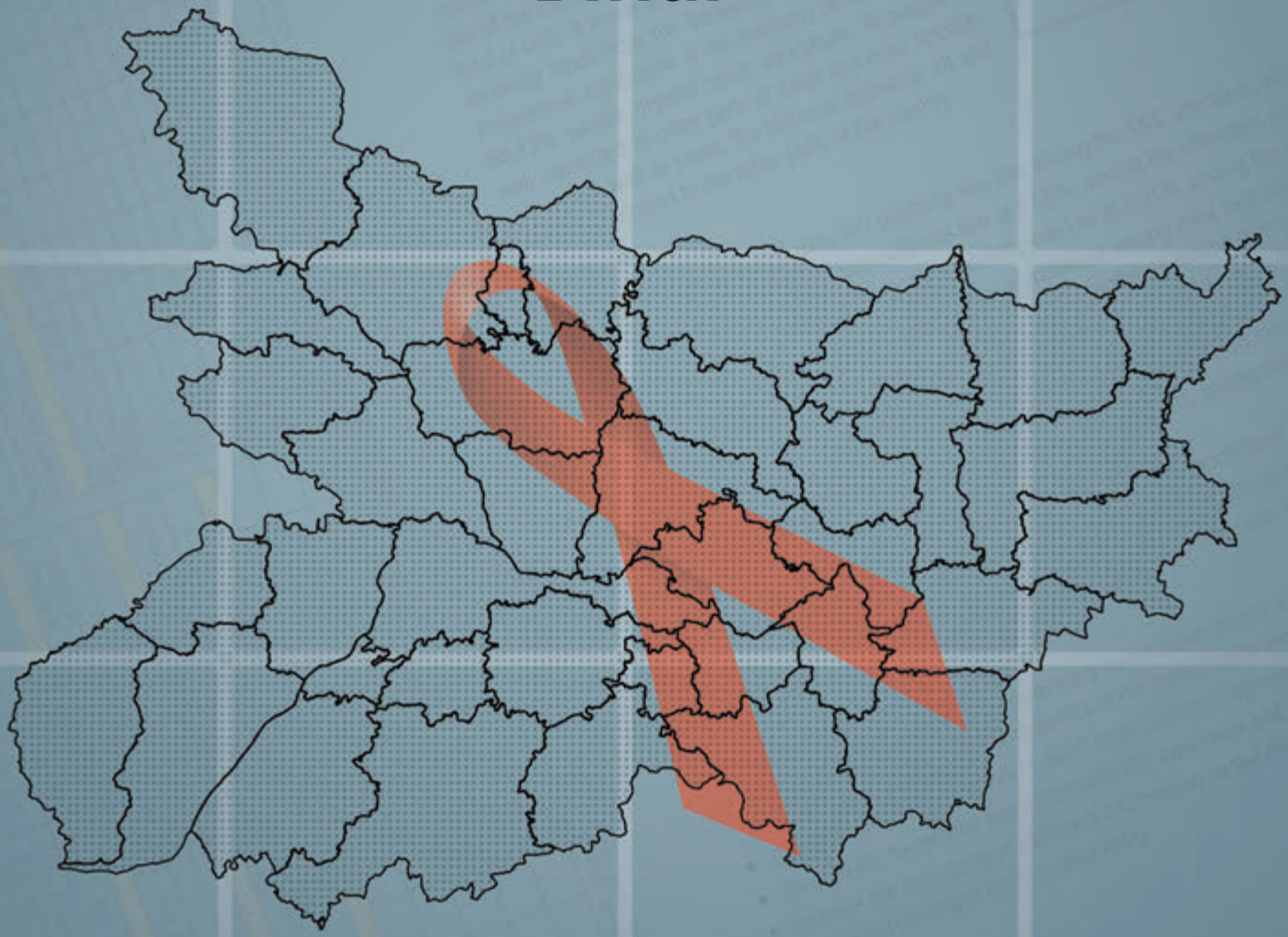
District HIV/AIDS Epidemiological Profiles

developed through Data Triangulation

FACT SHEETS

Bihar



NACO

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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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.

24/11/14

(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

Acronyms

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

Glossary

1. **ART Centre:** Free first line and second line Anti-Retroviral Treatment (ART) is provided to clinically eligible PLHIV at designated centres across the country. As soon as the persons are detected to be HIV positive at ICTC, they are referred to the ART centre for pre-ART registration. At the time of registration, all the baseline investigations are done including CD4 count. If these persons are clinically eligible for treatment, they are started on first line ART. Otherwise, PLHIV are followed up every six months for CD4 count. The number of PLHIV on ART mentioned in the document refers to those on first line ART at NACO-supported ART centres. Another 30,000 PLHIV are estimated to be receiving ART in the private sector.

2. **Blood Safety:** Under the Blood Safety programme, Blood Banks across the country are supported by NACO and voluntary blood donation is strongly promoted to ensure that every blood unit collected is screened and is free from HIV and other infections.

3. **Community Care Centres (CCC):** CCC have been set up in the non-government sector with the objective of providing PLHIV with psychosocial support, counseling for drug adherence and nutrition, treatment of opportunistic infections, home-based care, referral and outreach services for follow up, besides tracing patients lost to follow up and those missing anti-retroviral drugs as per schedule.

4. **Condom Promotion:** The condom promotion strategy under NACP focuses on two aspects: ensuring availability of and creating demand for condoms. There are two channels of condom supply by the Government, namely free and socially marketed. Under the programme, free condoms are distributed to High Risk Groups through TI projects and service delivery outlets such as ICTCs, STI clinics, etc. Under the Targeted Condom Social Marketing Programme, condoms are provided at subsidized rates for HRG as well as general population through traditional and non-traditional condom outlets, rural outlets, and outlets at TIs and truck halt points.

5. **Core Composite TI:** Targeted Interventions providing HIV prevention services to more than one High Risk Group.

6. **Counseling and Testing Services:** Integrated Counseling and Testing Centre (ICTC) is a place where a person is counseled and tested for HIV on his/her own volition (Client-Initiated) or as advised by a health service provider (Provider-Initiated) in a supportive and confidential environment. These centres are the entry points for reinforcing HIV prevention messages and linking HIV positive people to HIV care, support and treatment services. There are several contexts for providing HIV testing services - voluntary counseling and testing, prevention of parent to child transmission, screening of TB patients and diagnostic testing of symptomatic patients.

7. **Drop-in-Centre (DIC):** DIC is a platform to provide PLHIV psycho-social support, linkages with services counseling on drug adherence, nutrition, livelihood and legal issues. They have been set up in the high prevalent districts and are managed primarily by PLHIV networks.

8. **High Risk Groups (HRG):** Populations with high risk behaviour for contracting HIV, include Female Sex Workers (FSW), Men who have Sex with Men (MSM) and Injecting Drug Users (IDU). The other risk groups identified as Bridge Population (between the General population and HRG) include the Single Male Migrants and Long Distance Truckers.

9. **Link ART Centres:** In order to facilitate the delivery of ART services nearer to the homes of beneficiaries, the Link ART Centres (LAC), located mainly at ICTC in the District/Sub-district level hospitals, were set up and linked to nodal ART centres within accessible distance.

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

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

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

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

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

Introduction

The National AIDS Control Programme under 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

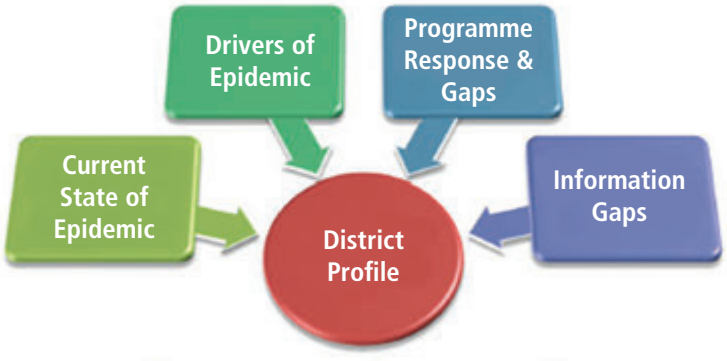


Fig. 1: Thematic Areas of District Profiling
Epidemiological Framework of HIV/AIDS Scenario in the District

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.

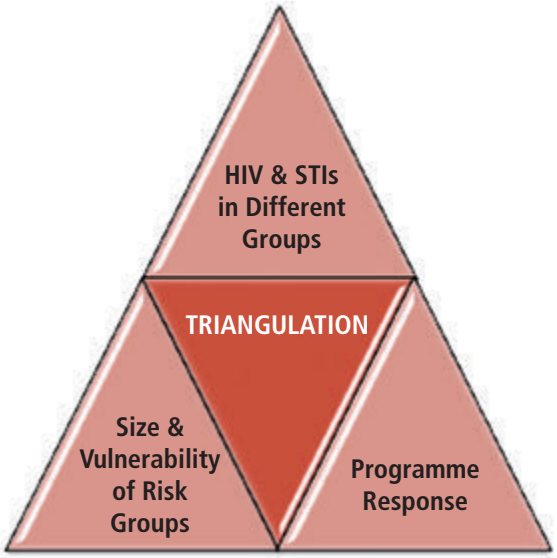


Fig. 2: Conceptual Framework of Data Triangulation
Synthesis of Epidemiological, Behavioural and Programme Data

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 ≥1%), moderate (HIV positivity between 0.5-1%) or low (HIV positivity ≤ 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 ≥ 10%), moderate (HIV positivity between 5-10%) or low (HIV positivity ≤ 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: ≥ 300 tested, HSS-HRG/STD: ≥ 187 tested, ICTC (male + female/direct walk-in + referred): ≥ 600 tested, PPTCT and BB: ≥ 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.

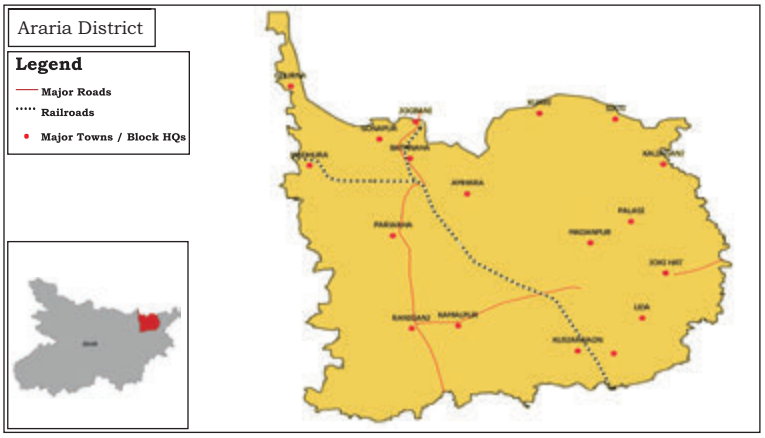
12. Information on major vulnerabilities that are influencing the epidemic/high risk behaviour i.e drivers of the epidemic is included under the "vulnerabilities" section. It includes:
    a. Size and Profile of HRG
    b. STIs – levels and trends
    c. Migration patterns
    d. District Vulnerabilities/ 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, the districts newly created after 2012 have not been shown as separate districts. The districts with insufficient data are also not included in this report.

District Map of Bihar

Araria

Background:

Araria district came into existence by division of Purnia district on Makar-Sankranti day of 1990. It is situated at the northern part of Purnia and Medhepura in Bihar. Borders of Araria are surrounded by Nepal on northern side, Kishanganj on eastern side and Supaul on the western side. It has a population of 28.06 lakhs, a sex ratio of 921 females per 1,000 males, and a female literacy rate of 45.18% with an overall literacy rate of 55.1% (Census 2011). Economy of the district is dependent upon agriculture and industrial activities. Also, it is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF).It is connected to other parts of Bihar and India through railways as well as roads, and National Highway 27 passes through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, the level of HIV positivity was low at 0.02% among the PPTCT attendees, with a stable trend.
- According to 2012 ICTC data, HIV positivity was moderate among male (5.73%) and low among female (4.50%) attendees. It was low among referred (0.81%) and direct walk-in (1.27%) attendees. Positivity levels showed an increasing trend for male and female attendees, but flucutating trend for referred and direct walking attendees.
- In 2012, 2,594 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 1.26%.
- According to 2001 census, 2.34% of the males were migrants, among them 66.66% migrated to other states and 12.37% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Surat, Gujarat and Ludhiana, Punjab.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 12.90% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 11.7% and 53.6%, respectively.
- In 2012, one TI site was functional, although there was no information on HRGs in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data, and district needs continued attention to limit the spread of the infection further.
- The percentage of HIV transmission via parent to child was high. Therefore, there is a need to better understand the profile and dynamics of clinic attendees and their spouses, through analysis of ICTC data.
- Strengthen outreach activities with HIV prevention messages for migrants at source and destination sites and among general population.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.

Araria

District Population: 28,06,200 (2.70% of Bihar Population); Female Literacy[1]: 45.18%; ANC Utilization[2]: 41%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	7.00	0	0	0		0		0
	NT[4]	400	400	400	400		399		400
PPTCT	PP	-	-	0.22	0	0.15	0.08	0.11	0.02
	NT	-	-	464	387	2688	4986	4427	10460
Blood Bank	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.17	0.96	0.60	1.42	5.73
	NT	-	-	-	507	1762	2848	2533	3492
ICTC Female	PP	-	-	-	2.40	0.99	0	1.22	4.50
	NT	-	-	-	167	1109	17	1796	2957
ICTC Referred	PP	-	-	-	2.44	1.95	0.45	1.72	0.81
	NT	-	-	-	205	819	1982	2268	4084
ICTC Direct Walk-in	PP	-	-	-	2.13	0.58	0.81	0.92	1.27
	NT	-	-	-	469	2052	2837	2061	2365
Total tested at ICTCs[5]	NT	-	-	464	1061	5559	7851	8756	16909

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=31)	80.65	0	0	3.23	12.90	3.23

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	25939	17291	3208	5440
% of male pop.	2.34	1.56	0.29	0.49
% total migration	100	66.66	12.37	20.97

Top 5 districts for inter-state out-migration

Surat, Gujarat	Ludhiana, Punjab	South Delhi	South West Delhi	Kuruk-shetra, Haryana

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	2181	3511	2594
% Syphilis positivity	-	3.37	2.86	1.26

Programme Response

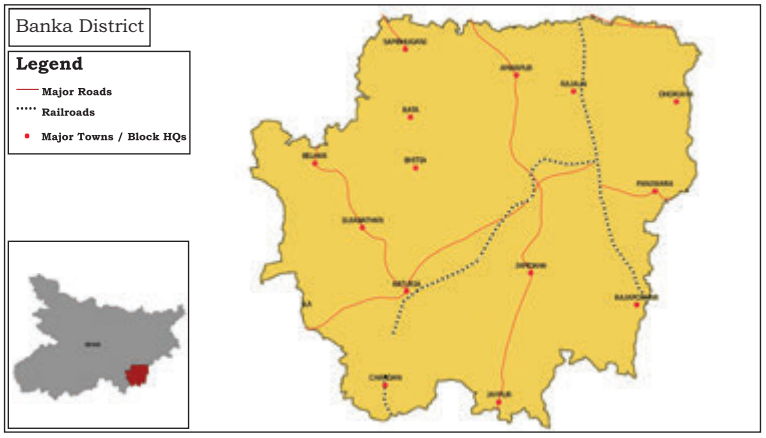
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	2	2	1	10	10	10	10	10
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	5	6	6
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Banka

Background:

Banka district was established on 21st, February, 1991. Banka is situated in far south-east of Bihar. The eastern and southern border of the district coincides with district Godda of the state Jharkhand. In west and north-east, it touches Jamui and Munger district, respectively. The old district Bhagalpur is situated in the north side of Banka. It has a population of 20.29 lakhs, a sex ratio of 907 females per 1,000 males, and a female literacy rate of 49.4% with an overall literacy rate of 60.12% (Census 2011). Banka is a largely agrarian economy and is considered the rice bowl of Bihar. It is one of the 36 districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme. Banka is gradually becoming a religious tourism hotspot for Hinduism and Jainism. It is connected by trains and buses to other districts.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT attendees, with a stable trend.
- As per 2008 HSS-FSW data, HIV positivity was low among the FSWs, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (0.90%) and female (0.86%) attendees, and also among direct walk-in (0.88%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 6,752 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.30%.
- According to 2001 census, 2.58% of the males were migrants, among them 63.14% migrated to other states and 10.62% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North West Delhi and South West Delhi.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 15.1% and 46.2%, respectively.
- Two ICTCs functional in 2012, tested a total of 3,706 attendees for HIV in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Banka

District Population: 20,29,339 (1.95% of Bihar Population); Female Literacy[1]: 49.4%; ANC Utilization[2]: 31.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0
	NT[4]	-	400	406	399		370		400
PPTCT	PP	-	-	0	*	0	0.17	0	0
	NT	-	-	935	*	1585	1763	1616	1907
Blood Bank	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-STD	PP	-	1.00	0	0		-		-
	NT	-	250	250	249		-		-
HSS-FSW	PP	-	1.00	0	0		-		-
	NT	-	250	250	249		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	0.60	0.73	0.77	1.13	0.90
	NT	-	-	-	1161	955	784	1330	1554
ICTC Female	PP	-	-	-	0	1.50	0	1.32	0.86
	NT	-	-	-	625	533	6	760	1051
ICTC Referred	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
ICTC Direct Walk-in	PP	-	-	-	0.39	1.01	0.96	1.20	0.88
	NT	-	-	-	1786	1488	1254	2090	2605
Total tested at ICTCs[5]	NT	-	-	935	2679	3073	2553	3706	4512

