Lunglei) (Hnahthial) (Habthial) Taluka 2 (0.67	ect eet at ted at	eet tted at 3) IDU	eet ted at ted at IDU	eett ted at ted at	ect ted at ted at .) .) .) .) .) .) .) .) .) .) .) .) .)	ect ted at ted at	r-MSM	ect ect tted at ())))))	ect () () () () ()	tted at () () () () () () () () () () () () ()	ted at	ect ect .)	ect ted at 3)	ect PP ted at NT ted at NT 3) 3)	ect PP ect NT ted at NT % 3) %	ect PP ted at NT ted at NT %	rerred NT ted at NT %	erred PP ect PP ted at NT %	rerred PP ect PP ted at NT	erred NT ect PP ted at NT	ect PP ect PP	ect PP	ed PP	; PP		T			ICTC Mala PP	NT 2	PP		PP	NT NT	PP		PP	Blood Bank NT	PP	NT NT		HSS-ANC NT4	PP ⁴	20		District Population: 1,54,094
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Mamit

Background:

Mamit district was created by way of bifurcation of the erstwhile Aizawl district in 1998. The district is bounded on the north by Hailakandi district of Assam state, on the west by North Tripura district of Tripura state and Bangladesh, on the south by Lunglei district and on the east by Kolasib and Aizawl districts. It has a population of 0.85 lakh, a sex ratio of 924 females per 1,000 males; female literacy rate of 81.37%, with an overall literacy rate of 85.96% (Census 2011). Women Play major role in the society as well as in the family. The population comprises Mizo, Reang(Bru), Chakma and other backward classes.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was low (0.27%).
- According to 2012 PPTCT data, the level of HIV positivity was low (0.33%) among the PPTCT attendees, with a decreasing trend.
- In 2012, HIV positivity among ICTC attendees was low to moderate among male (0.90%), female (0.79%), referred (2.36%), and direct walk-in (0.79%) clients.
- According to HRG size mapping data, IDU (500; 96.15% of the total HRG) was the largest HRG in the district.
- In 2012, 6,215 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.15%.
- As per the 2001 Census, 11.80% of the male population were migrants; among them 24.34% migrated to other states and 40.12% migrated to other districts within the state.
- The top destination for out-of-state migration was North Tripura, Tripura.
- According to 2012 ICTC data, HIV transmissions through heterosexuals was 95.65 and Needle/Syringes route accounted for 4.35% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 88.2% and 44.2%, respectively.
- In 2012, there were six ICTCs and 3,560 clients were tested for HIV in the district.

- 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.
- Strengthen outreach activities for migrants especially those out-migrating to other states/districts.
- 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.
- Availability of DLN data would help in better understanding of district vulnerabilities.

	% Pos;			ICTC		NO. HRG- IDU		No HRG-MSM	No HRG-FSW		(N=23)	0/2 of Total			DLN(NA)	ART (197)			ICTCs ⁵	Total tested at	ICIC DIrect		ICTC Referred		ICTC Famala	ICTC Male		HSS-IDU		HSS-WSW			UIS-SID		Blood Bank		PPTCT	HOO-AINC			
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Saiha

Background:

Saiha district is one of the eight districts of Mizoram state in India. The district is bounded on the north and northwest by Lunglei district, on the west by Lawngtlai District and on the south and east by Myanmar. It has a population of 0.56 lakh, a sex ratio of 978 females per 1,000 males; female literacy rate of 85.8%, with an overall literacy rate of 88.41% (Census 2011). It is one of the two districts in Mizoram currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The Distance between Saiha and Aizawl through NH 54 is 378 km.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was low (0.26%).
- According to 2012 PPTCT data, the level of HIV positivity was low (0.21%), with a stable trend.
- According to 2010 HSS data, the level of HIV positivity was low among IDUs (0.40%).
- In 2011, HIV positivity among ICTC attendees was moderate among male (1.57%), female (0.78%), and direct walk-in (0.73%) clients, but high , among referred clients (4.38%). A stable trend was observed among the male and female clients.
- In 2012, the syphilis positivity rate among STI clinic attendees was 0.69% and 1,135 STI/RTI episodes were treated.
- As per the 2001 Census, 5.80% of the male population were migrants; among them 17.84% migrated to other states and 50.64% migrated to other districts within the state.
- The top destination for out-of-state migration was North West Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 14.29% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 94% and 48.4%, respectively.
- There were one composite TI and four ICTCs were operation in the district.

- Considerable rate of migration to other states demands assessment of the size and profile of migrants to further improve the understanding of district vulnerabilities.
- Improved data availability with mapping for HRGs and migrants, truckers at halting points for risk behavior will provide more information regarding district vulnerabilities.
- Parent to child transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- 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.

% Pos; PPTCT	% Pos; ICTC		No. HRG-	IVICIVI	No. HRG-	FSW	No. HRG-		(N=28)	% of Total			DLN(NA)	ART (107)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICIC Female		ICTC Male		HSS-IDU		MSW-SSH			עונ-ננח		סוטטט סמווא		PPI CI		HSS-ANC			
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Serchhip

Background:

Serchhip district of Mizoram state in India, came into existence on 15th September, 1998. Serchhip is the smallest district in the state, bounded on the north and northwest by Aizawl district, on the west and south by Lunglei district, on the southeast by Myanmar and on the east by Champhai district. It has a population of 0.64 lakh, a sex ratio of 979 females per 1,000 males; female literacy rate of 98.28%, with an overall literacy rate of 98.76% (Census 2011). Agriculture is one of the important occupation. Serchhip is connected by road with Silchar through National Highway 54, with Agartala through National Highway 40 & with Imphal through National Highway 150.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was moderate (0.50%).
- According to 2012 PPTCT data, the level of HIV positivity was low (0.34%), with no clear trend.
- •
- In 2012, HIV positivity among ICTC attendees was low among male (0.46%) and female (0.47%) clients, as well as among referred (1.01%) and low among direct walk-in (0.40%) clients. A stable trend was observed among all the ICTCs attendees, though number tested among referred clients was low.
- According to HRG size mapping data, IDU (600; 91.60% of the total HRG) was the largest HRG in the district.
- In 2012, 2,820 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was zero.
- As per the 2001 Census, 7.98% of the male population were migrants; among them 0.97% migrated to other states and 80.57% migrated to other districts within the state.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 22.22% of all the HIV transmissions in the area.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 98.7% and 52.5%, respectively.
- As per 2012 data, there two composite TIs and six ICTCs were operation in the district.

- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Considerable rate of migration to other states demands assessment of the size and profile of migrants to further improve the understanding of district vulnerabilities.
- Parent to child transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- 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.
- Consider adding TI for IDU.

% Pos; PPTCT			% Pos;		No. HRG- IDU	No. HRG-MSM	NO. HRG-FSW			(N=18)	2 1 -			DLN(NA)	ART (150)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICIC remaie		ICTC Male		HSS-IDU		HSC-WSW			ноо-отр		BIOOD BANK		PPICI		HSS-ANC			
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District Map of Nagaland



Dimapur

Background:

Dimapur is a district of Nagaland. Dimapur district was inaugurated as the eighth district of Nagaland in December, 1997. Dimapur is bound by Kohima district on the south and east, Karbi Anglong district of Assam on the West, and the Karbi Anglong and stretch of Golaghat District of Assam, in the west and the north. As of 2011, it is the most populous district of Nagaland with a population of 3.79 lakh, a sex ratio of 916 females per 1,000 males; female literacy rate of 82.44%, with an overall literacy rate of 85.44% (Census 2011). The National Highway 39 connects the district to the State capital Kohima and also connects the neighbouring States of Manipur, Tripura and Mizoram.



HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was high (1.21%) among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was high (1.33%) among the PPTCT attendees, with a declining trend in the last three years.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.14%) among the blood bank attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among FSWs (3.21%), with a fluctuating trend.
- As per 2010 HSS-MSM data, HIV positivity was high among MSM (13.58%), but a trend could not be determined due to lack of data from the previous years.
- As per 2010 HSS-IDU data, HIV positivity was low among IDUs (4.62%), with a fluctuating trend in the last three years.
- In 2012, HIV positivity among ICTC attendees was moderate among male (5.50%) and female (5.93%) attendees, whereas it was close to high among referred (9.68%) attendees but low among direct walk-in (3.67%) attendees. A decreasing trend was observed among all the ICTC attendees.
- According to 2008 HRG size mapping data, FSW (2,349; 46.09% of the total HRG) was the largest HRG in the district followed by IDU (1,942; 38.10% of the total HRG) and MSM (806;15.81% of the total HRG).
- In 2012, the syphilis positivity rate among STI clinic attendees was 0.09%
- As per the 2001 Census, 4.40% of the male population were migrants; among them 36.82% migrated to other states and 11.13% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Karbi Anglong and Golaghat, Assam.
- In 2009, of the 65 PLHIV registered at Anti-Retroviral Therapy Centre, 47% were on ART.
- A total of eight TIs were operational in the district in 2012.

- Establish TI sites exclusively for FSWs and increase the number of MSM TI sites in the district, to provide HIV preventive and referral services, considering large number of HRGs in the area.
- Expand coverage of HIV counseling and testing in the district to detect positive cases at early stage.
- Though HIV prevalence has declined among the ICTC attendees, district needs continued attention to decrease and limit the spread of the infection further.
- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Carryout disaggregated analysis of HSS-MSM data to find out HIV risk factors in the district.
- Focus on IDU-FSW sexual networks and address the dual risk that is posed due to the close to high rate of HIV infection among IDUs and a large number of FSWs.

% Pos; PPTCT	% Pos; ICTC		No. HRG-	IVICIVI	No. HRG-		No. HRG-			% of Iotal (N=746)				DLN (NA)	ART (4466)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred		ICTC Esmala	ICIC Male		HSS-IDU		HSS-MSM		HSS-FSW		HSS-STD		Blood Bank		PPTCT		HSS-ANC		HIV Levels and Irends'
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Kiphire

Background:

Kiphire is the newly formed ninth district of Nagaland which was carved out of Tuensang district. It is bound by Tuensang district in the north, Phek district in the west and Myanmar in the east. As of 2011, it is the second least populous district of Nagaland, after Longleng with a population of 0.74 lakh, a sex ratio of 961 females per 1,000 males; female literacy rate of 65.44%, with an overall literacy rate of 71.1% (Census 2011). With the majority of people living in the rural villages, agriculture remains the main occupation of the people of the district. The primary mode of agricultural practice is jhum, also known as swidden or slashes & burn method of cultivation. National Highway 39 connects to the State capital kohima



and also connects the neighbouring States of Manipur, Tripura and Mizoram. National Highway No. 202 passes through the district.

HIV Epidemic Profile:

- According to 2010 HSS ANC data, HIV positivity was low (0.31%) among the ANC attendees, but a trend could not be determined due to lack of data.
- According to 2012 PPTCT data, the level of HIV positivity was high (2.28%) among the PPTCT attendees, with a fluctuating trend.
- In 2012, HIV positivity among ICTC attendees was low among male (1.70%) and female (3.21%) attendees, and also among referred (3.21%) and direct walk-in (1%)attendees, with a stable trend among all the ICTC attendees.
- According to 2008 HRG size mapping data, IDU was the largest HRG in the district (383; 94.57% of the total HRG).
- In 2012, the syphilis positivity rate among STI clinic attendees was 3.13%
- According to 2012 ICTC data, HIV transmission through MSM, needle/syringe and through unknown routes, each accounted for 4.17% of the total route of HIV transmission.
- In 2009, of the 65 PLHIV registered at Anti-Retroviral Therapy Centre, 66% were on ART.
- In 2012, one composite TI was operational in the district.

- There is an urgent need to include IDU sites for HSS in the district.
- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Considering presence of IDUs and moderate rate of HIV transmission through needle/syringes in the district, prevention efforts through TIs need to be strengthened.
- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centers upon confirmation of positivity.

% Pos; PPTCT	ICTC	% Pos:	IDU No. HRG-		No. HRG- MSM	FJVV	No. HRG-			% of Iotal				DLN (NA)	ART (117)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICIC Female		ICTC Male		HSS-IDU		HSC-WSW	ייעכיד-ככו		HSS-SID		Blood Bank		PPTCT		HSS-ANC			
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Condom outlets	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	STI clinics	Blood Banks	ICTCs	Comp. Tls	IDU TIs	MSM TIs	FSW TIs	No.		% Syphilis positivity	No. episodes treated			% Married	0/_)TE UTC				:	Typology					Program Coverage		Program Target		% Total Pop.		% Total HRG		Size Est., (Mapping,				
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Kohima

Background:

Kohima, is a hilly district of Nagaland, sharing its borders with Assam and Dimapur district in the west, Phek district in the east, Manipur and Peren district in the south and Wokha district in the north. Nagaland became a fullfledged state on 1st December, 1963, and Kohima was christened as the capital of the state. As of 2011, it has a population of 2.70 lakh, a sex ratio of 927 females per 1,000 males; female literacy rate of 81.56%, with an overall literacy rate of 85.58% (Census 2011). Kohima boosts of several tourists attraction, which is why the place is seen with many tourists that visit the place to enjoy the scenic beauty and the unique things that Kohima has to offer.National Highway 39 passes through the district.



HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was moderate (0.50%) among the ANC attendees, with a decreasing trend.
- According to 2012 PPTCT data, the level of HIV positivity was high (1.16%) among the PPTCT attendees, with an increasing trend in the last three years.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.38%)among the Blood Bank attendees, with a fluctuating trend.
- As per 2010 HSS-IDU data, HIV positivity was low (2.40%) among the IDUs, with a fluctuating trend.
- In 2012, HIV positivity among ICTC attendees was moderate among male (3.19%) and female (3.69%) attendees, and also among referred (3.78%) and direct walk-in (2.97%) attendees. A stable trend was observed among male and female attendees, and also among referred attendees but a fluctuating trend was observed among direct walk-in attendees.
- According to 2008 HRG size mapping data, IDU (547; 96.47% of the total HRG) was the largest HRG in the district.
- In 2012, the syphilis positivity rate among STI clinic attendees was 1.20%.
- As per the 2001 Census, 4.98% of the male population were migrants; among them 36.73% migrated to other states and 22.76% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Golaghat and Karbi Anglong, Assam.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 7.77% of all the HIV transmissions in the area.
- In 2012, two FSW TIs, one MSM TI and six IDU TIs were operational in the district.

- Conduct disaggregated analysis of ICTC direct walk-in data to assess risk factors.
- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Strengthen PPTCT program coverage in the district, since parent to child HIV transmission was high in the district.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.

% Pos; PPTCT	ICTC	IDU	No. HRG-	No. HRG- MSM	FSW	No. HRG-		(N=309)	0/ of Total			DLN (NA)	ART (2969)			IOTAI tested at ICTCs ⁵	Walk-in	ICTC Direct			ICTC Female		ICTC Male	ייעו-ננח		HSS-MSM		HSS-FSW		HSS-STD		Rlood Rank	PPICI	7 7 1 1 1	HSS-ANC			
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Mokokchung

Background:

Mokokchung, one of the districts in Nagaland, is the Home of Ao Naga tribe. It is bound by Assam to its north, Wokha to its west, Tuensang to its east, and Zunheboto to its south. As of 2011, it has a population of 1.93 lakh, a sex ratio of 927 females per 1,000 males; female literacy rate of 91.74%, with an overall literacy rate of 92.68% (Census 2011). It is agriculturally and industrially, the most progressive districts in the state. Mokokchung has handful of attractions. Major Highways passing through Mokokchung are NH 61 and NH 155.



HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was low among the ANC attendees, with a decreasing trend, in the last three recordings.
- According to 2012 PPTCT data, the level of HIV positivity was moderate (0.67%) among the PPTCT attendees, with a decreasing trend.
- According to 2012 Blood Bank data, the level of HIV positivity was moderate (0.99%) among the Blood Bank attendees, with an increasing trend.
- As per 2010 HSS-IDU data, HIV positivity was low (0.98%) among the IDUs, with a fluctuating trend.
- In 2012, HIV positivity among ICTC attendees was moderate among male (0.88%) and female (1.04%) attendees, also among referred (1.92%) attendees and direct walk-in (0.47%) attendees. A stable trend was observed among all the ICTC attendees.
- According to 2008 HRG size mapping data, IDU (4,027; 93.65% of the total HRG) was the largest HRG in the district followed by FSW (208; 4.84% of the total HRG).
- In 2012, the syphilis positivity rate among STI clinic attendees was 2.26%.
- As per the 2001 Census, 4.24% of the male population were migrants; among them 10.31% migrated to other states and 63.10% migrated to other districts within the state.
- The top destination for out-of-state migration was East Khasi Hills, Meghalaya.
- According to 2012 ICTC data, HIV transmission through needle/syringe route accounted for 9.38% and unknown routes accounted for 5.47% of all the HIV transmissions in the district.
- In 2012, one MSM TI, five IDU TIs and three composite TIs were operational in the district.

- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Considering presence of large number of IDUs and high rate of HIV transmission through needle/syringes in the district, prevention efforts through TIs need to be strengthened.
- Improve counseling at ICTCs, since the rate of unknown HIV transmission was high.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.

	10 I U3,	% Doc:	No. HRG-	MSM	No HRG-	FSW		(14-120)	% of Total				DLN (NA)	ART (679)			ICTCs ⁵		ICTC Direct		ICTC Deferred	ICIC Female		ICTC Male		HCC-IDII	INICIAI-CCH		HSS-FSW		HSS-STD		Blood Bank	FFICI	DDTCT	HSS-ANC				UIV Local and Tenada
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Mon

Background:

Mon district is the northern most district of Nagaland. It is bound by the state of Arunachal Pradesh to its north, Assam to its west, Myanmar to its east, Longleng district to its south-west and Tuensang district to its south. As of 2011, it has a population of 2.50 lakh, a sex ratio of 898 females per 1,000 males; female literacy rate of 52.39%, with an overall literacy rate of 56.6% (Census 2011). The main occupation of the people of this district is agriculture with nearly 90% of the work force engaged in it. The economic condition of the people lags behind when compared to the living conditions of the people of other districts in Nagaland. It is one of the three districts in Nagaland currently receiving funds from the Backward



Regions Grant Fund Programme (BRGF). Mon has a number of beautiful sightseeing, trekking, fishing, and picnic spots to attract tourists. State Highways; Mon - Namtola Highway and Naginimora - Mon - Tuensang Highway pass through the district.

HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was moderate (0.57%) among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.13%) among the PPTCT attendees, with a fluctuating trend.
- According to 2012 Blood Bank data, the level of HIV positivity was high (1.42%)among the Blood Bank attendees, with an increasing trend, although the number of blood units tested was less.
- As per 2010 HSS-IDU data, HIV positivity was low (1.21%) among the IDUs, with a fluctuating trend.
- In 2012, HIV positivity among ICTC attendees was moderate among male (0.32%) and female (0.11%) attendees, also among referred (0.73%) and direct walk-in attendees. A stable trend was observed among all the ICTC attendees.
- According to 2008 HRG size mapping data, IDU (157; 95.15% of the total HRG) was the largest HRG in the district.
- In 2012, the syphilis positivity rate among STI clinic attendees was 1.69%.
- As per the 2001 Census, 1.55% of the male population was migrant population; among them 15.02% migrated to other states and 18.52% migrated to other districts within the state.
- In 2012, no TI was operational in the district.

- To address the vulnerabilities of IDUs in the district, ITs needs to be established.
- Considering fluctuating prevalence among HSS-ANC attendees, socio-demographic analysis should be done to ascertain risk factors.
- Conduct disaggregated analysis of BB data to assess risk factors in the district.
- 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.
- Availability of data regarding profile and pattern of migration is recommended for better insight to district HIV vulnerabilities.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

% Pos; PPTCT	ICTC	% Pnc:	IDU		No. HRG- MSM		No. HRG-		10-1-2/	% of Total				DLN (NA)	ARI (NA)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Referred	ICIC Female	ICTC Famala	ICIC Male		HSS-IDU		HSS-MSM			עונ-ננח			Rlood Rank	PPICI	ファイノイ	HSS-ANC			
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Condom outlets	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	STI clinics	Blood Banks	ICTCs	Comp. Tls	IDU TIs	MSM TIs	FSW TIs	No.		% Syphilis positivity	No. episodes treated			% Married						Typology					Program Coverage	90	Program Target		% Total Pop.		% Iotal HKG	· · · · · · · · · · · · · · · · · · ·	Year: NA)				
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Peren

Background:

Peren is the eleventh and the newest district of Nagaland and has been formed by the partition of Kohima district. It is bound by Dima Hasao district, Karbi Anglong district and Dimapur district in the west and north-western part. Kohima district in the east, Tamenglong district of Manipur in the south are the other boundaries. As of 2011, it has a population of 0.94 lakh, a sex ratio of 917 females per 1,000 males; female literacy rate of 73.57%, with an overall literacy rate of 56.6% (Census 2011). The main occupation of the people of this district is agriculture with nearly three-fourth of the population engaged in it. It has a number of beautiful sightseeing, trekking, fishing, and picnic spots to attract tourists.



HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was moderate (0.53%) among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was high (1.23%) among the PPTCT attendees, with an increasing trend in the last three years.
- In 2012, HIV positivity among ICTC attendees was low among male (1.44%) and female (0.96%) attendees, also among referred (1.83%) attendees and direct walk-in (1.01%) attendees. A stable trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (101; 98.06% of the total HRG) was the largest HRG in the district.
- In 2012, the syphilis positivity rate among STI clinic attendees was 1.27%.
- According to 2012 ICTC data, HIV transmissions through needle/syringeand parent to child route, each accounted for 5.26% and unknown routes accounted for 10.53% of all the HIV transmissions in the district.
- In 2012, three IDU TIs were operational in the district.

- Conduct socio-demographic analysis of HSS-ANC data to understand risk factors for HIV epidemic among general population.
- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Considering moderate rate of HIV transmission through needle/syringes in the district, prevention efforts through TIs need to be strengthened.
- Strengthen PPTCT program coverage in the district, since parent to child HIV transmission was high in the district.
- Strengthen efforts towards assessing route of HIV transmission at the ICTCs.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

% Pos; PPTCT	% PUS; ICTC	0/ Doc:	No. HRG-	MSM	No. HRG-	FSW		100-01	% of Total			DLN (NA)	ART (NA)			Iotal tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred		ICTC Famala	ICTC Male		HSS-IDU		HSS-MSM		HSS-FSW		HSS-STD		Blood Bank		PPTCT		HSS-ANC			
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Phek

Background:

Phek is a district in the south-eastern part of Nagaland, bound by Myanmar in the east, Zunheboto and Tuensang districts in the north, Manipur state in the south and Kohima district in the west. As of 2011, it has a population of 1.63 lakh, a sex ratio of 951 females per 1,000 males; female literacy rate of 73.50%, with an overall literacy rate of 79.13% (Census 2011). Agriculture is the main occupation with 80.84 % of the population engaged in agriculture.

Legend Major Roads Will Roads Major Towns / Block HQs Major Towns / Block HQs

HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was high (1.23%) among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, the level of HIV positivity was moderate (0.62%) among the PPTCT attendees, with an increasing trend in the last three years.

Phek District

- According to 2012 Blood Bank data, the level of HIV positivity was low among the Blood Bank attendees, with a stable trend.
- As per 2010 HSS-IDU data, HIV positivity was low (1.22%) among the IDUs, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was moderate among male (0.73%) and female (0.75%) attendees, also among referred (1.56%) and direct walk-in (0.44%) attendees. A stable trend was observed among all the ICTC attendees.
- According to HRG size mapping data, IDU (229; 74.84% of the total HRG) was the largest HRG in the district.
- In 2012, the syphilis positivity rate among STI clinic attendees was 2.26%.
- As per the 2001 Census, 3.78% of the male population were migrants; among them 5.63% migrated to other states and 39.97% migrated to other districts within the state.
- According to 2012 ICTC data, HIV transmissions through unknown routes was 12% and parent to child route accounted for 8% of all the HIV transmissions in the area.
- In 2012, one IDU TI and one composite TI sites were operational in the district.

- Carryout disaggregated analysis of HSS-ANC data to identify risk factors responsible for the stable HIV epidemic among general population.
- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Strengthen efforts towards assessing route of HIV transmission at the ICTCs.
- Strengthen PPTCT program coverage in the district since parent to child HIV transmission was high in the district.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

% Pos; PPTCT	ICTC	% Pos:	No. HRG- IDU		No. HRG- MSM	FOV	No. HRG-		(C 7-NI)	% of Total				DLN (NA)	ART (NA)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICIC remaie		ICTC Male		HSS-IDU		HCC-WCW			нуу-утр		Blood Bank		PPTCT		HSS-ANC		
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Condom outlets	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	ART centres	STI clinics	Blood Banks	ICTCs	Comp. Tls	IDU TIs	MSM TIs	FSW TIs	No		% Syphilis positivity	No. episodes treated			% Married	0/ 200 100				3	Typology					Program Coverage		Program Target		% Total Pop.		% Total HRG	Year: NA)	Size Est., (Mapping,			
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Tuensang

Background:

Tuensang district is the largest and the eastern most district of Nagaland. The district shares a long and porous international border with Myanmar all along its eastern sector. It is bound by Mon in the north east, Longleng in the north, Mokokchung and Zunheboto in the west and Kiphire in the south. As of 2011, it has a population of 1.96 lakh, a sex ratio of 930 females per 1,000 males; female literacy rate of 70.40%, with an overall literacy rate of 73.70% (Census 2011). It is one of the three districts in Nagaland currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The National Highways-155 passes through the district, linking Mokokchung (NH-61 junction) and Jessami (NH-



150 junction) via Tuensang Town, covering a distance of 342 km.

HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was high (2.33%) among the ANC attendees, with a fluctuating trend in the higher range.
- According to 2012 PPTCT data, the level of HIV positivity was high (1.03%) among the PPTCT attendees, with a declining trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low among the Blood Bank attendees, with a stable trend.
- As per 2010 HSS-IDU data, HIV positivity was low (4%) among the IDUs, with a fluctuating trend.
- In 2012, HIV positivity among ICTC attendees was low among male (2.51%) and female (3.20%) attendees, moderate among referred (5%) attendees and low among direct walk-in (2.14%) attendees. A stable trend was observed among male and female attendees and also among direct walk-in attendees, but a fluctuating trend was observed among the referred attendees.
- According to HRG size mapping data, IDU (446; 80.22% of the total HRG) was the largest HRG in the district.
- In 2012, the syphilis positivity rate among STI clinic attendees was 2.20%.
- As per the 2001 Census, 1.63% of the male population was migrant population; among them 19.38% migrated to other states and 39.89% migrated to other districts within the state.
- The top destination for out-of-state migration was North West Delhi.
- According to 2012 ICTC data, HIV transmissions through needle/syringe was 11.95%, parent to child route accounted for 5.31% and unknown routes accounted for 5.75% of all the HIV transmissions in the district.
- In 2012, four IDU TIs and three composite TIs were operational in the district.

- Carryout disaggregated analysis of HSS-ANC data to identify risk factors responsible for the fluctuating HIV epidemic among general population.
- Considering presence of IDUs and high rate of HIV transmission through needle/syringes in the district, prevention efforts through TIs need to be strengthened.
- Conduct disaggregated analysis of PPTCT data to assess risk factors in the district.
- Strengthen PPTCT program coverage in the district, since parent to child HIV transmission was high in the district.
- Improve counseling at ICTCs, since the rate of unknown HIV transmission was high.

% Pos; PPTCT		% Pos;	IDU		No. HRG- MSM	F SVV	No. HRG-		(02.7=NI)	% of Total				DLN (NA)	ART (1494)			ICTCs ⁵	Total tested at	ורור חוופנו		ICTC Referred		ICTC Emplo	ICTC Male		HSS-IDU		HSC-WSW	עפי-נפח		HSS-SID		Blood Bank		PPTCT		HSS-ANC		
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Wokha

Background:

Wokha is one of the eleven districts of Nagaland. Wokha district is situated in the mid western part of the Nagaland, it was bifurcated from Mokokchung district in the year 1973. As of 2011, it has a population of 1.66 lakh, a sex ratio of 969 females per 1,000 males; female literacy rate of 80.69%, with an overall literacy rate of 85.69% (Census 2011). It is one of the three districts in Nagaland currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). National Highway, NH 61, passes through the district.



HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was low (0.25%) among the ANC attendees, with a fluctuating trend in the last three recordings.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.07%) among the PPTCT attendees, with a decreasing trend in the last three years.
- According to 2012 Blood Bank data, the level of HIV positivity was low among the Blood Bank attendees, with a fluctuating trend.
- As per 2010 HSS-IDU data, HIV positivity was low (0.42%) among the IDUs, with a stable trend.
- In 2012, HIV prevalence among the ICTC attendees was moderate among male (0.28%) and female (0.22%) attendees, also among referred (0.28%) and direct walk-in (0.25%) attendees. A stable trend was observed among all the ICTC attendees.
- According to 2008 HRG size mapping data, IDU (935; 98.42% of the total HRG) was the largest HRG in the district.
- In 2012, the syphilis positivity rate among STI clinic attendees was 1.08%.
- As per the 2001 Census, 3.09% of the male population were migrants; among them 10.52% migrated to other states and 49.34% migrated to other districts within the state.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 9.09% of all the HIV transmissions in the district.
- In 2012, one IDU TI and two composite TIs were operational in the district.

- Conduct socio-demographic analysis of HSS-ANC data to understand risk factors for HIV epidemic among general population.
- Strengthen PPTCT program coverage in the district, since parent to child HIV transmission was high in the district.
- Considering presence of IDUs and moderate rate of HIV transmission (4.55%) through needle/syringes in the district, prevention efforts through TIs need to be strengthened.
- Availability of data regarding profile and pattern of migration and truckers is recommended for better insight to district HIV vulnerabilities.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

% Pos; PPTCT	ICTC	% Pnc:	No. HRG-	MSM		FSW	j	(27=N)	% of Total			DLN (NA)	ART (NA)			Iotal tested at ICTCs ⁵	Walk-in	ICTC Direct			ICTC Female	וכוכ ועומוב	ICTC Mala	HSS-IDU		MSM-SSH		HSS-FSW	110-010	HCC_CTD	Blood Bank	-	PPTCT		HSS-ANC		
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Condom outlets	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	ART centres	STI clinics	Blood Banks	ICTCs	Comp. TIs	IDU TIs	FSW TIS	No.		% Syphilis positivity	No. episodes treated		% Married	% <75 vrs				lypology	-					Drogram Couerago	Program Target		% Total Pop.		% Total HRG	Year: NA)	Size Est., (Mapping,			
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Zunheboto

Background:

Zunheboto district is situated in the heart of Nagaland and is bound by Kohima district in the south, Mokokchung district in the east and Wokha district in the west. As of 2011, it has a population of 1.41 lakh, a sex ratio of 981 females per 1,000 males; female literacy rate of 83.61%, with an overall literacy rate of 86.26% (Census 2011). Agriculture is the main occupation of the people. The main stay of people's livelihood is shifting cultivation except the people living on the bank of TizuRiver, where 70% of the population practice terrace cultivation.



HIV Epidemic Profile:

- According to 2012 HSS ANC data, HIV positivity was moderate (0.60%) among the ANC attendees, with a fluctuating trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.25%) among the PPTCT attendees, but due to lack of data from the previous years, a trend was not determined.
- According to 2012 Blood Bank data, the level of HIV positivity was low among the Blood Bank attendees, with a stable trend.
- As per 2010 HSS-IDU data, HIV positivity was low (3.06%) among the IDUs, with an increasing trend.
- In 2012, HIV positivity among ICTC attendees was moderate among male (0.29%) and female (0.74%) attendees, also among referred (0.57%) and direct walk-in (0.36%) attendees. A stable trend was observed among all the ICTCattendees.
- According to 2008 HRG size mapping data, IDU (285; 89.34% of the total HRG) was the largest HRG in the district.
- In 2012, 1,151 STI/RTI episodes were treated.
- As per the 2001 Census, 4.39% of the male population were migrants; among them 4.43% migrated to other states and 60.97% migrated to other districts within the state.
- According to 2012 ICTC data, HIV transmissions through needle/syringe and through parent to child route, each accounted for 9.52% of all the HIV transmissions in the area.
- In 2009, of the 59 PLHIV registered at Anti-Retroviral Therapy Centre, 56% were on ART.
- In 2012, two IDU TIs and one composite TI site were operational in the district.