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=23)	100	0	0	0	0	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	21753	13734	2310	5709
% of male pop.	2.58	1.63	0.27	0.68
% total migration	100	63.14	10.62	26.24

Top 5 districts for inter-state out-migration

North West Delhi	South West Delhi	Deoghar, Jharkhand	Barddhaman, West Bengal	Godda, Jharkhand

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1652	593	6752
% Syphilis positivity	-	0	0	0.30

Programme Response

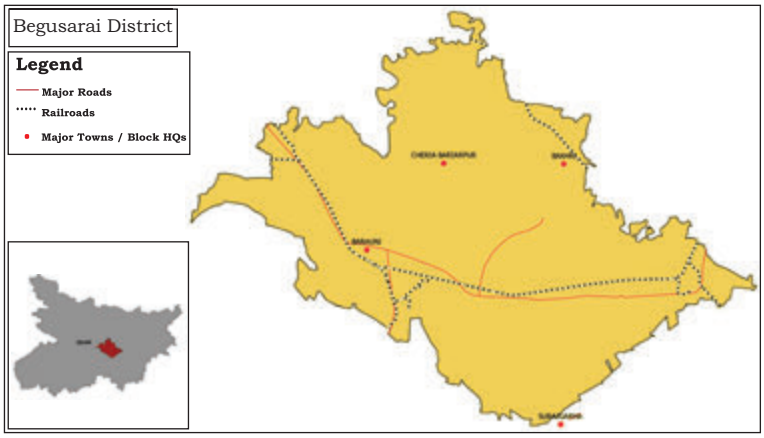
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	2	2	2	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	1	1	1
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Begusarai

Background:

Begusarai district lies on the northern bank of river Ganga. It was established in 1870 as a subdivision of Munger district. In 1972, it was given district status. It has a population of 29.54 lakhs, a sex ratio of 894 females per 1,000 males, and a female literacy rate of 57.1% with an overall literacy rate of 66.23% (Census 2011). Begusarai is one of the country's 250 most backward districts (out of a total of 640). It is one of the 36 districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme. Agriculture is the mainstay of the economy, 88.33% people depend upon agriculture. Begusarai is well connected to other parts of Bihar and India through railways as well as roads. The National Highways 28 and 31 link this district to the other parts of the country.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low among the ANC attendees, with a stable trend.
- As per 2012 PPTCT data, HIV positivity was low at 0.08%, among the attendees, with a declining trend in the last three years.
- According to 2012 Blood Bank data, HIV positivity was low at 0.21% among the attendees, with a stable trend.
- According to 2012 ICTC data, HIV positivity was moderate among male (6.83%) attendees and low among female (4.15%) attendees. It was also low among referred (0.42%) attendees but moderate among direct walk-in (7.34%) attendees. A stable trend was observed among all the ICTC attendees, with a rise in the positivity among males in 2010, and a steep fall in the positivity among female attendees.
- In 2012, 3,804 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 4.42% of the males were migrants, among them 60.11% migrated to other states and 14.93% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North West Delhi and West Delhi.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 23.8% and 33.7%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.

Key Recommendations:

- HIV Positivity at ICTC suggests continuing transmission among the attendees along with risky behavior. So there is a need to establish a mechanism to understand the dynamics of HIV transmission among HRG and migrant population.
- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations), owing to moderate positivity in 2012.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- Increase the availability of additional information on the HIV epidemic profile of the district, including ART and HRG size data, to improve the understanding of district vulnerability.

Begusarai

District Population: 29,54,367 (2.85% of Bihar Population); Female Literacy[1]: 57.1%; ANC Utilization[2]: 29.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0
	NT[4]	-	400	400	399		399		400
PPTCT	PP	-	-	*	0.42	0.23	0.42	0.15	0.08
	NT	-	-	*	947	2217	3602	3422	2372
Blood Bank	PP	-	-	0.24	*	*	*	0.35	0.21
	NT	-	-	1246	*	*	*	1137	1861
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	6.77	7.48	11.01	5.88	6.83
	NT	-	-	-	1152	1029	1181	2417	2255
ICTC Female	PP	-	-	-	4.59	4.34	0	4.18	4.15
	NT	-	-	-	1352	1337	130	2487	2240
ICTC Referred	PP	-	-	-	0	0.53	0.63	1.07	0.42
	NT	-	-	-	278	380	475	749	1197
ICTC Direct Walk-in	PP	-	-	-	6.29	6.70	8.71	5.73	7.34
	NT	-	-	-	2226	1986	2513	4155	3298
Total tested at ICTCs[5]	NT	0	0	558	3451	4583	4913	8326	6867

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=247)	94.33	0	0.40	0.40	4.86	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	54191	32573	8093	13525
% of male pop.	4.42	2.66	0.66	1.10
% total migration	100	60.11	14.93	24.96

Top 5 districts for inter-state out-migration

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

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	7857	11681	3804
% Syphilis positivity	-	0	0	0

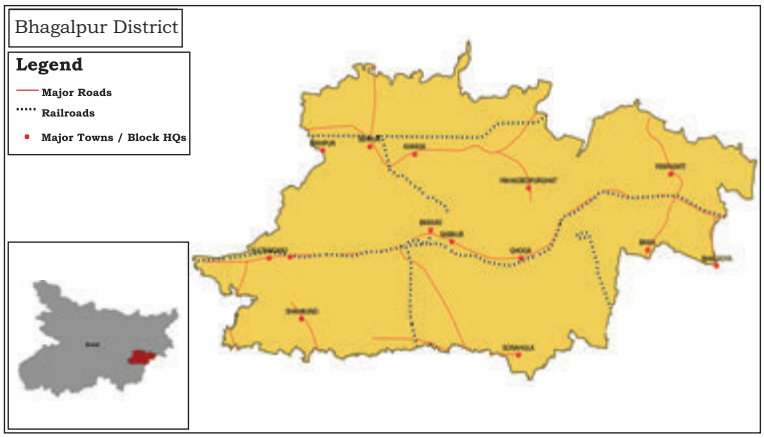
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	-	-	-	1	1
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	2	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	5	8	8
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Bhagalpur

Background:



Bhagalpur district is one of the thirty-eight districts of Bihar, and Bhagalpur town is the administrative headquarters of this district. It is situated in the plains of Ganga river basin. It was established in 1870 as a subdivision of Munger District. In 1972, it was given district status. It has a population of 30.32 lakhs, a sex ratio of 879 females per 1,000 males, and a female literacy rate of 56.49% with an overall literacy rate of 64.96% (Census 2011). Bhagalpur is world renowned for its silk products and it is known in India as the "Silk City", famous for its Tussar Silk & Tussar Saree. The silk industry in this city is hundreds of years old and its inhabitants have been producing silk for generations.The economy of Bhagalpur is dependent mainly on agriculture and small businesses. It is well connected to other parts of Bihar and India through railways as well as roads. The National Highways 80 and 31 link this district to the other parts of the country.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV positivity was low among the ANC attendees, with a stable trend.
- As per 2012 PPTCT data, HIV positivity was low at 0.14% among the attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.09%, among the attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a fluctuating trend.
- According to 2012 ICTC data, HIV positivity was low among male (4.86%) and female (3.31%) attendees. Also, the positivity was low among referred (4.45%) and direct walk-in (3.46%) attendees. A declining trend was observed among the male and referred attendees, in the last three years, whereas, a fluctuating trend was observed among female attendees and a stable trend was observed among the direct walk-in attendees.
- In 2012, 9,431 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.11%.
- According to 2001 census, 5.72% of the males were migrants, among them 68.42% migrated to other states and 12.72% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South Delhi and North West Delhi.
- According to 2012 ICTC data, HIV through homosexual route accounted for 7.36% and 5.52% of the routes were unknown, out of the total HIV route of transmissions in the district.
- According to DLHS-III data, HIV and STI /RTI awareness rate among women was 34.6% and 17.9%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.

Key Recommendations:

- Strengthen efforts towards assessing route of HIV transmission at the ICTCs, since the rate of unknown transmissions was high.
- Higher HIV transmission rate through homosexual route necessitates strengthening of TI interventions for MSM population.
- Conduct outreach campaign on HIV and STI awareness and sexual risk reduction messages among general population.
- Increase the availability of additional information on the HIV epidemic profile of the district, including ART and HRG size data, to improve the understanding of district vulnerability.

Bhagalpur

District Population: 30,32,226 (2.92% of Bihar Population); Female Literacy[1]: 56.49%; ANC Utilization[2]: 20.8%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0	0	0	0		0		-
	NT[4]	400	400	400	400		399		-
PPTCT	PP	-	-	0.12	0.21	0.11	0.28	0.21	0.14
	NT	-	-	3275	1451	3736	3509	4290	6929
Blood Bank	PP	-	-	0.09	0.10	0	0.11	0.21	0.09
	NT	-	-	2246	2014	3077	3743	3873	4498
HSS-STD	PP	0	0	1.00	4.00		0		-
	NT	247	250	250	249		246		-
HSS-FSW	PP	0	0	1.00	4.00		0		-
	NT	247	250	250	249		246		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.45	9.60	10.35	6.16	4.86
	NT	-	-	-	956	1364	1980	3374	5350
ICTC Female	PP	-	-	-	2.14	5.40	0	4.95	3.31
	NT	-	-	-	981	2075	205	2990	5293
ICTC Referred	PP	-	-	-	3.40	9.49	12.16	6.81	4.45
	NT	-	-	-	618	2024	2147	4700	6768
ICTC Direct Walk-in	PP	-	-	-	2.50	3.60	2.69	2.16	3.46
	NT	-	-	-	1319	1415	2232	1664	3875
Total tested at ICTCs[5]	NT	-	-	3275	3388	7175	5694	10654	17572

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (4315)	32	-	100	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=435)	81.15	7.36	1.15	0.46	4.37	5.52

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	73990	50626	9415	13949
% of male pop.	5.72	3.91	0.73	1.08
% total migration	100	68.42	12.72	18.85

Top 5 districts for inter-state out-migration

South Delhi	North West Delhi	South West Delhi	Thane, Maharash-tra	Mumbai (Suburban), Maha-rashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	2650	9169	9431
% Syphilis positivity	-	3.00	1.23	0.11

Programme Response

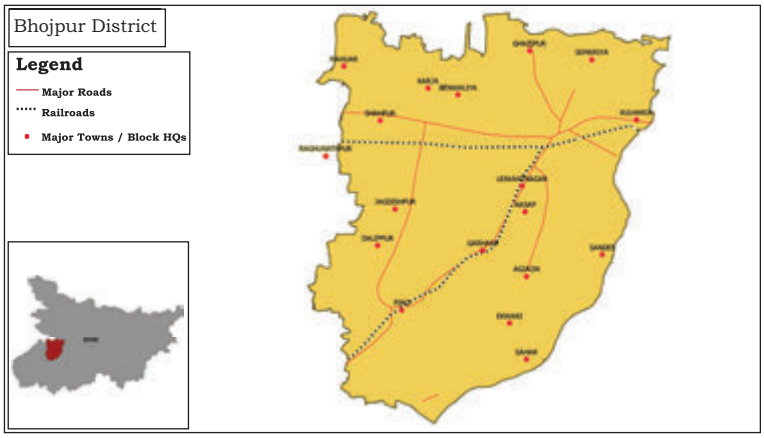
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	1	1
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	3	4	3	4	4	4	4	4
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	2	2	2	2
ART centres	-	-	-	-	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	11	13	13
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Bhojpur

Background:

Bhojpur district is one of the thirty-eight districts of Bihar. Arrah town (also known as Ara) is the administrative headquarters of this district. The present Bhojpur came into existence in 1992. Earlier this district was part of old Sahabad district. It has a population of 27.20 lakhs, a sex ratio of 900 females per 1,000 males, and a female literacy rate of 60.2% with an overall literacy rate of 72.79% (Census 2011). In 2006, the Indian government named Bhojpur one of the country's 250 most backward districts and one of the 38 districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The economy of Bhojpur is dependent mainly on agriculture and small businesses. The district has many tourist destination sites as well. National Highway 30 and 84 pass through the district.



HIV Epidemic Profile:

- In 2012, HIV positivity was low among PPTCT at 0.06% attendees, with a stable trend.
- According to 2011 Blood Bank data, HIV positivity was low among the attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a declining trend in the last three recordings.
- According to 2012 ICTC data, HIV positivity was low among male (3.79%) and female (2.53%) attendees. It was also low among referred (3.29%) and direct walk-in (2.71%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 3,698 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 5.33% of the males were migrants, among them 65.73% migrated to other states and 17.03% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dhanbad, Jharkhandand North West Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 5.56% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and STI /RTI awareness rate among women was 40.9% and 35.5%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.

Key Recommendations:

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Parent to child HIV transmission was considerable in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Increase the availability of additional information on the HIV epidemic profile of the district, including ART and HRG size data, to improve the understanding of district vulnerability.

Bhojpur

District Population: 27,20,155 (2.62% of Bihar Population); Female Literacy[1]: 60.2%; ANC Utilization[2]: 18.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	0.12	0.23	0.15	0.15	0.13	0.06
	NT	-	-	2448	2158	3971	3417	3116	3173
Blood Bank	PP	-	-	-	*	0	0	0	*
	NT	-	-	-	*	1484	1300	905	*
HSS-STD	PP	1.00	1.00	2.00	2.00		0		-
	NT	250	200	250	250		248		-
HSS-FSW	PP	1.00	1.00	2.00	2.00		0		-
	NT	250	200	250	250		248		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.29	5.41	2.99	1.60	3.79
	NT	-	-	-	612	407	668	1375	1160
ICTC Female	PP	-	-	-	1.90	1.55	0	0.94	2.53
	NT	-	-	-	1157	773	20	1489	1107
ICTC Referred	PP	-	-	-	1.32	1.65	2.88	1.39	3.29
	NT	-	-	-	379	424	313	1506	1825
ICTC Direct Walk-in	PP	-	-	-	2.23	3.57	3.08	1.10	2.71
	NT	-	-	-	1390	756	1072	1358	442
Total tested at ICTCs[5]	NT	-	-	2448	3927	5151	4105	5980	5440

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=72)	88.89	1.39	2.78	0	5.56	1.39

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	62631	41168	10668	10795
% of male pop.	5.33	3.50	0.91	0.92
% total migration	100	65.73	17.03	17.24

Top 5 districts for inter-state out-migration

Dhanbad, Jharkhand	North West Delhi	Bokaro, Jharkhand	South Delhi	Ranchi, Jharkhand

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	3185	2382	3698
% Syphilis positivity	-	0	0	0

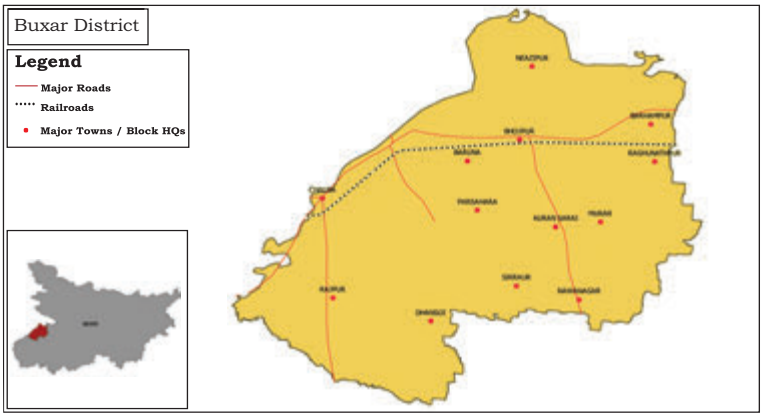
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	1	1
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	2	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	6	7	11
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Buxar

Background:



Buxar district of Bihar came in existence in the year 1991. Buxar town is the headquarter of the district and also its principal town. The district is bounded on the north by Ballia district of U.P., on the south by Rohtas district, on the west by Ghazipur and Ballia districts of U.P. and on the east by Bhojpur district. It has a population of 17.07 lakhs, a sex ratio of 922 females per 1,000 males, and a female literacy rate of 59.84% with an overall literacy rate of 71.77% (Census 2011). The economy of Bhojpur is dependent mainly on agriculture and small businesses. The town Buxar is located on the bank of river Ganges (Ganga). A road bridge over Ganges connects Buxar with Ballia district of neighboring state Uttar Pradesh. The town is connected to the state capital Patna by rail and road routes. National Highway 84 passes through the district.

HIV Epidemic Profile:

- Based on 2012 PPTCT data, HIV positivity was low at 0.17% among the PPTCT attendees, with a stable trend.
- As per 2011 Blood Bank data, HIV positivity was low at 0.09%, among the attendees.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (2.01%) and female (1.02%) attendees. It was also low among referred (1.48%) and direct walk-in (1.43%) attendees. Positivity levels showed a stable trend among all the ICTCattendees, except a declining trend was observed among referred attendees.
- In 2012, 1,412 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.34%.
- According to 2001 census, 4.28% of the males were migrants, among them 68.29% migrated to other states and 11.42% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Ludhiana, Punjab and Thane, Maharashtra.
- According to 2012 ICTC data, HIV transmissions through needle/syringe accounted for 10.29% and through parent to child route accounted for 5.88% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 40.6% and 48..3%, respectively.
- In 2012, only one TI site was functional, although there was no information on HRGs in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Considering high rate of HIV transmission through needle/syringes in the district, prevention efforts through TIs need to be strengthened.
- Parent to child transmissions were high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Increase the availability of additional information on the HIV epidemic profile of the district, including ART and HRG size data, to improve the understanding of district vulnerability.
- Strengthen outreach activities around source and transit points like railway stations and bus stands and around truck halt points and highways in the district.

Buxar

District Population: 17,07,643 (1.65% of Bihar Population); Female Literacy[1]: 59.84%; ANC Utilization[2]: 21.4%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	0.19	0.09	0.34	0.13	0.10	0.17
	NT	-	-	1054	1079	1174	1511	2044	3509
Blood Bank	PP	-	-	*	*	*	*	0.09	*
	NT	-	-	*	*	*	*	1133	*
HSS-STD	PP	-	1.00	0	0		0		-
	NT	-	250	250	250		248		-
HSS-FSW	PP	-	1.00	0	0		0		-
	NT	-	250	250	250		248		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.27	1.69	3.98	3.48	2.01
	NT	-	-	-	703	770	653	1122	2144
ICTC Female	PP	-	-	-	0.42	1.26	0	0.95	1.02
	NT	-	-	-	948	955	26	1693	2458
ICTC Referred	PP	-	-	-	4.96	6.93	3.25	2.40	1.48
	NT	-	-	-	363	231	1077	2170	4253
ICTC Direct Walk-in	PP	-	-	-	0.70	0.60	0.43	0.47	1.43
	NT	-	-	-	1288	1494	704	645	349
Total tested at ICTCs[5]	NT	-	-	1054	2730	2899	2190	4859	8111

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=68)	83.82	0	0	10.29	5.88	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	31568	21557	3606	6405
% of male pop.	4.28	2.92	0.49	0.87
% total migration	100	68.29	11.42	20.29

Top 5 districts for inter-state out-migration

Ludhiana, Punjab	Thane, Maharash-tra	Faridabad, Haryana	Surat, Gujarat	South Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	936	1568	1412
% Syphilis positivity	-	0.58	0.63	0.34

Programme Response

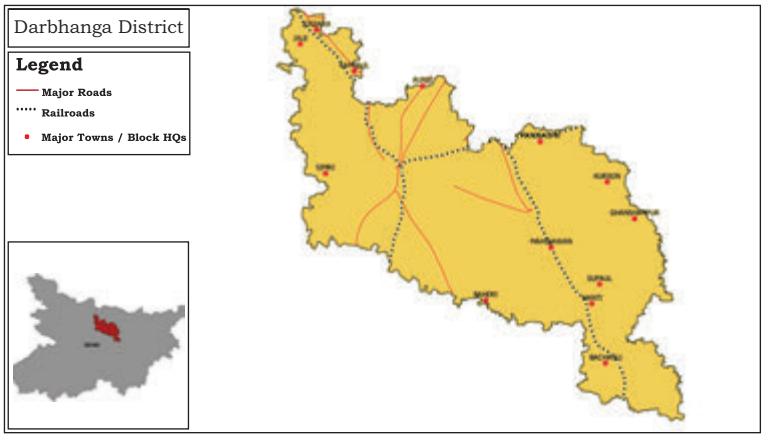
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	-
MSM TIs	-	-	-	-	-	-	1	1	-
IDU TIs	-	-	-	-	-	-	1	1	1
Comp. TIs	-	-	-	-	-	-	1	-	-
ICTCs	1	2	2	2	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	3	5	7
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Darbhanga

Background:

Darbhanga district is one of the thirty-eight districts of Bihar state in eastern India, and Darbhanga city is the administrative headquarters of this district. Darbhanga district is a part of Darbhanga division. The district is bordered on the north by Madhubani, on the south by Samastipur, on the east by Saharsa and on the west by Sitamarhi and Muzaffarpur districts. It has a population of 39.21 lakhs, a sex ratio of 910 females per 1,000 males, and a female literacy rate of 46.88% with an overall literacy rate of 58.26% (Census 2011). Agriculture is the primary occupation of the majority of the population of this district. Darbhanga is well connected via rail and road services. National Highway 57 and 105 pass through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was low at 0.25% among the ANC attendees, with a stable trend.
- As per 2012 PPTCT data, HIV positivity was low at 0.20%, among the attendees, with a declining trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.12%, among the attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a stable trend in the last three recordings.
- According to 2012 ICTC data, HIV positivity was moderate among male (7.91%) and female (5.10%) attendees. It was also moderate among referred (7.93%) attendees but low among direct walk-in (3.09%) attendees. Positivity levels showed a declining trend among all the ICTC attendees.
- In 2012, 6,210 STI/RTI episodes were treated.
- According to 2001 census, 5.80% of the males were migrants, among them 76.18% migrated to other states and 12.06% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North West Delhi and Mumbai (Suburban), Maharashtra.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 6.61% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 29.4% and 35%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.
- 12 ICTCs functional in 2012, tested a total of 22,802 attendees for HIV in the district.

Key Recommendations:

- Conduct disaggregated analysis of PPTCT data to assess risk factors 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.
- Considering moderate rate of migration,intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Parent to child transmissions were high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- Increase the availability of additional information on the HIV epidemic profile of the district, including HRG size data, to improve the understanding of district vulnerability.

Darbhanga

District Population: 39,21,971 (3.78% of Bihar Population); Female Literacy[1]: 46.88%; ANC Utilization[2]: 28.5%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0.25
	NT[4]	-	400	400	400		400		400
PPTCT	PP	-	-	0.21	0.58	0.67	0.87	0.23	0.20
	NT	-	-	1947	3432	6826	10092	9728	10804
Blood Bank	PP	-	-	0.18	1.04	0.04	0.15	0.23	0.12
	NT	-	-	1102	1539	2525	3999	4697	5822
HSS-STD	PP	1.00	0	0	1.00		0		-
	NT	250	250	250	250		247		-
HSS-FSW	PP	1.00	0	0	1.00		0		-
	NT	250	250	250	250		247		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	12.51	14.15	11.85	10.99	7.91
	NT	-	-	-	2382	2962	4463	4822	5662
ICTC Female	PP	-	-	-	7.79	7.09	0	5.51	5.10
	NT	-	-	-	2723	3993	529	6151	6336
ICTC Referred	PP	-	-	-	13.27	12.43	12.64	10.71	7.93
	NT	-	-	-	3097	4080	5552	6534	8276
ICTC Direct Walk-in	PP	-	-	-	4.93	6.78	4.93	3.81	3.09
	NT	-	-	-	2008	2875	3851	4439	3722
Total tested at ICTCs[5]	NT	-	-	1947	8537	13781	15084	20701	22802

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (5084)	25	11	90	73	15
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=771)	88.59	2.85	0.91	0.26	6.61	0.78

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	99541	75831	12007	11703
% of male pop.	5.80	4.42	0.70	0.68
% total migration	100	76.18	12.06	11.76

Top 5 districts for inter-state out-migration

North West Delhi	Mumbai (Suburban), Maharashtra	South Delhi	West Delhi	South West Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	3678	4556	6210
% Syphilis positivity	-	0	0	-

Programme Response

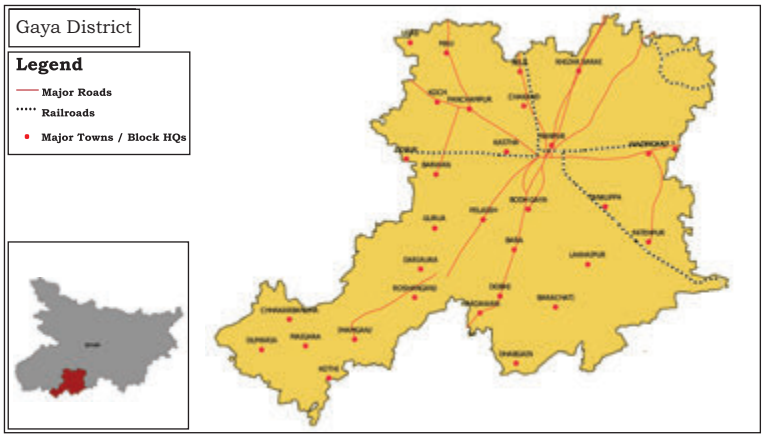
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	1	1
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	-	-	-	1	1
Comp. TIs	-	-	-	-	-	-	-	1	1
ICTCs	1	2	2	1	12	12	12	12	12
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	1	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	11	23	23
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Gaya

Background:

Gaya was given the status of an independent district in 1865. Gaya is bordered by Jehanabad district on the north, on the south by Chatra district of Jharkhand. On the east by Nawada district and on the west by Aurangabad district. It has a population of 43.79 lakhs, a sex ratio of 932 females per 1,000 males, and a female literacy rate of 55.9% with an overall literacy rate of 66.35% (Census 2011). In 2006, the Ministry of Panchayati Raj named Gaya one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). The main places to visit is Bodh Gaya, which has a lot of religious importance, and hence, is a major pilgrim destination. Gaya is well connected via rail and road services. National Highway 2, 82 and 83 passes through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees, but due to lack of data from the previous years, a trend could not be determined.
- As per 2012 PPTCT data, HIV positivity was low at 0.30% among the attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.04% among the attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a stable trend in the last three recordings.
- According to 2012 ICTC data, HIV positivity was high among male (10.30%) and moderate among female (7.27%) attendees. It was also moderate among referred (6.36%) attendees but high among direct walk-in (27.71%) attendees. Positivity levels showed an increasing trend among all the ICTC attendees.
- In 2012, 4,143 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.85%.
- According to 2001 census, 4.97% of the males were migrants, among them 72.35% migrated to other states and 12.06% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North West Delhi and Mumbai (Suburban), Maharashtra.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 8.66% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and STI /RTI awareness rate among women was 28% and 49.3%, respectively.
- In 2012, a total of three TI sites were functional, although there was no information on HRGs in the district.
- Four ICTCs functional in 2012, tested a total of 8,852 attendees for HIV in the district.

Key Recommendations:

- Due to high HIV prevalence among direct walk-in attendees, analysis of risk profile of positive individuals should be done to determine associated factors. An increasing trend among them can be explored by further analysing the ICTC data.
- The percentage of HIV transmission via parent to child was considerable in the district. Therefore, there is a need to better understand the profile and dynamics of clinic attendees and their spouses, through analysis of ICTC data.
- Strengthen outreach activities around tourist's destinations, pilgrimage sites, migrants and around truck halting points and highways in the district.
- Increase the availability of additional information on the HIV epidemic profile of the district, including ART and HRG size data, to improve the understanding of district vulnerability.

Gaya

District Population: 43,79,383 (4.22% of Bihar Population); Female Literacy[1]: 55.9%; ANC Utilization[2]: 24.2%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		0
	NT[4]	-	-	-	-		-		400
PPTCT	PP	-	-	0.19	0.15	0.20	0.14	0.37	0.30
	NT	-	-	3238	2693	3578	2944	3228	5037
Blood Bank	PP	-	-	0.05	0.48	0.28	0.21	0.04	0.04
	NT	-	-	1974	1257	1430	1922	2573	2372
HSS-STD	PP	0	1.00	2.00	0		0		-
	NT	250	250	234	250		249		-
HSS-FSW	PP	0	1.00	2.00	0		0		-
	NT	250	250	234	250		249		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.63	1.84	5.08	7.95	10.30
	NT	-	-	-	3116	2776	2108	1913	1902
ICTC Female	PP	-	-	-	1.92	1.49	0	5.82	7.27
	NT	-	-	-	3273	2810	107	1992	1913
ICTC Referred	PP	-	-	-	1.71	1.40	4.30	5.12	6.36
	NT	-	-	-	3386	4866	3909	2791	3382
ICTC Direct Walk-in	PP	-	-	-	2.90	3.47	10.06	11.22	27.71
	NT	-	-	-	3003	720	308	1114	433
Total tested at ICTCs[5]	NT	-	-	3238	9082	9164	5159	7133	8852

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=335)	91.34	0	0	0	8.66	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	88895	64313	9779	14803
% of male pop.	4.97	3.59	0.55	0.83
% total migration	100	72.35	11.00	16.65

Top 5 districts for inter-state out-migration

Dhanbad, Jharkhand	Kolkata, West Bengal	Thane, Maharashtra	South Delhi	Ludhiana, Punjab

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	3452	2565	4143
% Syphilis positivity	7.41	7.98	0.66	0.85

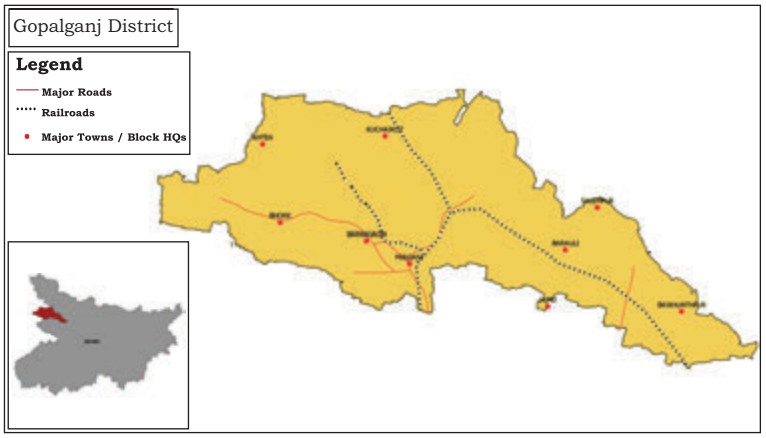
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	2	5	5	5	4	4	4	4	4
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	2	2	2	2
ART centres	-	-	-	-	-	-	-	1	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	1	1
Red Ribbon Clubs	-	-	-	-	-	-	7	7	7
Comm. care centres	-	-	-	-	1	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Gopalganj

Background:



Gopalganj, one of the administrative districts of Bihar, was established on October 2, 1973. It is bordered on the north by East & West Champaran district, on the south by Siwan & Chappra district, on the east by East Champaran & Muzaffarpur district, on the west by (Deoria & Kushinagar) Uttar Pradesh. It has a population of 25.58 lakhs, a sex ratio of 1,015 females per 1,000 males, and a female literacy rate of 56.03% with an overall literacy rate of 67.04% (Census 2011). In 2006, the Ministry of Panchayati Raj named Gopalganj one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is one of the largest sugarcane producers in India. It also produces the best tobaccos in the country. The city does not have good transport facilities. National Highway 7, 28, 85 and 217 pass through the district.

HIV Epidemic Profile:

- As per 2012 PPTCT data, HIV prevalence was low at 0.14% among the attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low at 0.22% among the attendees.
- As per 2010 HSS-FSW data, HIV positivity was low (1%) among the FSWs, with a stable trend in the last three recordings.
- According to 2012 ICTC data, HIV positivity was moderate among male (5.43%) attendees and low among female (2.35%) attendees. It was also low among referred (3.01%) attendees but moderate among direct walk-in (5.08%) attendees. Positivity levels showed astabletrend among all the ICTC attendees, except for direct walk-in attendees which represented a fluctuating trend.
- In 2012, 7,607 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.60%.
- According to 2001 census, 5.46% of the males were migrants, among them 76.61% migrated to other states and 5.45% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Surat, Gujarat and Mumbai (Suburban), Maharashtra.
- According to 2012 ICTC data, HIV through parent to child accounted for 11.68%, out of the total HIV route of transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 21.4% and 41.3%, respectively.
- In 2012, a total of two TI sites were functional, although there was no information on HRGs in the district.
- Three ICTCs functional in 2012, tested a total of 11,953 attendees for HIV in the district.

Key Recommendations:

- Carry out differential analysis of direct walk-in clients (representative of vulnerable populations), owing to moderate positivity in 2012. A fluctuating trend among them can be explored by further analysing the ICTC data.
- 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.
- Considering migration to high HIV prevalent districts, strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands.
- Increase the availability of additional information on the HIV epidemic profile of the district, including ART and HRG size data, to improve the understanding of district vulnerability.