- Considering increasing HIV prevalence among IDUs and high rate of HIV transmission through needle/syringes in the district, prevention efforts through TIs need to be strengthened.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data as the parent to child HIV transmission rate was high in the district.
- Expand coverage of HIV counselling and testing in the district to detect positive cases at early stage.
- 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.
- Availability of data regarding profile and pattern of migration and truckers is recommended for better insight to district HIV vulnerabilities.

% Pos; PPTCT	ICTC		No. HRG-	MSM		No. HRG- FSW		(I Z=VI)	% of Total			DLN (NA)	ART (81)			Iotal tested at ICTCs ⁵	Walk-in	ICTC Direct			ICIC Female	-	ICTC Male	100-100		INISIAI-SSH		HSS-FSW		HSS-STD		Blood Bank			HSS-AINC			
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Condom outlets	Comm. care centres	Red Ribbon Clubs	PI HIV Networks	ART centres	STI clinics	Blood Banks	ICTCs	Comp. Tls	IDU TIs	FSW TIS	No.		% Syphilis positivity	No enisodes treated		% Married	% ~75 vrc					Typology					Program Coverage	riugiani iaiget	Drogram Targot	79 10tal 1 op.	% Total Pon	% IOTAI HKG		Year: NA)	Size Ect (Manning			
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District Map of Sikkim



East Sikkim

Background:

East Sikkim is one of the four administrative districts of Sikkim. Geographically, East Sikkim occupies the southeast corner of the State. The district headquarters of East Sikkim is Gangtok, which is also the State capital. It is the hub of all the administrative activities in the State. It has a population of 2.81 lakh, a sex ratio of 872 females per 1,000 males; female literacy rate of 79.41%, with an overall literacy rate of 84.61% (Census 2011). The district is a very sensitive area military-wise, with the Indian army having control over most areas to the east of Gangtok and near its borders with People's Republic of China and Bhutan. Visitors to this region are restricted and only a few areas are open to tourists in the areas east of Gangtok.



Popular tourist locales are the Tsongmo Lake, Baba Mandir and the Nathu La pass.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low (0.25%), with a stable trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.08%) among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.04%) among the Blood Bank attendees, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.27%) and female (0.52%) attendees, also among referred (0.29%) and direct walk-in (0.37%) attendees. An overall stable trend was observed among all the ICTC attendees.
- In 2012, 1,541 STI/RTI episodes were treated.
- As per the 2001 Census, 8.95% of the male population was migrant population; among them 10.60% migrated to other states and 20.41% migrated to other districts within the state.
- The top destination site for out-of-state migration was Darjiling, West Bengal.
- According to 2012 ICTC data, HIV transmissions through needle and syringe was high at 15.38% in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 86.4% and 39.4%, respectively.
- In 2012, one FSW TI and two IDU TIs were operational in the district; however there was no data available for HRG size.

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Considering high HIV transmission through needle-syringe in the district, prevention efforts through TIs need to be strengthened.
- 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.
- Availability of DLN data would help in better understanding of district vulnerabilities.

% Pos; PPTCT	% POS; ICTC		No. HRG-		MSM		FSW			% of lotal (N=26)	N -17-1-1			DLN (NA)	ART (216)				Iotal tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICIC remaie	ICTC Famala	ICTC Male		HSS-IDU		HSS-MSM		HSS-ESM		HCC_CTD	אוויא איזער	Blood Bank	PPICI		HOO-AINC			
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North Sikkim

Background:

North Sikkim is the largest of the four districts of Sikkim. It is the seventh least populous district in the country, with a population of 0.43 lakh, a sex ratio of 769 females per 1,000 males; female literacy rate of 69.92%, with an overall literacy rate of 77.39% (Census 2011). The district headquarters is at Mangan. Mangan is known as the Cardamom Capital of the world. In view of exquisite scenic beauty, a large number of tourists have started visiting the region. Often unregulated tourism becomes a major conservation issue in fragile ecosystem such as high mountains. Roads are in a poor condition owing to the frequent landslides.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low (0.25%), with a stable trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.13%) among the PPTCT attendees, with a stable trend.
- According to 2011 Blood Bank data, the level of HIV positivity was low (0.29%) among the Blood Bank attendees, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male and female attendees, as well as among referred and direct walk-in attendees. An overall stable trend was observed among all the ICTC attendees.
- In 2012, 125 STI/RTI episodes were treated.
- As per the 2001 Census, 9.62% of the male population was migrant population; among them 6.04% migrated to other states and 39.68% migrated to other districts within the state.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 82.1% and 25.4%, respectively.
- In 2012, there was no operational TI in the district.

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Strengthen outreach activities with STI and HIV messages for migrants at source and destination sites and among general population, especially women.
- 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.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- Availability of data regarding pattern of migration to which states is recommended for better insight to district HIV vulnerabilities.

% Pos; PPTCT	ICTC	% Pos;	IDU	MSM	No. HRG-	FSW	No HRG-			% of Total			DLN (NA)	ART (NA)			ICTCs ⁵	Walk-in Total tested at	ICTC Direct		ICTC Deferred	ICIC Female		ICTC Male		HSS-IDU	ואוכואו-ככח		H33-F3VV		HSS-STD		Blood Bank		PPTCT		HSS-ANC			
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South Sikkim

Background:

South Sikkim is the district of Sikkim. It has a population of 1.47 lakh, a sex ratio of 914 females per 1,000 males; female literacy rate of 76.58%, with an overall literacy rate of 82.69% (Census 2011). Namchi or Namtse (meaning Sky High) is the headquarters of South Sikkim. It is the most industrialized district in the state, owing to the availability of flat land. It has high potentiality of tourism with its flora and fauna, rich cultural heritage, numerous sight-seeing points, monasteries, gardens, hills, waterfalls and trekking zones.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low, but a trend could not be determined due to lack of data.
- According to 2012 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, with a declining trend in the last three years.
- According to 2012 Blood Bank data, the level of HIV positivity was low among the Blood Bank attendees, with a stable trendin the last three years.
- In 2012, HIV positivity among ICTC attendees was low among male (0.05%) and female (0%) attendees, also among direct walk-in (0.03%) attendees. An overall stable trend was observed among all the ICTC attendees.
- In 2012, 1,069 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.72%.
- As per the 2001 Census, 7.39% of the male population was migrant population; among them 3.39% migrated to other states and 41.74% migrated to other districts within the state.
- According to DLHS-III data, HIV awareness rate and STI/RTI awareness rate among women was 75.8% and 21.6%, respectively.
- In 2012, one FSW and two IDU TIs were operational in the district; however there was no data available for HRG size.