Gopalganj

District Population: 25,58,037 (2.46% of Bihar Population); Female Literacy[1]: 56.03%; ANC Utilization[2]: 32.2%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	*	0.42	0.18	1.50	0.14	0.14
	NT	-	-	*	1192	1637	3661	5896	6486
Blood Bank	PP	-	-	*	*	*	*	0.32	0.22
	NT	-	-	*	*	*	*	948	925
HSS-STD	PP	-	4.00	0	1.00		1.00		-
	NT	-	250	198	250		250		-
HSS-FSW	PP	-	4.00	0	1.00		1.00		-
	NT	-	250	198	250		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	5.16	5.50	6.27	5.32	5.43
	NT	-	-	-	988	891	1324	1860	2230
ICTC Female	PP	-	-	-	3.43	3.15	0	3.20	2.35
	NT	-	-	-	1255	1048	83	2591	3237
ICTC Referred	PP	-	-	-	2.25	3.97	3.10	3.97	3.01
	NT	-	-	-	846	1007	2229	3047	3891
ICTC Direct Walk-in	PP	-	-	-	5.37	4.51	6.51	4.34	5.08
	NT	-	-	-	1397	932	1136	1404	1576
Total tested at ICTCs[5]	NT	-	-	815	3435	3576	5068	10347	11953

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=197)	87.82	0	0.51	0	11.68	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	58587	44883	3192	10512
% of male pop.	5.46	4.19	0.30	0.98
% total migration	100	76.61	5.45	17.94

Top 5 districts for inter-state out-migration

Surat, Gujarat	Mumbai (Suburban), Maharashtra	Ludhiana, Punjab	Thane, Maharashtra	South Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1888	1936	7607
% Syphilis positivity	-	0.62	0.09	0.60

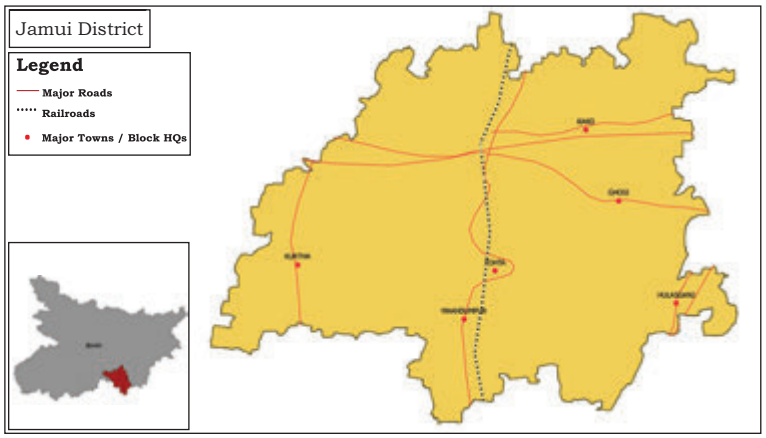
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	3	2	1	3	3	3	3	3
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	4	4	5
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Jamui

Background:



Jamui was formed as a district on 21st February, 1991 as a result of its separation from Munger. It has a population of 17.56 lakhs, a sex ratio of 921 females per 1,000 males, and a female literacy rate of 49.44% with an overall literacy rate of 62.16% (Census 2011). Jamui is being entirely an agricultural district, its exports trade consists mainly of agricultural products such as various food grains pulses Jackfruit, Mahua etc. Jamui is one of the prominent manufacturers of Bidi & cement.In 2006, the Ministry of Panchayati Raj named Jamui one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Jamui district is also famous for having many places related to the origin of Jainism. It is well connected to other parts of Bihar and India through railways as well as roads.

HIV Epidemic Profile:

- In 2012, HIV positivity was low among PPTCT (0.03%) attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low (1%) among the FSWs, with an overall declining trend.
- According to 2012 ICTC data, HIV positivity was low among male (2.16%) and female (2.34%) attendees. It was also low among direct walk-in (2.24%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 3,769 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 3.12% of the males were migrants, among them 64.43% migrated to other states and 11.66% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dhanbad, Jharkhand and Barddhaman, West Bengal.
- According to 2012 ICTC data, 5.97% of the routes were unknown, out of the total HIV route of transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 16.9% and 36.8%, respectively.
- In 2012, one TI site was functional, although there was no information on HRGs in the district.
- Two ICTCs functional in 2012, tested a total of 6,769 attendees for HIV in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Strengthen efforts towards assessing route of HIV transmission at the ICTCs.
- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.

Jamui

District Population: 17,56,078 (1.69% of Bihar Population); Female Literacy[1]: 49.44%; ANC Utilization[2]: 27.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	*	0.10	0.07	0	0.07	0.03
	NT	-	-	*	1020	2668	2738	2899	3776
Blood Bank	PP	-	-	-	-		*	*	*
	NT	-	-	-	-		*	*	*
HSS-STD	PP	-	5.00	2.00	1.00		1.00		-
	NT	-	250	250	250		250		-
HSS-FSW	PP	-	5.00	2.00	1.00		1.00		-
	NT	-	250	250	250		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.52	1.85	1.82	2.18	2.16
	NT	-	-	-	528	1136	1151	1192	1666
ICTC Female	PP	-	-	-	2.46	1.20	0	2.55	2.34
	NT	-	-	-	284	748	21	943	1327
ICTC Referred	PP	-	-	-	1.56	-	-	3.32	-
	NT	-	-	-	64	-	-	1206	-
ICTC Direct Walk-in	PP	-	-	-	1.87	1.59	1.50	1.08	2.24
	NT	-	-	-	748	1884	1866	929	2993
Total tested at ICTCs[5]	NT	-	-	632	1832	4552	3910	5034	6769

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=67)	88.06	0	2.99	0	2.99	5.97

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	22713	14633	2648	5432
% of male pop.	3.12	2.01	0.36	0.75
% total migration	100	64.43	11.66	23.92

Top 5 districts for inter-state out-migration

Dhanbad, Jharkhand	Barddhaman, West Bengal	Kolkata, West Bengal	Deoghar, Jharkhand	Surat, Gujarat

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	400	650	3769
% Syphilis positivity	-	0	0.07	0

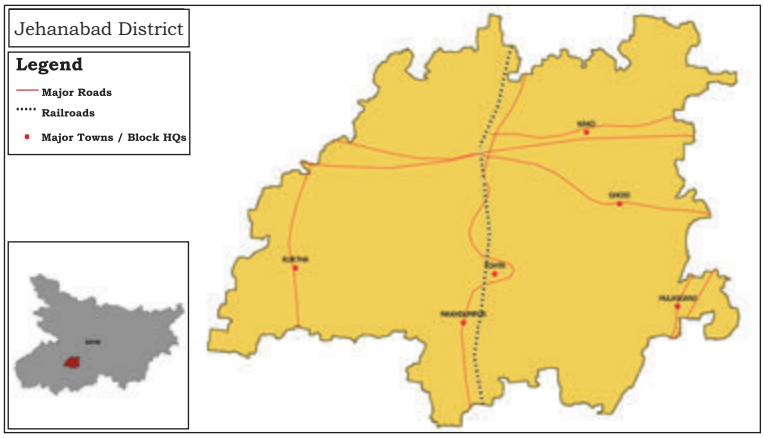
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	1	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	2	2	2
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Jehanabad

Background:



Jehanabad was carved out of old Gaya district on 1st August, 1986. Jehanabad is located on the confluence of two small rivers called Dardha and Yamunaiya. Its surrounding districts are the district of Patna in north, Gaya in south, Nalanda in east and the newly created district of Arwal in the west. Major part of the land in the district is plain. It has a population of 11.24 lakhs, a sex ratio of 918 females per 1,000 males, and a female literacy rate of 56.24% with an overall literacy rate of 68.27% (Census 2011). Jehanabad district is a predominantly agricultural district. Paddy, wheat, maize and pulses are the main agricultural crops raised by farmers in the district. In 2006, the Ministry of Panchayati Raj named Jehanabad one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is connected to other parts of Bihar and India through railways as well as roads, and National Highway 83 and 110 pass through the district.

HIV Epidemic Profile:

- In 2012, HIV positivity was low among PPTCT attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low (1%) among the FSWs, with a declining trend.
- According to 2012 ICTC data, HIV positivity was low among male (2.73%) and female (1.50%) attendees. It was also low among referred (2.10%) and direct walk-in (1.75%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 447 STI/RTI episodes were treated.
- According to 2001 census, 4.24% of the males were migrants, among them 54.77% migrated to other states and 23.99% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Ludhiana, Punjab and Surat, Gujarat.
- According to DLHS-III data, HIV and STI /RTI awareness rate among women was 45.5% and 47%, respectively.

Key Recommendations:

- 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.
- 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.
- Additional information on HIV epidemic profile of the district will improve in the understanding of district vulnerability.

Jehanabad

District Population: 11,24,176 (1.08% of Bihar Population); Female Literacy[1]: 56.24%; ANC Utilization[2]: 31.2%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	*	0	0	0.03	0.03	0
	NT	-	-	*	1784	2369	3391	3436	2843
Blood Bank	PP	-	-	-	-	-	*	*	*
	NT	-	-	-	-	-	*	*	*
HSS-STD	PP	-	3.00	3.00	1.00		1.00		-
	NT	-	250	254	250		247		-
HSS-FSW	PP	-	3.00	3.00	1.00		1.00		-
	NT	-	250	254	250		247		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	0.84	1.21	1.72	1.52	2.73
	NT	-	-	-	951	1073	1049	985	1171
ICTC Female	PP	-	-	-	0.66	1.13	0	0.86	1.50
	NT	-	-	-	908	976	18	1505	1536
ICTC Referred	PP	-	-	-	0.56	1.02	1.56	1.18	2.10
	NT	-	-	-	1251	1279	1666	1945	2193
ICTC Direct Walk-in	PP	-	-	-	1.15	1.43	1.08	0.92	1.75
	NT	-	-	-	608	770	557	545	514
Total tested at ICTCs[5]	NT	-	-	568	3643	4418	4458	5926	5550

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=55)	94.55	1.82	1.82	0	1.82	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	33234	18202	7972	7060
% of male pop.	4.24	2.32	1.02	0.90
% total migration	100	54.77	23.99	21.24

Top 5 districts for inter-state out-migration

Ludhiana, Punjab	Surat, Gujarat	Dhanbad, Jharkhand	Thane, Maharash-tra	Ranchi, Jharkhand

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	5336	9724	447
% Syphilis positivity	-	9.26	0	-

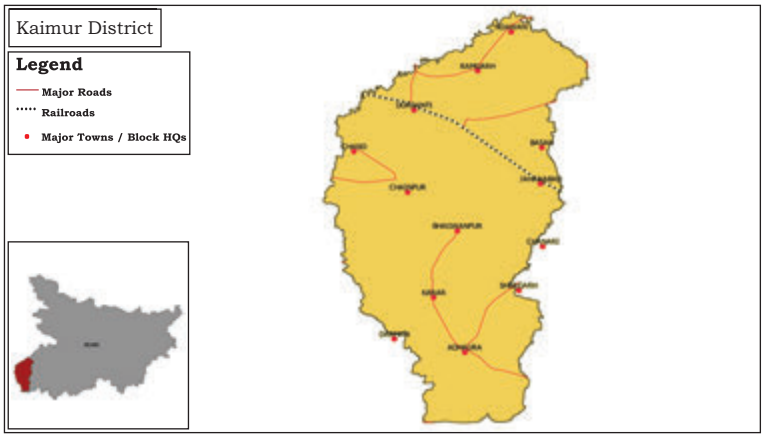
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	-	-	-	-	-	-	-	-	-
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	-	-	-	-
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Kaimur

Background:



Kaimur district was established in 1991. The Karmnasha and Durgawatirivers run through the district. The Kudra river lies on it eastern side. The district of Buxar of Bihar State and the district of Ghazipur of U.P. State borders it on the north. On the south is the district of Garhwa of Jharkhand State and on the west is the district of Chandauli and Mirjapur of the U.P. State. On the east is district of Rohtas of Bihar State. It has a population of 16.26 lakhs, a sex ratio of 919 females per 1,000 males, and a female literacy rate of 59.56% with an overall literacy rate of 71.01% (Census 2011). Agriculture is the main component of the economy in the district. In 2006, the Ministry of Panchayati Raj named Kaimurone of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is connected to other parts of Bihar and India through railways as well as roads, and National Highway 2 and 30 passes through the district.

HIV Epidemic Profile:

- In 2012, HIV positivity was low at 0.03% among PPTCT attendees, with a stable trend in the last three years.
- As per 2010 HSS data, HIV positivity was low among the FSWs and high (13%) among IDUs, with a stable trend among FSWs but a fluctuating trend among IDUs.
- According to 2012 ICTC data, HIV positivity was low among male (0.82%) and female (2.46%) attendees. It was also low among referred (1.06%) and direct walk-in (1.11%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 693 STI/RTI episodes were treated.
- According to 2001 census, 2.76% of the males were migrants, among them 48.14% migrated to other states and 10.19% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Thane, Maharashtra and Varanasi, Uttar Pradesh.
- According to 2012 ICTC data, HIV through needle/syringe route accounted for 7.50% and through parent to child accounted for 5%, out of the total HIV route of transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 40.7% and 49.3%, respectively.
- In 2012, three TI sites were functional, although there was no information on HRGs in the district.
- Three ICTCs functional in 2012, tested a total of 7,080 attendees for HIV in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Considering moderate 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.
- 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.

Kaimur

District Population: 16,26,900 (1.57% of Bihar Population); Female Literacy[1]: 59.56%; ANC Utilization[2]: 24.3%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	*	0.41	0	0	0	0.03
	NT	-	-	*	964	1309	1415	2061	3473
Blood Bank	PP	-	-	-	-	-	-	*	*
	NT	-	-	-	-	-	-	*	*
HSS-STD	PP	-	0	1.00	0		0		-
	NT	-	250	250	250		248		-
HSS-FSW	PP	-	0	1.00	0		0		-
	NT	-	250	250	250		248		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	1.00	2.00	26.00		13.00		-
	NT	-	250	250	250		238		-
ICTC Male	PP	-	-	-	1.64	0.65	1.25	1.36	0.82
	NT	-	-	-	1647	2160	2396	2872	3038
ICTC Female	PP	-	-	-	1.74	2.69	0	1.50	2.46
	NT	-	-	-	576	595	30	731	569
ICTC Referred	PP	-	-	-	2.41	0.82	1.93	1.73	1.06
	NT	-	-	-	954	1095	1347	2134	2256
ICTC Direct Walk-in	PP	-	-	-	1.10	1.27	0.79	0.88	1.11
	NT	-	-	-	1269	1660	1511	1469	1351
Total tested at ICTCs[5]	NT	-	-	802	3187	4064	3841	5664	7080

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=40)	85.00	0	0	7.50	5.00	2.50

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	18620	8964	1898	7758
% of male pop.	2.76	1.33	0.28	1.15
% total migration	100	48.14	10.19	41.66

Top 5 districts for inter-state out-migration

Thane, Maharash-tra	Varanasi, Uttar Pradesh	Mumbai (Suburban), Maha-rashtra	Chandauli, Uttar Pradesh	Sonbhadra, Uttar Pradesh

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	761	4015	693
% Syphilis positivity	-	0	0.17	0

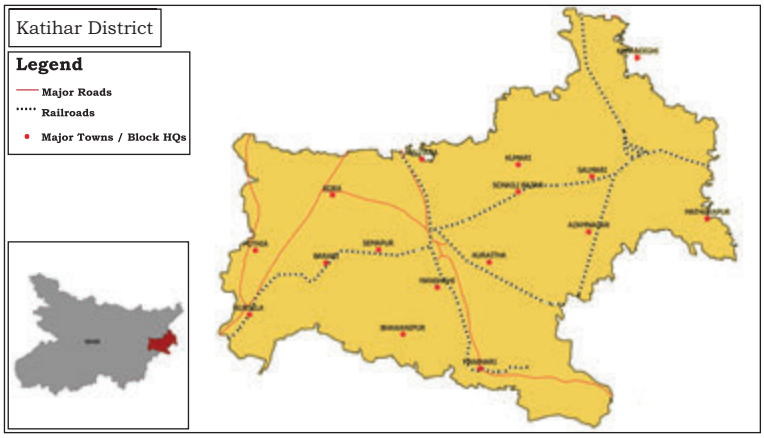
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	1	1	1	1	1
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	2	3	3	2	3	3	3	3	3
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	7	8	9
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Katihar

Background:



Katihar became a full-fledged district when it was split from Purnia in 1973. Katihar district is situated in the plains of North Eastern part of Bihar State, surrounded by Purnia district (Bihar) in the north and the west, Bhagalpur district (Bihar) and Sahebganj district (Jharkhand) in the south and Malda district and Uttar Dinajpur district (Paschim Bengal) in the east. It has a population of 30.68 lakh, a sex ratio of 916 females per 1,000 males and a female literacy rate of 45.37% with an overall literacy rate of 53.56% (Census 2011). The major source of living is agriculture. In 2006, the Ministry of Panchayati Raj named Katihar one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is connected to other parts of Bihar and India through railways as well as roads and National Highway 31 and 81 pass through the district.

HIV Epidemic Profile:

- As per 2012 PPTCT data, HIV positivity was low at 0.06% among the PPTCT attendees, with a stable trend in the last three years.
- According to 2012 Blood Bank data, HIV positivity was low at 0.26%, among the Blood bank attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a stable trend in the last three recordings.
- According to 2012 ICTC data, HIV positivity was low among male (2.31%) and female (2.27%) attendees. It was also low among referred (1.60%) attendees and moderate among direct walk-in (5.76%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 1,599 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.15%.
- According to 2001 census, 3.17% of the males were migrants, among them 57.01% migrated to other states and 13.42% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South Delhi and Maldah, West Bengal.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 20.4% and 26.6%, respectively.
- In 2012, three TI sites were functional, although there was no information on HRGs in the district.
- 10 ICTCs functional in 2012, tested a total of 17,342 attendees for HIV in the district.

Key Recommendations:

- Carry out differential analysis of direct walk-in attendees (representative of vulnerable populations), owing to moderate positivity in 2012.
- HIV preventive measures should be strengthened through awareness campaign especially for women and out-migrants to curb the epidemic at low level.
- Availability of 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.

Katihar

District Population: 30,68,149 (2.96% of Bihar Population); Female Literacy[1]: 45.37%; ANC Utilization[2]: 32.6%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	0.27	0.16	0.61	0.06	0.14	0.06
	NT	-	-	1860	1860	3747	4855	4934	4833
Blood Bank	PP	-	-	0	*	0.17	*	0.04	0.26
	NT	-	-	1092	*	1171	*	2745	1889
HSS-STD	PP	0	6.00	0	1.00		0		-
	NT	248	240	250	249		250		-
HSS-FSW	PP	0	6.00	0	1.00		0		-
	NT	248	240	250	249		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.97	4.14	2.63	2.04	2.31
	NT	-	-	-	1638	2344	4339	5389	6916
ICTC Female	PP	-	-	-	3.17	2.33	0	1.60	2.27
	NT	-	-	-	1356	3220	114	4696	5593
ICTC Referred	PP	-	-	-	0.55	1.90	1.91	1.17	1.60
	NT	-	-	-	1825	3581	5868	8638	10407
ICTC Direct Walk-in	PP	-	-	-	8.38	5.24	5.60	5.81	5.76
	NT	-	-	-	1169	1983	1464	1447	2102
Total tested at ICTCs[5]	NT	0	0	1860	4854	9311	9308	15019	17342

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (846)	65	-	-	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=287)	95.82	0	0	0	4.18	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	39479	22507	5299	11673
% of male pop.	3.17	1.81	0.43	0.94
% total migration	100	57.01	13.42	29.57

Top 5 districts for inter-state out-migration

South Delhi	Maldah, West Bengal	Ludhiana, Punjab	Uttar Dinajpur, West Bengal	North West Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	550	3931	1599
% Syphilis positivity	0	0	0	0.15

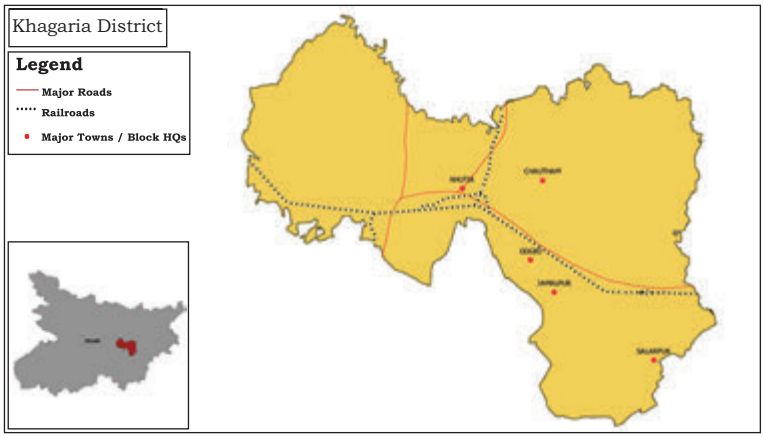
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	4	4	2	10	10	10	10	10
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	1	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	7	8	8
Comm. care centres	-	-	-	-	-	-	-	1	1
Drop-in-centres	-	-	-	-	-	-	1	1	1
Condom outlets	-	-	-	-	-	-	-	-	-

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

Khagaria

Background:



Khagaria was upgraded as district, with effect from 10th May, 1981. It has a population of 17.56 lakh, a sex ratio of 921 females per 1,000 males and a female literacy rate of 49.44% with an overall literacy rate of 62.16% (Census 2011). The district is surrounded by seven rivers namely Ganges, Kamla Balan, Koshi, Budhi Gandak, Kareh, Kali Koshi and Bagmati. These rivers cause floods every year which causes great loss of life and property including lifestock. Khagaria is entirely an agricultural district. In 2006, the Ministry of Panchayati Raj named Khagaria one of the country's 250 most backward districts (out of a total of 640, and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is well connected to other parts of Bihar and India through railways as well as roads and National Highway 31 and 107 pass through the district.

HIV Epidemic Profile:

- Based upon 2012 HSS-ANC data, HIV positivity among ANC attendees was low at 0.25%, with a stable trend.
- In 2012, HIV positivity was low among PPTCT (0.03%) attendees, with a stable trend in the last three recordings.
- According to 2012 ICTC data, HIV positivity was low among male (2.75%) and female (1.29%) attendees. It was also low among referred (0.68%) and direct walk-in (2.43%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 2,549 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 4.29% of the males were migrants, among them 63.83% migrated to other states and 14.70% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North West Delhi and Mumbai (Suburban), Maharashtra.
- According to 2012 ICTC data, HIV through parent to child accounted for 9.02%, out of the total HIV route of transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 26.9% and 54.8%, respectively.
- In 2012, a total of three TI sites were functional, although there was no information on HRGs in the district.

Key Recommendations:

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- 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.
- 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.

Khagaria

District Population: 16,57,599 (1.60% of Bihar Population); Female Literacy[1]: 52.16%; ANC Utilization[2]: 27.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	*		*		0.25
	NT[4]	-	400	400	*		*		400
PPTCT	PP	-	-	*	0.38	0.25	0.03	0.05	0.03
	NT	-	-	*	1321	2833	3342	4261	5909
Blood Bank	PP	-	-	*	-	*	*	*	*
	NT	-	-	*	-	*	*	*	*
HSS-STD	PP	-	0	0	*		*		-
	NT	-	250	250	*		*		-
HSS-FSW	PP	-	0	0	*		*		-
	NT	-	250	250	*		*		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.13	3.46	3.20	2.95	2.75
	NT	-	-	-	991	1273	1533	2512	2621
ICTC Female	PP	-	-	-	1.99	2.28	0	1.55	1.29
	NT	-	-	-	1006	1538	49	3483	3871
ICTC Referred	PP	-	-	-	1.30	1.12	2.53	1.17	0.68
	NT	-	-	-	538	446	592	1283	2055
ICTC Direct Walk-in	PP	-	-	-	3.02	3.13	2.36	2.40	2.43
	NT	-	-	-	1459	2365	3351	4712	4437
Total tested at ICTCs[5]	NT	-	-	830	3318	5644	4924	10256	12401

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=122)	90.98	0	0	0	9.02	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	29001	18512	4262	6227
% of male pop.	4.29	2.74	0.63	0.92
% total migration	100	63.83	14.70	21.47

Top 5 districts for inter-state out-migration

North West Delhi	Mumbai (Suburban), Maharashtra	Thane, Maharashtra	South Delhi	West Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	223	3931	2549
% Syphilis positivity	-	0	0	0

Programme Response

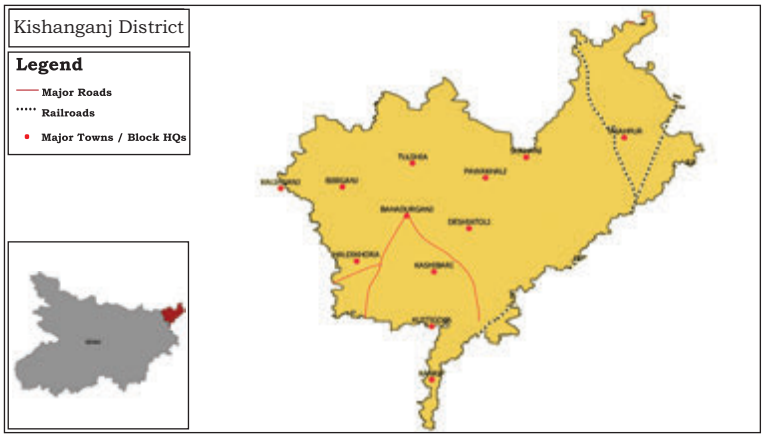
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	1
MSM TIs	-	-	-	-	-	-	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	2	2	1	6	6	6	6	6
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	4	4	4
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Kishanganj

Background:

Kishanganj district of Bihar is a part of Purnia division. Kishanganj district is surrounded by Araria district in the west, Purnia district in the south-west, Uttar Dinajpur district of West Bengal on the east, and Darjeeling district of West Bengal and Nepal on the north. It has a population of 16.90 lakh, a sex ratio of 946 females per 1,000 males and a female literacy rate of 47.98% with an overall literacy rate of 57.04% (Census 2011). In 2006, the Ministry of Panchayati Raj named Kishanganj one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is well connected to other parts of Bihar and India through railways as well as roads and National Highways 31 and 106 pass through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was moderate at 0.50% among the ANC attendees, with a steep rise in 2012.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.15%) attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank (0.27%) attendees, with an increasing trend.
- As per 2010 HSS-FSW data, HIV positivity was low (1%) among the FSWs, with an overall declining trend.
- According to 2012 ICTC data, HIV positivity was low among male (2.50%) and female (2.39%) attendees. It was also low among referred (2.57%) and direct walk-in (1.36%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 8,722 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 2.43%.
- According to 2001 census, 2.71% of the males were migrants, among them 73.19% migrated to other states and 4.61% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Ludhiana, Punjab and Mumbai (Suburban), Maharashtra.
- According to 2012 ICTC data, HIV through parent to child accounted for 6.64%, out of the total HIV route of transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 22% and 32.4%, respectively.
- In 2012, three TI sites were functional, although there was no information on HRGs in the district.
- Nine ICTCs functional in 2012, tested a total of 21,166 attendees for HIV in the district.

Key Recommendations:

- Conduct socio-demographic analysis of HSS-ANC attendees to understand risk factors for HIV epidemic among general population.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Strengthen outreach activities among general population and around truck halting points & highways in the district.
- 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.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- Mechanisms need to be put in place in order to collect more data on HRG, which will help to better understand the district's vulnerabilities.

Kishanganj

District Population: 16,90,948 (1.63% of Bihar Population); Female Literacy[1]: 47.98%; ANC Utilization[2]: 27.7%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0.50
	NT[4]	-	400	400	400		398		400
PPTCT	PP	-	-	0.24	0.38	0.41	0.15	0.21	0.15
	NT	-	-	2869	2131	2911	3307	4333	8895
Blood Bank	PP	-	-	*	*	*	0	0.13	0.27
	NT	-	-	*	*	*	3455	3912	3007
HSS-STD	PP	*	0	8.00	3.00		1.00		-
	NT	*	250	250	250		245		-
HSS-FSW	PP	*	0	8.00	3.00		1.00		-
	NT	*	250	250	250		245		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.04	3.38	4.06	2.28	2.50
	NT	-	-	-	3816	3284	3403	4688	7246
ICTC Female	PP	-	-	-	1.99	3.21	0	2.42	2.39
	NT	-	-	-	1755	2371	138	3221	5025
ICTC Referred	PP	-	-	-	1.07	3.85	3.88	2.70	2.57
	NT	-	-	-	1212	2726	3945	6192	11091
ICTC Direct Walk-in	PP	-	-	-	2.29	2.80	3.71	1.05	1.36
	NT	-	-	-	4359	2929	1835	1717	1180
Total tested at ICTCs[5]	NT	-	-	2869	7702	8566	6848	12242	21166

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=301)	90.70	1.66	0.33	0	6.64	0.66

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	18077	13231	833	4013
% of male pop.	2.71	1.98	0.12	0.60
% total migration	100	73.19	4.61	22.20

Top 5 districts for inter-state out-migration

Ludhiana, Punjab	Mumbai (Suburban), Maharashtra	Uttar Dinajpur, West Bengal	South Delhi	Ludhiana, Punjab

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	946	1675	8722
% Syphilis positivity	-	0	0	2.43

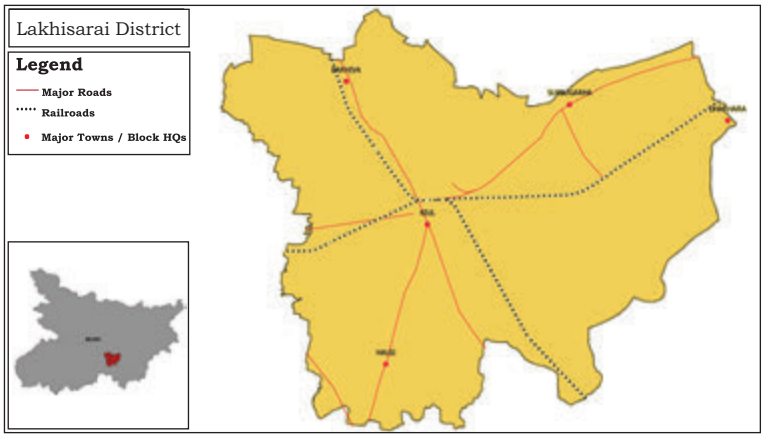
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	-	-	-
IDU TIs	-	-	-	-	-	-	1	1	1
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	4	4	2	9	9	9	9	9
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	4	4	4
Comm. care centres	-	-	-	-	1	1	1	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Lakhisarai

Background:



Lakhisarai is a beautiful and an important place of Bihar. This district was established on the 3rd of July 1994. Lakhisarai is bordered by Munger, Sheikhpura, Begusarai and Patna in the east, south, west and north respectively. It has a population of 10 lakh, a sex ratio of 900 females per 1,000 males and a female literacy rate of 54.89% with an overall literacy rate of 64.95% (Census 2011). Lakhisarai is one of the best trading center in Bihar. Lots of items being traded here. Banarasi Sari, Silk, Kaleen, Dari and Agricultural produces are the main articles, which are traded in and out of the district. In 2006, the Ministry of Panchayati Raj named Lakhisarai one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is well connected to other parts of Bihar and India through railways as well as roads and National Highway 80 passes through the district.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was high at 1.25% among the ANC attendees, with a steep rise in 2012.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.16%) attendees, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (1.03%) and female (0.31%) attendees. It was also low among referred (0.63%) and direct walk-in (0.45%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 1,680 STI/RTI episodes were treated.
- According to 2001 census, 3.05% of the males were migrants, among them 51.19% migrated to other states and 20.64% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dhanbad, Jharkhand and Faridabad, Haryana.
- According to 2012 ICTC data, HIV transmissions through homosexual, blood transfusion and through parent to child route, each accounted for 5.88% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 32.2% and 39.8%, respectively.
- In 2012, four TI sites were functional, although there was no information on HRGs in the district.
- Eight ICTCs functional in 2012, tested a total of 13,272 attendees for HIV in the district.

Key Recommendations:

- Carryout disaggregated analysis of HSS-ANC attendees to identify risk factors responsible for the steep rise of HIV epidemic among general population.
- Since HIV transmission rate through blood transfusion was 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.
- The percentage of HIV transmission via parent to child was high. Therefore, there is a need to better understand the profile and dynamics of clinic attendees and their spouses, through analysis of ICTC data.
- Higher HIV transmission rate through homosexual route necessitates strengthening of TI interventions for MSM population.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.

Lakhisarai

District Population: 16,90,948 (1.63% of Bihar Population); Female Literacy[1]: 47.98%; ANC Utilization[2]: 25.8%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		*		1.25
	NT[4]	-	400	400	303		*		400
PPTCT	PP	-	-	0	0.26	0.22	0.04	0.07	0.16
	NT	-	-	1613	1551	3152	4622	4033	4511
Blood Bank	PP	-	-	-	-	*	*	*	*
	NT	-	-	-	-	*	*	*	*
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.56	1.47	1.18	1.15	1.03
	NT	-	-	-	898	2443	2620	2611	3310
ICTC Female	PP	-	-	-	0.59	1.22	0	0.65	0.31
	NT	-	-	-	1021	1963	31	2932	5451
ICTC Referred	PP	-	-	-	0.22	1.81	0.84	0.72	0.63
	NT	-	-	-	461	2485	3352	3204	6523
ICTC Direct Walk-in	PP	-	-	-	1.30	0.78	1.25	1.11	0.45
	NT	-	-	-	1458	1921	2630	2339	2238
Total tested at ICTCs[5]	NT	-	-	1613	3470	7558	7273	9576	13272

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=51)	80.39	5.88	5.88	0	5.88	1.96

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	12692	6497	2620	3575
% of male pop.	3.05	1.56	0.63	0.86
% total migration	100	51.19	20.64	28.17

Top 5 districts for inter-state out-migration

Dhanbad, Jharkhand	Faridabad, Haryana	Chan-digarh, Chandi-garh	Surat, Gujarat	South Delhi, Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1446	504	1680
% Syphilis positivity	-	0	0	0

Programme Response

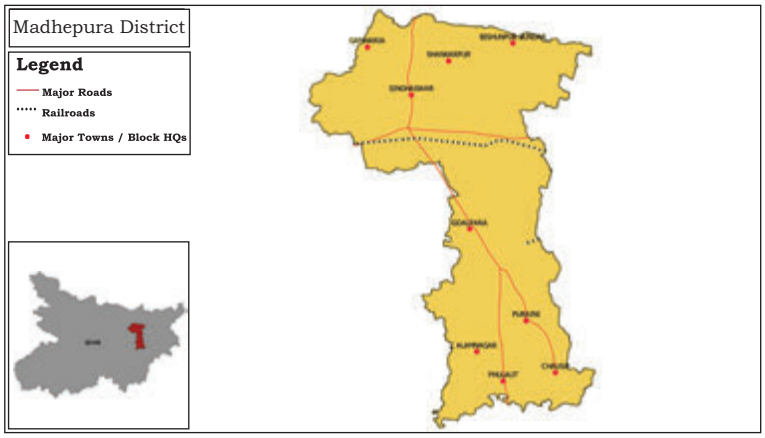
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	-	1	1
MSM TIs	-	-	-	-	1	1	-	1	1
IDU TIs	-	-	-	-	1	1	-	1	1
Comp. TIs	-	-	-	-	1	1	-	1	1
ICTCs	1	2	2	2	7	7	7	7	8
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	3	3	3
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	1	1	1
Condom outlets	-	-	-	142	202	289	414	591	845

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

Madhepura

Background:

Madhepura district of Bihar is a part of Kosi division. It is surrounded by Araria and Supaul district in the north, Khagaria and Bhagalpur district in the south, Purnia district in the east and Saharsa district in the West. It is situated in the Plains of River Koshi. It has a population of 19.94 lakh, a sex ratio of 914 females per 1,000 males, and a female literacy rate of 42.75% with an overall literacy rate of 53.78% (Census 2011). It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). National Highway 106 and 107 pass through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT attendees, a trend could not be found due to lack of data from the previous years.
- According to 2012 ICTC data, HIV positivity was low among male (1.27%) and female (1.13%) attendees. It was also low among referred (1.05%) and direct walk-in (1.45%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 368 STI/RTI episodes were treated.
- According to 2001 census, 2.41% of the males were migrants, among them 55.79% migrated to other states and 25.49% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North West Delhi and South Delhi.
- According to 2012 ICTC data, HIV through parent to child accounted for 15.38%, out of the total HIV route of transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 10.9% and 35.7%, respectively.
- Two ICTCs functional in 2012, tested a total of 4,338 attendees for HIV in the district.