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women and migrants in the district.
- Generate information on typology of HRG population to better understand district epidemiological profile.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

% Pos; PPTCT	ICTC	% Pos:	No. HRG- IDU	MSM	No. HRG-	FSW	No. HRG-		(N=NA)	% of Total			DLN (NA)	ART (NA)			ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICIC Female		ICTC Male		HSS-IDU	ועוכועו-ככח		HSS-FSVV		HSS-STD		Blood Bank		PPTCT	HOO-AINC			
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West Sikkim

Background:

West Sikkim is a district of Sikkim, and has its capital at Geyzing, also known as Gyalshing. The district is a favourite with trekkers due to the high elevations. It has a population of 1.36 lakh, a sex ratio of 941 females per 1,000 males; female literacy rate of 72.12%, with an overall literacy rate of 78.69% (Census 2011). The economy is mainly agrarian, despite most of the land being unfit for cultivation owing to the precipitous and rocky slopes. The west district is another glittering jewel in the crown of the enigmatic beauty-Sikkim. The tourists get enamoured by the snow-capped mighty Kanchenzonga. This is also the base from where all treks into the Himalayas begin. The region has many power projects and enjoys almost



uninterrupted electricity. Roads are in poor condition owing to the frequent landslides.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low (0.25%), with a stable trend.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.08%) among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.04%) among the Blood Bank attendees, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.27%) and female (0.52%) attendees, also among referred (0.29%) and direct walk-in (0.37%) attendees. An overall stable trend was observed among all the ICTC attendees.
- In 2012, 1,541 STI/RTI episodes were treated.
- As per the 2001 Census, 8.95% of the male population was migrant population; among them 10.60% migrated to other states and 20.41% migrated to other districts within the state.
- The top destination site for out-of-state migration was Darjiling, West Bengal.
- According to 2012 ICTC data, HIV transmissions through needle and syringe was high at 15.38% in the district.
- According to DLHS-III data, HIV awareness rate and STI/RTI awareness rate among women was 86.4% and 39.4%, respectively.
- In 2012, one FSW and two IDU TIs were operational in the district; however there was no data available for HRG size.

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Considering high HIV transmission through needle-syringe in the district, prevention efforts through TIs need to be strengthened.
- 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.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

% Pos; PPTCT	ICTC	% Pos;	No. HRG-	MSM	No. HRG-	FSW		114-201	% of Total				DLN (NA)	ART (NA)			Iotal tested at ICTCs ⁵	Walk-in	ICTC Direct			ICTC Female		ICTC Male	ייעו-נכח		HSS-IVISIVI		HSS-FSW		HSS-STD		Blood Bank		PPTCT		HSS-ANC		
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Condom outlets	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	Link ART centres	A NT control	Blood Banks	ICTCs	Comp. Tls	IDU TIS	MSM TIs	FSW TIs	No.		% Svphilis positivity	No phicodes treated		% Married	% ~75 vrc				ypoiody	Tunology					Program Coverage	riugiani laiget	Drogram Target	70 10tal 1 op.	% Total Pon		% Total HRG	Year: NA)	Size Fst_ (Manning			
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District Map of Tripura



Dhalai

Background:

Dhalai is an administrative district Tripura. The district headquarter is located at Ambassa. This district came in to existence in the year 1995. It has a population of 3.78 lakh, a sex ratio of 945 females per 1,000 males; female literacy rate of 80.83%, with an overall literacy rate of 86.82% (Census 2011). In 2006, the Ministry of Panchayati Raj named Dhalai one of the country's 250 most backward districts (out of a total of 640). It is the only district in Tripura currently receiving funds from the Backward Regions Grant Fund Programme. New railway tracks and stations are being constructed in the district. There are a number of attractive tourist spots in Dhalai.



HIV Epidemic Profile:

- According to 2012 PPTCT data, the level of HIV positivity was low (0.08%) among the PPTCT attendees, but due to lack of data from the
 previous years, a trend could not be determined.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.09%) among the Blood Bank attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low (0.80%) among FSWs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (0.30%) and female (0.15%) attendees, also among referred (2.60%) and direct walk-in (0.19%) attendees. An overall stable trend was observed among all the ICTC attendees.
- In 2012, 7,683 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.61%.
- As per the 2001 Census, 3.60% of the male population was migrant population; among them 11.40% migrated to other states and 35.55% migrated to other districts within the state.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was62.2% and 30.5%, respectively.
- In 2012, although there was no data for HRG size, yet there was one FSW TI and one IDU TI operational in the district.

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- Availability of data regarding profile and pattern of migration and truckers is recommended for better insight to district's HIV vulnerabilities.
- Mechanisms need to be put in place in order to collect more data on HRG typologies, which will help to better under the district's vulnerabilities.

% Pos; PPTCT	ICTC	0/2 Doc:	No. HRG-		NO. HRG- MSM		FSW			% of lotal $(N=12)$	2/ [+			DLN (NA)	ART (NA)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred			ICTC Male		HSS-IDU		HSS-MSM		HSS-FSW		HSS-STD		Blood Bank		PPICI		HSS-ANC			
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District HIV/AIDS Epidemiological Profiles : North East | 145

North Tripura

Background:

North Tripura is an administrative district of Tripura. The district headquarters are located at Dharmanagar. It has a population of 6.93 lakh, a sex ratio of 967 females per 1,000 males; female literacy rate of 84.69%, with an overall literacy rate of 88.29% (Census 2011). Main tribes of the district are Tripuri, Koloi, Halam, Chakma. Tea plantation is a major economic activity in the district of North Tripura and a large number of people are involved in this job. North Tripura is naturally endowed with cascading rivers like Longai, Juri, Deo, and Manu. The 'Betling Chip' in the Jampui range is the highest point in the district of North Tripura. There are a number of interesting locations in North Tripura that makes it an ideal tourist spot.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low, but due to lack of data from the previous years, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low (0.11%) among the PPTCT attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among FSWs, but due to lack of data from the previous years, a trend could not be determined.
- As per 2010 HSS-IDU data, HIV positivity was low among IDUs, with a stable trend.
- In 2012, HIV positivity among ICTC attendees was low among male (0.62%) and female (0.41%) attendees, also among referred (0.65%) and direct walk-in (0.41%) attendees. An overall stable trend was observed among all the ICTC clients.
- In 2012, 9,637 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.63%.
- As per the 2001 Census, 4.25% of the male population was migrant population; among them 16.40% migrated to other states and 13.59% migrated to other districts within the state.
- The top two destination sites for out-of-state migration were Karimganj in Assam and Mamit in Mizoram.
- According to 2012 ICTC data, HIV transmissions through unknown routes accounted for 9.43% of all the HIV route of transmissions in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 68.2% and 41.5%, respectively.
- In 2012, although there was no data for HRG size, yet there were two FSW TIs, one IDU TI and one composite TI operational in the district.

- Strengthen efforts towards assessing route of HIV transmission at the ICTCs.
- 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.
- Availability of ART or DLN data would help in better 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.

% Pos; PPTCT	ICTC	% Pos:	IDU		No. HRG-	FSW	No. HRG-		(N=53)	0/ of Total			DLN (NA)	ART (NA)			ICTCs ⁵	Walk-in	ICTC Direct		ICTC Deferred	ICTC Female		ICTC Male	יישי־ושט		IVISIVI-CCH		HSS-FSW		HSS-STD		Blood Bank		DDT/T	HSS-ANC			
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South Tripura

Background:

South Tripura is an administrative district of Tripura. The district came into existence on 1st September 1970, when the entire state was divided in to three districts. The South Tripura district is bounded on the North by Dhalai district and West Tripura district, while on the other sides by international border with Bangladesh. It has a population of 8.75 lakh, a sex ratio of 957 females per 1,000 males; female literacy rate of 79.64%, with an overall literacy rate of 85.41% (Census 2011). Agriculture is the main occupation. However, only 31.61% of the land in the district is cultivable. A large population however is daily labourer, which depends on the employment generation schemes of the Government. As a result of weak economic



base and lack of industrial development and entrepreneurship, dependency on the Government is very high.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity among the ANC attendees was low, but due to lack of data from the previous years, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low among the PPTCT attendees, with a decreasing trend.
- As per 2010 HSS-FSW data, HIV positivity was low among FSWs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (0.47%) and female (0.08%) attendees, also among referred (0.09%) and direct walk-in (0.36%) attendees. An overall stable trend was observed among all the ICTC attendees.
- In 2012, 20,003 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.15%.
- As per the 2001 Census, 4.60% of the male population was migrant population; among them 3.05% migrated to other states and 19.89% migrated to other districts within the state.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was 69.6% and 33.3%, respectively.
- In 2012, four FSW TIs were operational in the district.

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- 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.
- Availability of ART or DLN data would help in better 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.

% Pos; PPTCT	ICTC	% Pnc:	No. HRG-	MSM	No. HRG-	FSW			% of Total (N=16)	-			DLN (NA)	ART (NA)			ICTCs ⁵	Walk-in Total tested at	ICTC Direct		ICTC Deferred	ICTC Female		ICTC Male	יישו־ננוו		IVISIVI-CCH		HSS-FSW		HSS-STD		Blood Bank		DDT/T	HSS-ANC			
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Condom outlets	Comm. care centres	Red Ribbon Clubs	PLHIV Networks	ARI centres		Blood Banks	ICTCs	Comp. TIs	IDU TIs	MSM TIs	FSW TIs	No		% Syphilis positivity	No. episodes treated		% Married	% <25 yrs.				10	Typology					Program Coverage	riugidiii Idiget	Drogram Targat		0/ Total Don	% IULAI HKU		Year: NA)	Cito Ert Manning			
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West Tripura

Background:

West Tripura is an administrative district of Tripura. The district headquarters are located at Agartala, which is also the capital of the State. The West Tripura district is bound by Bangladesh in the north and west by North Tripura in the east and by South Tripura in the south. As of 2011, it is the most populous district of Tripura, with a population of 17.24 lakh, a sex ratio of 964 females per 1,000 males; female literacy rate of 84.76%, with an overall literacy rate of 88.91% (Census 2011). Economy of Tripura as a whole is predominantly agrarian and so also is in the case of the district. Rich in flora and fauna, the scenic beauty of the hilly terrains, interspersed with splash green valleys in between, of the district as a whole may attract the tourists to find solace in the calmness of the nature.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, the level of HIV positivity among the ANC attendees was low (0.38%), but due to lack of data from the previous years, a trend could not be determined.
- According to 2012 PPTCT data, the level of HIV positivity was low(0.07%) among the PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, the level of HIV positivity was low (0.06%) among the Blood Bank attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among FSWs, but due to lack of data from the previous years, a trend could not be determined.
- In 2012, HIV positivity among ICTC attendees was low among male (0.63%) and female (0.45%) attendees, also among referred (0.43%) and direct walk-in (0.75%) attendees. An overall stable trend was observed among all the ICTC attendees.
- In 2012, 9,435 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.16%.
- As per the 2001 Census, 4.36% of the male population was migrant population; among them 13.80% migrated to other states and 17.62% migrated to other districts within the state.
- The top two destination sites for out-of-state migration were North Twenty Four Parganas and Kolkata, West Bengal.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 7.92% of all the routes in the district.
- According to DLHS-III data, the HIV awareness rate and STI/RTI awareness rate among women was64.4% and 31.7%, respectively.
- In 2012, although there was no data for HRG size, but there was one FSW TI and one composite TI operational in the district.

- Parent to child HIV transmission rate was high, thus to understand the profile of the attendees, in-depth analysis of ICTC data needs to be done.
- 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.
- The district has no recorded evidence of HRGs; however, as there are indications for HIV prevalence among people, routine program from the district need to be strengthened for completeness and accuracy. It should also be examined regularly to understand HIV transmission dynamic in the district.

% Pos; PPTCT	ICTC		No. HRG-	IVICIVI	No. HRG-		No. HRG-			% of Total				DLN (NA)	ART (772)				Total tested at ICTCs ⁵	Walk-in	ICTC Direct			ICIC Female		ICTC Male		HSS-IDU		HSS-MSM	עכיו-נכו		нзу-утр		Blood Bank		PPTCT		HSS-ANC		
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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 National AIDS Control Organisation 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.



National AIDS Control Organisation

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