Key Recommendations:

- Sustenance of HIV prevention strategies is suggested to maintain HIV prevalence at low levels in the district.
- 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.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- 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.
- Better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.

Madhepura

District Population: 19,94,618 (1.92% of Bihar Population); Female Literacy[1]: 42.75%; ANC Utilization[2]: 20.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0
	NT[4]	-	347	400	400		375		400
PPTCT	PP	-	-	*	*	*	*	0.10	0
	NT	-	-	*	*	*	*	971	2182
Blood Bank	PP	-	-	-	-	-	*	*	*
	NT	-	-	-	-	-	*	*	*
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.51	1.49	*	0.81	1.27
	NT	-	-	-	464	537	*	863	1179
ICTC Female	PP	-	-	-	0	2.48	*	0.81	1.13
	NT	-	-	-	378	202	*	616	977
ICTC Referred	PP	-	-	-	2.44	-	1.47	0.75	1.05
	NT	-	-	-	41	-	68	801	1331
ICTC Direct Walk-in	PP	-	-	-	0.75	1.76	2.11	0.88	1.45
	NT	-	-	-	801	739	854	678	825
Total tested at ICTCs[5]	NT	0	0	388	1285	1314	1414	2450	4338

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=26)	76.92	0	3.85	3.85	15.38	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	19225	10725	4900	3600
% of male pop.	2.41	1.35	0.62	0.45
% total migration	100	55.79	25.49	18.73

Top 5 districts for inter-state out-migration

North West Delhi	South Delhi	East Delhi	Ludhiana, Punjab	South West Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1028	106	368
% Syphilis positivity	-	0	0	0

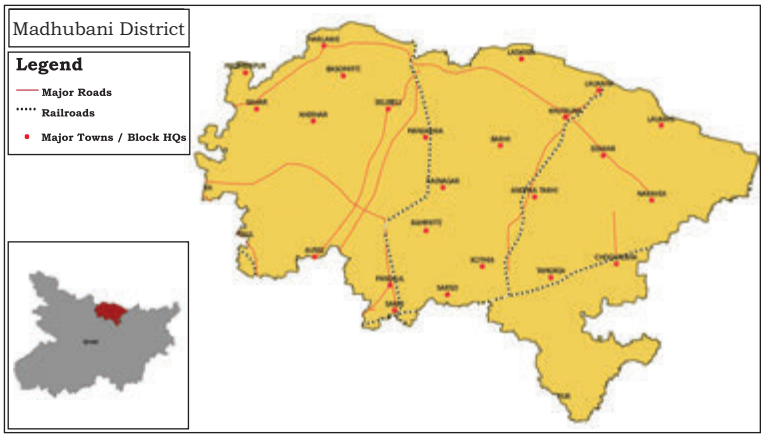
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	2	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	8	10	10
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Madhubani

Background:



Madhubani was carved out of the old Darbhanga district in the year 1972 as a result of reorganisation of the districts in the State. Bordered on the north by a hill region of Nepal and extending to the border of its parent district Darbhanga in the south, Sitamarhi in the west and Supaul in the east. It has a population of 44.76 lakh, a sex ratio of 925 females per 1,000 males and a female literacy rate of 48.3% with an overall literacy rate of 60.9% (Census 2011). The "Madhubani" style of paintings derives its name from this region as the style originated there, in the early 17th century. In 2006, the Ministry of Panchayati Raj named Madhubani one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). National Highway 104 passes through the district.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was moderate at 0.50% among the ANC attendees, with a steep rise in 2012.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.14%) attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low (1%) among the FSWs, with a sudden drop in 2010.
- According to 2012 ICTC data, HIV positivity was low among male (4.06%) and female (2.11%) attendees. It was also low among referred (3.50%) and direct walk-in (2.14%) attendees. Positivity levels showed a declining trend among male and direct walk-in attendees, a stable trend was observed among female attendees and referred attendees.
- In 2012, 1,082 STI/RTI episodes were treated.
- According to 2001 census, 5.29% of the males were migrants, among them 78.34% migrated to other states and 8.10% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Thane, Maharashtra and South Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 8.05% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 22.6% and 37%, respectively.
- In 2012, a total of three TI sites were functional, although there was no information on HRGs in the district.
- 16 ICTCs functional in 2012, tested a total of 35,973 attendees for HIV in the district.

Key Recommendations:

- Carryout disaggregated analysis of HSS-ANC attendees to identify risk factors responsible for the steep rise of HIV epidemic among general population.
- Considerable rate of migration to high HIV prevalent districts, better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.
- Parent to child HIV transmission was high in the district, therefore, it is necessary to strengthen PPTCT program coverage in the district.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- Increase the availability of additional information on the HIV epidemic profile of the district, including HRG size data, to improve the understanding of district vulnerability.

Madhubani

District Population: 44,76,044 (4.31% of Bihar Population); Female Literacy[1]: 48.3%; ANC Utilization[2]: 33.6%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0.50
	NT[4]	-	396	400	400		400		400
PPTCT	PP	-	-	0.58	0.35	0.23	0.14	0.13	0.14
	NT	-	-	2249	3162	7844	10582	12152	16767
Blood Bank	PP	-	-	*	*	*	*	*	*
	NT	-	-	*	*	*	*	*	*
HSS-STD	PP	-	0	-	13.00		1.00		-
	NT	-	250	-	250		250		-
HSS-FSW	PP	-	0	-	13.00		1.00		-
	NT	-	250	-	250		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	7.39	4.43	4.35	4.08	4.06
	NT	-	-	-	2843	4150	4734	5607	7891
ICTC Female	PP	-	-	-	3.19	2.96	0	3.11	2.11
	NT	-	-	-	4884	4960	206	7375	11315
ICTC Referred	PP	-	-	-	4.39	3.80	2.95	3.54	3.50
	NT	-	-	-	6085	6871	8590	9090	10926
ICTC Direct Walk-in	PP	-	-	-	6.03	3.13	4.29	3.49	2.14
	NT	-	-	-	1642	2239	2564	3892	8280
Total tested at ICTCs[5]	NT	-	-	2249	10889	16954	15522	25134	35973

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (1821)	68	4	28	21	5
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=559)	87.30	2.68	0.36	0.36	8.05	1.25

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	97247	76180	7877	13190
% of male pop.	5.29	4.15	0.43	0.72
% total migration	100	78.34	8.10	13.56

Top 5 districts for inter-state out-migration

Thane, Maharash-tra	South Delhi	North West Delhi	Mumbai (Suburban), Maha-rashtra	West Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	5959	8703	1082
% Syphilis positivity	-	0	0	0

Programme Response

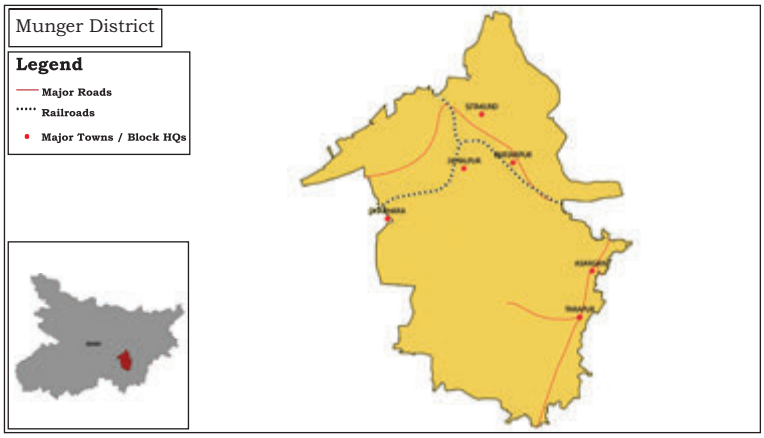
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	3	3	3	16	16	16	16	16
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	1	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	9	15	15
Comm. care centres	-	-	-	-	-	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Munger

Background:

The district is named after its headquarters, Munger. Historically, Munger is known for ancient 'seat of rule'. The district is bordered by river Ganges from north side. Lakhisarai and Begusarai districts lies on the northwest and southwest side respectively. Jamui district on southern side, Bhagalpur and Banka districts on northeast and southeast sides respectively and Khagaria district on the northern side. It has a population of 13.59 lakh, a sex ratio of 879 females per 1,000 males and a female literacy rate of 65.53% with an overall literacy rate of 73.3% (Census 2011). Munger is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Munger is connected with NH-80 and various state highways.



HIV Epidemic Profile:

- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.08%) attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank attendees.
- As per 2008 HSS-MSM data, HIV positivity was low at 2.41% among the MSMs, with a fluctuating trend.
- According to 2012 ICTC data, HIV positivity was low among male (1.40%) and female (0.84%) attendees. It was also low among referred (1.32%) and direct walk-in (1.15%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 2,424 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 3.14%.
- According to 2001 census, 7.83% of the males were migrants, among them 71.04% migrated to other states and 17.05% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Faridabad, Haryana and Dhanbad, Jharkhand.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 53.6% and 58.6%, respectively.
- In 2012, one TI site was functional, although there was no information on HRGs in the district.
- Three ICTCs functional in 2012, tested a total of 7,938 attendees for HIV in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Conduct special awareness campaign especially among pockets of out-migrants transit points and around truck halting points and highways 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.
- Increase the availability of additional information on the HIV epidemic profile of the district to improve the understanding of district vulnerability.

Munger

District Population: 44,76,044 (4.31% of Bihar Population); Female Literacy[1]: 48.3%; ANC Utilization[2]: 37.3%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	0.09	0.36	0.05	0.09	0.03	0.08
	NT	-	-	2138	1113	2219	2301	3303	3802
Blood Bank	PP	-	-	*	*	*	*	0.11	0
	NT	-	-	*	*	*	*	905	1244
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	0.40	0.40	6.40	2.41		-		-
	NT	250	250	250	249		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.85	1.10	1.24	1.47	1.40
	NT	-	-	-	771	1179	1610	1701	2357
ICTC Female	PP	-	-	-	2.30	1.11	0	0.99	0.84
	NT	-	-	-	653	903	20	1218	1779
ICTC Referred	PP	-	-	-	-	-	-	1.18	1.32
	NT	-	-	-	-	-	-	423	304
ICTC Direct Walk-in	PP	-	-	-	2.60	1.10	1.08	1.28	1.15
	NT	-	-	-	1424	2082	2863	2496	3832
Total tested at ICTCs[5]	NT	-	-	2138	2537	4301	3931	6222	7938

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=48)	95.83	0	0	0	4.17	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	47325	33622	8071	5632
% of male pop.	7.83	5.56	1.33	0.93
% total migration	100	71.04	17.05	11.90

Top 5 districts for inter-state out-migration

Faridabad, Haryana	Dhanbad, Jharkhand	South Delhi	Barddhaman, West Bengal	Ludhiana, Punjab

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	517	1718	2424
% Syphilis positivity	-	0	0.82	3.14

Programme Response

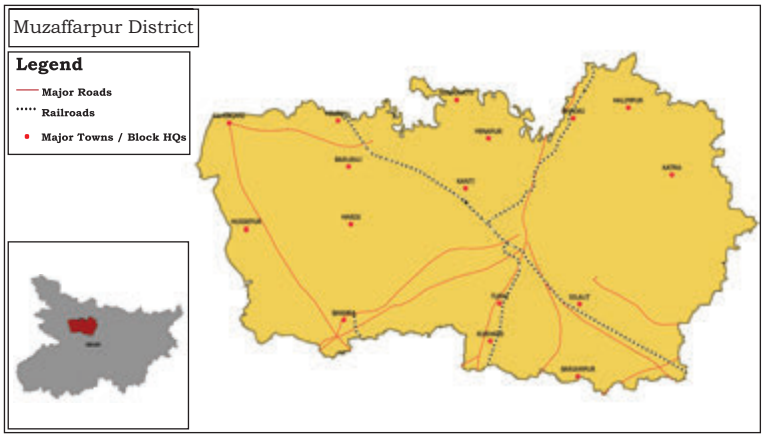
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	2	2	1	2	2	2	2	3
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	7	7	7
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Muzaffarpur

Background:

Muzaffarpur, created in 1875, is one of the largest commercial and educational center of Bihar. It is the third most populous district of Bihar, with a population of 41.38 lakh, a sex ratio of 898 females per 1,000 males and a female literacy rate of 56.82% with an overall literacy rate of 65.68% (Census 2011). Muzaffarpur has many industries ranging from small to big, including agro-based to manufacturing units. It is one of the 36 districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme. It is connected to other parts of Bihar and India through railways as well as roads and National Highway 28, 57, 77 and 102 pass through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was moderate at 0.75% among the ANC attendees, with an increasing trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.31%) attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank (0.33%) attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was moderate (8%) among the FSWs, with fluctuating trend.
- According to 2012 ICTC data, HIV positivity was high among male (15.67%) attendees and moderate among female (5.40%) attendees. It was also moderate among referred (9.16%) attendees but high among direct walk-in (10.49%) attendees. Positivity levels showed an increasing trend among all the ICTC attendees, in the last three years.
- In 2012, 30,933 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 5.62% of the males were migrants, among them 56.49% migrated to other states and 18.72% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Panipat, Haryana and North East Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 5.21% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 25.3% and 34.1%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.

Key Recommendations:

- 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 attendees (representative of vulnerable populations), owing to high positivity in 2012. An increasing trend among them can be explored by further analysing the ICTC data.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data as the parent to child transmission rate was high.
- Strengthen outreach activities with HIV prevention messages for migrants at source and destination sites and among general population, especially women.
- Availability of DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Muzaffarpur

District Population: 41,38,605 (2.07% of Bihar Population); Female Literacy[1]: 56.82%; ANC Utilization[2]: 20.2%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0	0	0	0		0.25		0.75
	NT[4]	400	400	399	400		399		400
PPTCT	PP	-	-	0.48	0.49	0.35	0.31	0.30	0.31
	NT	-	-	4837	4069	7373	11409	13261	16900
Blood Bank	PP	-	-	0.26	0.11	0.12	0.33	0.21	0.33
	NT	-	-	2346	1878	3210	5693	6545	7846
HSS-STD	PP	0	1.00	0	5.00		8.00		-
	NT	250	250	250	248		250		-
HSS-FSW	PP	0	1.00	0	5.00		8.00		-
	NT	250	250	250	248		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	17.46	12.15	11.84	13.72	15.67
	NT	-	-	-	2681	3531	4882	4672	4403
ICTC Female	PP	-	-	-	8.61	7.48	0	6.01	5.40
	NT	-	-	-	3065	3982	578	5622	6427
ICTC Referred	PP	-	-	-	11.26	8.72	7.09	9.44	9.16
	NT	-	-	-	3489	4680	7942	6672	7426
ICTC Direct Walk-in	PP	-	-	-	15.02	11.26	7.96	9.64	10.49
	NT	-	-	-	2257	2833	4106	3622	3404
Total tested at ICTCs[5]	NT	0	0	4837	9815	14886	16869	23555	27730

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (10158)	26	8	83	75	11
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=1037)	94.50	0	0	0.10	5.21	0.19

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	106286	60044	19902	26340
% of male pop.	5.62	3.17	1.05	1.39
% total migration	100	56.49	18.72	24.78

Top 5 districts for inter-state out-migration

Panipat, Haryana	North East Delhi	Haridwar, Uttara-ranchal	Ludhiana, Punjab	Chan-digarh, Chandi-garh

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	24217	24430	30933
% Syphilis positivity	-	0.06	0.06	0

Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	-	1	1
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	1	1	-	1	1
Comp. TIs	-	-	-	-	1	1	-	1	1
ICTCs	2	4	4	2	15	15	15	15	15
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	2	2	2	2
ART centres	-	-	-	1	1	1	1	1	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	14	16	16
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	484	691	987	1411	2016	2880

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

Nalanda

Background:

Nalanda, is famous all over the world for the the ancient International Monastic University established in 5th century BC, which taught Vedas, Logic, Grammar, Medicine, Meta-Physics, Prose Composition and Rhetoric. The district is popularly known as Biharsharif. Nalanda became a fully-fledged district when it was split from Patna in 1976. It has a population of 28.72 lakh, a sex ratio of 921 females per 1,000 males and a female literacy rate of 54.76% with an overall literacy rate of 66.41% (Census 2011). Agriculture is the main source of occupation. It is one of the 36 districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme. It is connected to other parts of Bihar and India through railways as well as roads and National Highway 30A, 31 and 82 pass through the district.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was moderate at 0.50% among the ANC attendees, with a sudden rise in 2012.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.08%) attendees, with a stable trend.
- According to 2011 Blood Bank data, HIV positivity was low among Blood Bank (0.11%) attendees.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (0.84%) and female (1.32%) attendees. It was also low among referred (0.42%) and direct walk-in (1.75%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 5,691 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 1.82%.
- According to 2001 census, 6.03% of the males were migrants, among them 63.61% migrated to other states and 18.96% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Karnal, Haryana and Ludhiana, Punjab.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 10%, and through homosexuals accounted for 5%, of all the HIV transmissions in the district.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 54.3% and 40.8%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.
- Three ICTCs functional in 2012, tested a total of 7,589 attendees for HIV in the district.

Key Recommendations:

- Considering rising trend among HSS-ANC data, socio-demographic analysis should be done to ascertain risk factors.
- Higher HIV transmission rate through homosexual route necessitates strengthening of TI interventions for MSM population.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data as the parent to child transmission rate was high.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Nalanda

District Population: 28,72,523 (2.77% of Bihar Population); Female Literacy[1]: 54.76%; ANC Utilization[2]: 24.6%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0.50
	NT[4]	-	400	400	400		400		400
PPTCT	PP	-	-	0	0.09	0.12	0	0.03	0.08
	NT	-	-	978	1159	2517	3031	3139	3662
Blood Bank	PP	-	-	*	*	*	0	0.11	*
	NT	-	-	*	*	*	1283	1821	*
HSS-STD	PP	-	*	1.00	0		0		-
	NT	-	*	250	250		250		-
HSS-FSW	PP	-	*	1.00	0		0		-
	NT	-	*	250	250		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	0.78	0.59	0.69	0.81	0.84
	NT	-	-	-	1403	1689	1598	1731	2493
ICTC Female	PP	-	-	-	0.96	0.87	0	1.18	1.32
	NT	-	-	-	940	915	11	1015	1434
ICTC Referred	PP	-	-	-	1.28	1.23	1.10	1.02	0.42
	NT	-	-	-	623	649	906	1371	2156
ICTC Direct Walk-in	PP	-	-	-	0.70	0.51	0.55	0.87	1.75
	NT	-	-	-	1720	1955	1442	1375	1771
Total tested at ICTCs[5]	NT	-	-	978	3502	5121	4640	5885	7589

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=40)	82.50	5.00	2.50	0	10	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	74611	47463	14145	13003
% of male pop.	6.03	3.84	1.14	1.05
% total migration	100	63.61	18.96	17.43

Top 5 districts for inter-state out-migration

Karnal, Haryana	Ludhiana, Punjab	West Delhi	Surat, Gujarat	South West Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1405	4296	5691
% Syphilis positivity	-	1.57	0	1.82

Programme Response

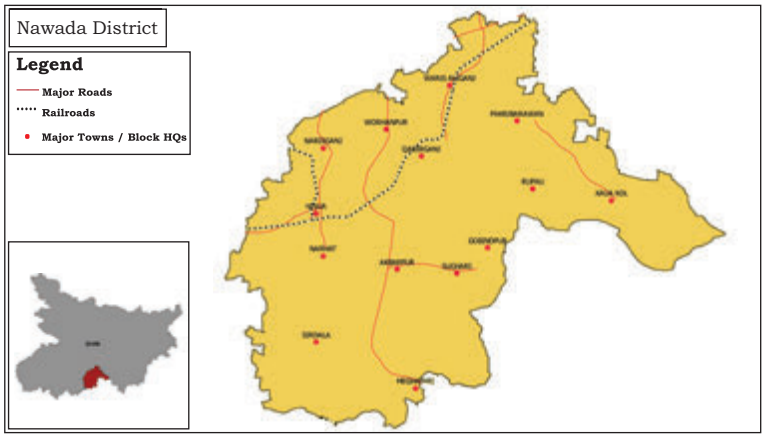
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	1	1	1
IDU TIs	-	-	-	-	1	1	1	1	1
Comp. TIs	-	-	-	-	-	-	-	1	1
ICTCs	1	2	3	1	3	3	3	3	3
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	6	6	6
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Nawada

Background:

Nawada is situated in the Magadh subdivision of southern Bihar. It has a population of 22.16 lakh, a sex ratio of 936 females per 1,000 males and a female literacy rate of 51.09% with an overall literacy rate of 61.63% (Census 2011). Agriculture is the main source of occupation. It is one of the 36 districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme. Kakolat Waterfall is a picturesque waterfall in Nawada district, popular with tourists due to its scenic surroundings. It is connected to other parts of Bihar and India through railways as well as roads, and National highway 31 is passing from Nawada by which it is directly connected with big cities.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.09%) attendees, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (3.46%) and female (3.24%) attendees. It was also low among referred (2.61%) and direct walk-in (4.17%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 2,687 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 5.25% of the males were migrants, among them 72.60% migrated to other states and 9.22% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Kolkata, West Bengal and Dhanbad, Jharkhand.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 12.37%, of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 23.2% and 46.2%, respectively.
- In 2012, a total of three TI sites were functional, although there was no information on HRGs in the district.
- Two ICTCs functional in 2012, tested a total of 6,117 attendees for HIV in the district.

Key Recommendations:

- Though there was a low level of HIV epidemic in the district among ICTC attendees, district needs continued attention to decrease and limit the spread of the infection further and vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- The percentage of transmission via parent to child was high. Therefore, there is a need to better understand the profile and dynamics of clinic attendees and their spouses, through further analysis of ICTC data.
- Better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Nawada

District Population: 22,16,653 (2.14% of Bihar Population); Female Literacy[1]: 51.09%; ANC Utilization[2]: 23%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0
	NT[4]	-	400	400	400		361		400
PPTCT	PP	-	-	0.07	0.14	0.34	0.30	0.04	0.09
	NT	-	-	1423	1418	1766	1985	2325	3228
Blood Bank	PP	-	-	*	*	*	-	*	*
	NT	-	-	*	*	*	-	*	*
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.69	3.31	3.69	2.29	3.46
	NT	-	-	-	819	1237	1248	1485	1561
ICTC Female	PP	-	-	-	4.91	4.71	0	2.13	3.24
	NT	-	-	-	529	679	46	984	1328
ICTC Referred	PP	-	-	-	3.49	3.97	4.40	2.12	2.61
	NT	-	-	-	830	1310	1386	1840	1497
ICTC Direct Walk-in	PP	-	-	-	3.67	3.47	4.25	2.54	4.17
	NT	-	-	-	518	606	518	629	1392
Total tested at ICTCs[5]	NT	-	-	1423	2766	3682	3279	4794	6117

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=97)	85.57	0	0	2.06	12.37	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	48786	35419	4496	8871
% of male pop.	5.25	3.81	0.48	0.96
% total migration	100	72.60	9.22	18.18

Top 5 districts for inter-state out-migration

Kolkata, West Bengal	Dhanbad, Jharkhand	Hugli, West Bengal	North Twenty Four Parganas, West Bengal	Thane, Maharashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1059	2950	2687
% Syphilis positivity	-	0	10	0

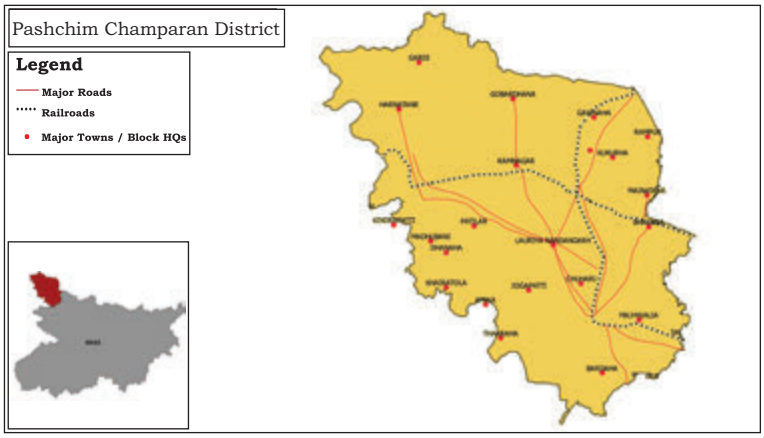
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-		-
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	1	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	4	5	5
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Pashchim Champaran

Background:



Pashchim Champaran or West Champaran district was carved out of the old Champaran district in the year 1972 as a result of re-organization of the district in the state. It is bordered on the north by Hilly region of Nepal, on the south by Gopalganj & part of Purbi Champaran district, on the east Purbi Champaran district and on the west by Padrauna & Deoria district of Uttar Pradesh. It has a population of 39.22 lakh, a sex ratio of 906 females per 1,000 males and a female literacy rate of 46.79% with an overall literacy rate of 58.06% (Census 2011). It is currently a part of the Red Corridor. Agriculture is the main source of income of the people in West Champaran. Some agro-based industries have flourished here and are being run successfully. The district still lags behind in having sufficient communication linkage by metalled roads within its territory. National Highway 28 B cris-crosses this district, while it is well connected with the state capital by road.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was moderate at 0.75% among the ANC attendees, with steep rise in 2012.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.04%) attendees, with a stable trend in the last three years.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank (0.17%) attendees.
- As per 2010 HSS-FSW data, HIV positivity was low (4%) among the FSWs, with a stable trend, but a steep rise to moderate level was observed in 2008.
- According to 2012 ICTC data, HIV positivity was low among male (1.66%) and female (0.97%) attendees. It was also low among referred (0.65%) and direct walk-in (1.42%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 753 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 2.20% of the males were migrants, among them 51.93% migrated to other states and 7.82% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Kushinagar, Uttar Pradesh and Ludhiana, Punjab.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 16.28% and unknown routes accounted for 9.30%, of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 17.6% and 38.6%, respectively.
- In 2012 a total of three TI sites were functional, although there was no information on HRGs in the district.

Key Recommendations:

- Conduct socio-demographic analysis of HSS-ANC data to understand risk factors for HIV epidemic among general population.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data as the parent to child transmission rate was high.
- Improve counseling at ICTCs, since the rate of unknown HIV transmission was high.
- Though there was a low level of HIV epidemic in the district among ICTC attendees, district needs continued attention to limit the spread of the infection further and vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.

Pashchim Champaran

District Population: 39,22,780 (3.78% of Bihar Population); Female Literacy[1]: 46.79%; ANC Utilization[2]: 36.6%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0.75
	NT[4]	-	400	400	400		400		400
PPTCT	PP	-	-	*	0	0.83	0.03	0.04	0.04
	NT	-	-	*	1174	3850	3702	2578	2588
Blood Bank	PP	-	-	*	*	*	*	0.39	0.17
	NT	-	-	*	*	*	*	1273	1182
HSS-STD	PP	-	3.00	3.00	8.00		4.00		-
	NT	-	250	250	250		250		-
HSS-FSW	PP	-	3.00	3.00	8.00		4.00		-
	NT	-	250	250	250		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.78	2.35	2.11	2.42	1.66
	NT	-	-	-	1915	2295	2516	1651	1623
ICTC Female	PP	-	-	-	2.27	1.09	0	3.93	0.97
	NT	-	-	-	1100	2303	53	890	1657
ICTC Referred	PP	-	-	-	2.03	2.07	4.04	3.68	0.65
	NT	-	-	-	1432	1980	1039	869	459
ICTC Direct Walk-in	PP	-	-	-	1.90	1.45	1.75	2.57	1.42
	NT	-	-	-	1583	2618	2686	1672	2821
Total tested at ICTCs[5]	NT	0	0	604	4189	8448	6271	5119	5868

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=43)	74.42	0	0	0	16.28	9.30

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	35154	18254	2748	14152
% of male pop.	2.20	1.14	0.17	0.88
% total migration	100	51.93	7.82	40.26

Top 5 districts for inter-state out-migration

Kushinagar, Uttar Pradesh	Ludhiana, Punjab	Nainital, Uttara-ranchal	Chan-digarh, Chandi-garh	South Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	3597	2221	753
% Syphilis positivity	-	0	0.69	0

Programme Response

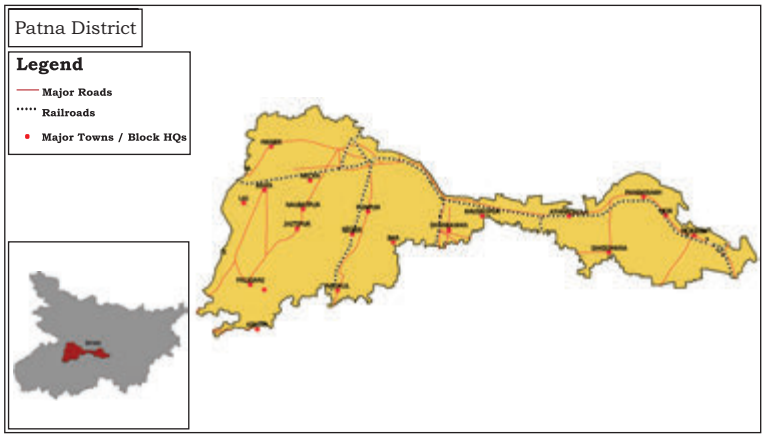
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	2	3	2	9	9	9	9	9
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	1	1	1
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Patna

Background:

Patna is the largest town and headquarter of Patna district, Patna division and Bihar state. Patna is the capital of Bihar state. It is located on the south bank of the river Ganga. It has a population of 57.72 lakh, a sex ratio of 892 females per 1,000 males and a female literacy rate of 63.72% with an overall literacy rate of 72.47% (Census 2011). Agriculture is the main source of income of the people in the district. It is one of the districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It has however a few ancient sacred places and also places of tourist interest. It is well connected by railway and road. National Highways 30, 83 and 98 pass through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV positivity was moderate at 0.63% among the ANC attendees, with a steep rise in 2012.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.46%) attendees, with an increasing trend.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank (0.25%) attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low (1%) among the FSWs, with a declining trend.
- As per 2010 HSS-IDU data, HIV positivity was moderate (9%) among the IDUs, with a declining trend.
- According to 2012 ICTC data, HIV positivity was moderate among male (5.69%) attendees but low among female (4.56%) attendees. It was also low among referred (4.45%) attendees but moderate among direct walk-in (8.19%) attendees. Positivity levels showed a declining trend among all the ICTC attendees, in the last three years.
- In 2012, 14,111 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.39%.
- According to 2001 census, 6.09% of the males were migrants, among them 68.93% migrated to other states and 9.51% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Ludhiana, Punjab and South Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 5.72% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 62.8% and 40%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.
- 16 ICTCs functional in 2012, tested a total of 63,259 attendees for HIV in the district.

Key Recommendations:

- Conduct socio-demographic analysis of HSS-ANC data to understand risk factors for HIV epidemic among general population.
- Carry out differential analysis of direct walk-in attendees (representative of vulnerable populations), owing to high positivity in 2012.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data as the parent to child transmission rate was high.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for migrants and around truck halting points and highways 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.

Patna

District Population: 57,72,804 (5.56% of Bihar Population); Female Literacy[1]: 46.79%; ANC Utilization[2]: 24.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0	0	0	0		0		0.63
	NT[4]	400	400	400	400		400		800
PPTCT	PP	-	-	1.14	0.44	0.39	0.19	0.28	0.46
	NT	-	-	6762	10331	12934	12698	16787	15720
Blood Bank	PP	-	-	0.28	0.29	0.18	0.32	0.32	0.25
	NT	-	-	33739	31180	45937	54935	59144	57020
HSS-STD	PP	2.00	8.00	5.00	3.00		1.00		-
	NT	250	250	250	250		250		-
HSS-FSW	PP	2.00	8.00	5.00	3.00		1.00		-
	NT	250	250	250	250		250		-
HSS-MSM	PP	1.00	-	-	-		-		-
	NT	250	-	-	-		-		-
HSS-IDU	PP	-	0	1.00	1.00		9.00		-
	NT	-	250	250	244		247		-
ICTC Male	PP	-	-	-	6.92	7.35	7.79	7.12	5.69
	NT	-	-	-	18651	16735	18656	21405	28160
ICTC Female	PP	-	-	-	5.00	5.69	0	5.45	4.56
	NT	-	-	-	13820	10905	1454	15088	19379
ICTC Referred	PP	-	-	-	6.37	8.38	6.41	5.32	4.45
	NT	-	-	-	21287	14918	22688	28034	37631
ICTC Direct Walk-in	PP	-	-	-	5.61	4.72	10.13	10.12	8.19
	NT	-	-	-	11184	12722	7979	8459	9908
Total tested at ICTCs[5]	NT	-	-	6762	42802	40574	32808	53280	63259

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (14278)	29	8	57	49	8
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=2484)	89.29	1.01	2.29	1.01	5.72	0.68

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	153274	105649	14583	33042
% of male pop.	6.09	4.20	0.58	1.31
% total migration	100	68.93	9.51	21.56

Top 5 districts for inter-state out-migration

Ludhiana, Punjab	South Delhi	Ranchi, Jharkhand	Thane, Maharash-tra	Surat, Gujarat

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	14557	15142	14111
% Syphilis positivity	-	3.01	2.28	0.39

Programme Response

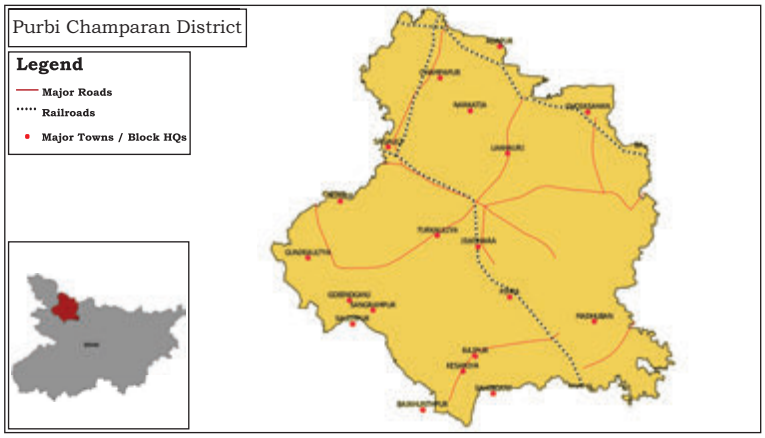
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	1	1
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	1	1	-	2	2
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	4	11	12	8	16	16	16	16	16
Blood Banks	-	-	-	-	-	-	-	1	1
STI clinics	-	-	-	-	-	2	2	2	2
ART centres	-	-	-	1	1	1	2	2	2
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	1	1	1	1	1
Red Ribbon Clubs	-	-	-	-	-	-	22	23	29
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	1	1	1	1	1
Condom outlets	-	-	-	717	1024	1464	209	2988	4269

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

Purbi Champaran

Background:

On 2nd November 1972 Champaran district was split up into two districts, viz. Purbi Champaran and Paschim Champaran. The headquarter of Purbi Champaran district is at Motihari. Presently Purbi Champaran consists of six subdivisions and twenty seven blocks. It has a population of 50.82 lakhs, a sex ratio of 901 females per 1,000 males, and a female literacy rate of 47.36% with an overall literacy rate of 58.26% (Census 2011). Agriculture is the main source of income for the people in this district. It has however a few ancient places as places of tourist interest. It is well connected by railway and road. National Highway 27 and 28A pass through the district.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV prevalence was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.17%) attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank (0.07%) attendees, with a fluctuating trend.
- According to 2012 ICTC data, HIV positivity was low among male (2.57%) and female (1.83%) attendees. It was also low among referred (1.60%) and direct walk-in (4.29%) attendees. Positivity levels showed a stable trend among male and female attendees, while decreasing among referred and increasing trend among direct walk-in attendees.
- In 2012, 4,691 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.04%.
- According to 2001 census, 3.40% of the males were migrants, among them 61.13% migrated to other states and 9.04% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South Delhi and North West Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 8.06% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 19.9% and 41.9%, respectively.
- In 2012, a total of three TI sites were functional, although there was no information on HRGs in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data, and district needs continued attention to 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 in-depth analysis of ICTC data.
- Strengthen outreach activities with HIV prevention 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.

Purbi Champaran

District Population: 50,82,868 (4.90% of Bihar Population); Female Literacy[1]: 47.36%; ANC Utilization[2]: 34.8%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0	0	0	0		0		-
	NT[4]	374	400	406	398		375		-
PPTCT	PP	-	-	*	0.20	0.25	0.19	0.14	0.17
	NT	-	-	*	2493	5224	8284	6427	9967
Blood Bank	PP	-	-	0.10	0.05	0.07	0.03	0.13	0.07
	NT	-	-	1991	1970	3006	3509	3856	3061
HSS-STD	PP	*	4.00	4.00	*		*		-
	NT	*	250	227	*		*		-
HSS-FSW	PP	*	4.00	4.00	*		*		-
	NT	*	250	227	*		*		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.49	3.47	3.72	3.17	2.57
	NT	-	-	-	3007	5557	7335	7623	11782
ICTC Female	PP	-	-	-	2.80	2.50	0	2.50	1.83
	NT	-	-	-	2647	4475	273	5687	11896
ICTC Referred	PP	-	-	-	2.97	3.50	2.70	2.18	1.60
	NT	-	-	-	2562	5029	9538	9722	18382
ICTC Direct Walk-in	PP	-	-	-	3.33	2.58	3.57	4.79	4.29
	NT	-	-	-	3092	5003	4924	3588	5296
Total tested at ICTCs[5]	NT	-	-	559	8147	15256	15892	19737	33645

PLHIV Profile, 2012

	% On ART	% 15-24 yrs	% Ill., Prim. Edu.	% Married	% Widowed or Divorced
ART (14278)	30	7	93	-	-
DLN (NA)	-	-	-	-	-

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=521)	88.48	0.19	0.19	0.38	8.06	2.69

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	70444	43061	6366	21017
% of male pop.	3.40	2.08	0.31	1.01
% total migration	100	61.13	9.04	29.84

Top 5 districts for inter-state out-migration

South Delhi	North West Delhi	Ludhiana, Punjab	West Delhi	Mumbai (Suburban), Maha-rashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1355	4187	4691
% Syphilis positivity	-	0.32	0.54	0.04

Programme Response

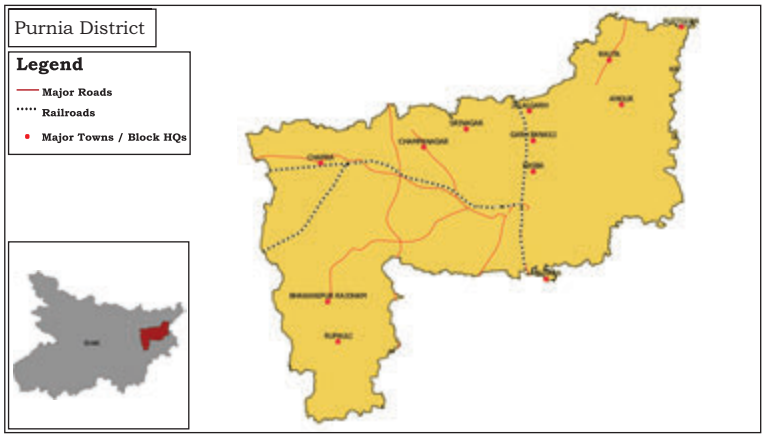
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	1	1	1
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	2	2	3	2	18	18	19	19	19
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	6	7	7
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	1

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

Purnia

Background:

Purnia district of Bihar, extends northwards from the Ganges river. The town of Purnia is the administrative headquarters of this district. It has a population of 32.73 lakhs, a sex ratio of 930 females per 1,000 males, and a female literacy rate of 43.19% with an overall literacy rate of 52.49% (Census 2011). Agriculture and industrial activities contribute to source of occupation. It is one of the 36 districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme. District also houses the Darghah of Hazrat Mustafa Jamalul Haque Bandagi, Chimni Baza, famous for spirituality, communal harmony and Suffism. It is connected to other parts of Bihar and India through air, railways as well as roads, and National Highways NH-31, NH-57 and NH-107 pass through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low at 0.25% 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, HIV positivity was low among PPTCT (0.10%) attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank (0.06%) attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a fluctuating trend.
- According to 2012 ICTC data, HIV positivity was low among male (2.27%) and female (1.55%) attendees. It was also low among referred (1.99%) and direct walk-in (1.82%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 5,796 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.89%.
- According to 2001 census, 2.95% of the males were migrants, among them 63.43% migrated to other states and 14.52% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Ludhiana, Punjab and South Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 6.64% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 18.9% and 33.8%, respectively.
- In 2012, one TI site was functional, although there was no information on HRGs in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- The percentage of HIV transmission via parent to child was high. Therefore, there is a need to better understand the profile and dynamics of clinic attendees and their spouses, through analysis of ICTC data.
- Strengthen outreach activities with HIV prevention messages for migrants at source and destination sites and among general population, especially women.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Purnia

District Population: 32,73,127 (3.15% of Bihar Population); Female Literacy[1]: 43.19%; ANC Utilization[2]: 17.7%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		0.25
	NT[4]	-	-	-	-		-		400
PPTCT	PP	-	-	*	0.39	0.21	0.04	0.17	0.10
	NT	-	-	*	1807	4330	7520	10560	14598
Blood Bank	PP	-	-	*	0.02	0.11	0.11	0.04	0.06
	NT	-	-	*	10594	15754	18651	21411	19075
HSS-STD	PP	-	1.00	0	6.00		0		-
	NT	-	250	250	248		247		-
HSS-FSW	PP	-	1.00	0	6.00		0		-
	NT	-	250	250	248		247		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.03	1.54	2.07	2.96	2.27
	NT	-	-	-	1969	2081	3476	3824	5997
ICTC Female	PP	-	-	-	1.51	0.89	0	1.60	1.55
	NT	-	-	-	1453	2356	72	3678	4829
ICTC Referred	PP	-	-	-	1.12	0.74	2.70	2.20	1.99
	NT	-	-	-	1516	2443	2998	4043	8244
ICTC Direct Walk-in	PP	-	-	-	2.36	1.76	1.41	2.40	1.82
	NT	-	-	-	1906	1994	2841	3459	2582
Total tested at ICTCs[5]	NT	0	0	805	5229	8767	11068	18062	25424

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=211)	89.57	0.95	0.47	0.47	6.64	1.90

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	39070	24781	5674	8615
% of male pop.	2.95	1.87	0.43	0.65
% total migration	100	63.43	14.52	22.05

Top 5 districts for inter-state out-migration

Ludhiana, Punjab	South Delhi	Jalandhar, Punjab	North West Delhi	Uttar Dinajpur, West Bengal

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1430	6309	5796
% Syphilis positivity	-	4.21	1.36	0.89

Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	-	-	-
IDU TIs	-	-	-	-	-	-	-		-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	2	2	1	11	11	11	11	11
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	6	7	9
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Rohtas

Background:

Rohtas district was formed in 1972. The district is bordered on the north by Bhojpur & Buxar districts, on the south by Plamu & Garwah district, on the east by Aurangabad & Part of Gaya district, on the west by Kaimur district. It has a population of 29.62 lakhs, a sex ratio of 914 females per 1,000 males, and a female literacy rate of 64.95% with an overall literacy rate of 75.59% (Census 2011). In 2006, the Ministry of Panchayati Raj named Rohtas one of the country's 250 most backward districts (out of a total of 640), and is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Agriculture and industires contribute to the economy of the district. It is connected to other parts of Bihar and India through railways as well as roads, and National Highways 2 and 30 passes through the district.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.06%) attendees, with a stable trend.
- As per 2008 Blood bank data, HIV positivity was low among the Blood donors.
- According to 2012 ICTC data, HIV positivity was low among male (1.49%) and female (1.40%) attendees. It was also low among referred (0.93%) and direct walk-in (1.47%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 3,406 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.11%.
- According to 2001 census, 3.78% of the males were migrants, among them 59.03% migrated to other states and 13.05% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Thane, Maharashtra and Surat, Gujarat.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 5.63% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 46% and 40.8%, respectively.
- In 2012, a one TI site was functional, although there was no information on HRGs in the district.
- Three ICTCs functional in 2012, tested a total of 9,876 attendees for HIV in the district.

Key Recommendations:

- Due to a low prevalence of positivity in the district, a continuation of HIV prevention strategies is suggested to maintain HIV prevalence at low level.
- 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.
- Conduct special awareness campaign especially among pockets of out-migrants transit points and around truck halting points and highways in the district.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Rohtas

District Population: 29,62,593 (2.85% of Bihar Population); Female Literacy[1]: 64.95%; ANC Utilization[2]: 25.6%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	0	0	0	0		0		0
	NT[4]	400	400	400	399		400		400
PPTCT	PP	-	-	0.31	0.22	0.15	0.08	0.05	0.06
	NT	-	-	1302	1803	2032	3630	5470	4970
Blood Bank	PP	-	-	0	0	*	*	*	*
	NT	-	-	1628	1274	*	*	*	*
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.98	1.59	1.85	2.07	1.49
	NT	-	-	-	1214	1008	1456	2079	2410
ICTC Female	PP	-	-	-	1.49	0.65	0	1.55	1.40
	NT	-	-	-	1679	1545	27	1874	2496
ICTC Referred	PP	-	-	-	0	-	0	0	0.93
	NT	-	-	-	392	-	19	67	215
ICTC Direct Walk-in	PP	-	-	-	1.96	1.02	1.72	1.85	1.47
	NT	-	-	-	2501	2553	2385	3886	4691
Total tested at ICTCs[5]	NT	0	0	1302	4696	4585	5113	9423	9876

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=71)	88.73	1.41	2.82	0	5.63	1.41

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	48492	28627	6330	13535
% of male pop.	3.78	2.23	0.49	1.06
% total migration	100	59.03	13.05	27.91

Top 5 districts for inter-state out-migration

Thane, Maharash-tra	Surat, Gujarat	North West Delhi	Ludhiana, Punjab	Bokaro, Jharkhand

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1631	5831	3406
% Syphilis positivity	-	1.65	0	0.11

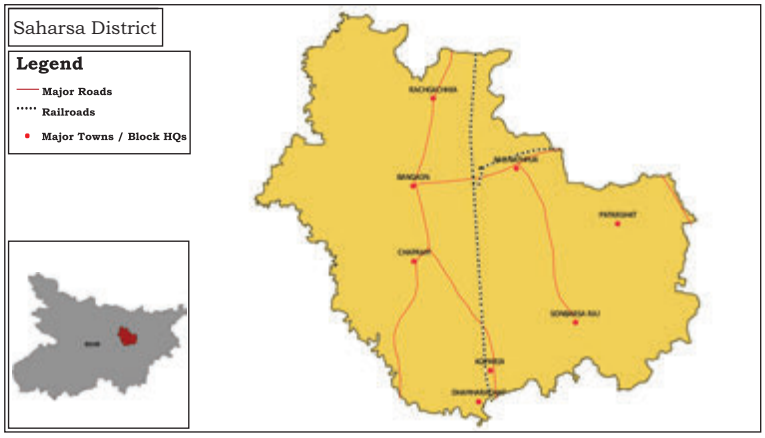
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	1	1	1	1	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	5	5	3	3	3	3	3	3
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	12	16	19
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Saharsa

Background:



Saharsa district is a part of a larger territory, the Kosi Division and it became a district on 1st April 1954 and subsequently has become smaller with other districts being carved form it, most notably Madhepura in 1981. Saharsa district is surrounded on the west by the river Koshi. Koshi boasts an abundance of fish and makhana. Saharsa is famous for its varieties of Mango's and Summer Berry known as Litchi. It has a population of 18.97 lakhs, a sex ratio of 906 females per 1,000 males, and a female literacy rate of 42.73% with an overall literacy rate of 54.57% (Census 2011). The economy of Saharsa is based upon agriculture and industrial activies. It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Saharsa is connected by railway and roadways to other major towns in Bihar. National Highway 327 (Saharsa – Bagdogra) and NH 107 connects it to Maheshkhunt and Purnia. The rural road network is in need of improvement.

HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV prevalence was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank (0.28%) attendees.
- According to 2012 ICTC data, HIV positivity was low among male (1.12%) and female (1.97%) attendees, and also among direct walk-in (1.27%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 4,294 STI/RTI episodes were treated.
- According to 2001 census, 3.46% of the males were migrants, among them 61.79% migrated to other states and 19.54% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were West Delhi and North West Delhi.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 13.7% and 15.8%, respectively.
- In 2012, a one TI site was functional, although there was no information on HRGs in the district.
- Two ICTCs functional in 2012, tested a total of 4,765 attendees for HIV in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data, and district needs continued attention to limit the spread of the infection further.
- The data on attendees referred to ICTC would provide more insight about the positivity among the ICTC attendees
- IEC programme for creating HIV and STI awareness should be strengthened in district among general population, especially women.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Saharsa

District Population: 18,97,102 (1.83% of Bihar Population); Female Literacy[1]: 42.73%; ANC Utilization[2]: 13.7%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	0	0		0		0
	NT[4]	-	-	400	400		400		400
PPTCT	PP	-	-	*	*	*	0.07	0.14	0
	NT	-	-	*	*	*	1445	2200	2019
Blood Bank	PP	-	-	*	*	*	*	0	0.28
	NT	-	-	*	*	*	*	972	1771
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	*	1.59	1.19	1.28	1.12
	NT	-	-	-	*	566	1517	2429	2238
ICTC Female	PP	-	-	-	*	2.49	4.44	2.62	1.97
	NT	-	-	-	*	281	405	686	508
ICTC Referred	PP	-	-	-	*	-	-	-	-
	NT	-	-	-	*	-	-	-	-
ICTC Direct Walk-in	PP	-	-	-	*	1.89	1.87	1.57	1.27
	NT	-	-	-	*	847	1922	3115	2746
Total tested at ICTCs[5]	NT	0	0	331	1077	1483	3367	5315	4765

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=35)	97.14	0	0	0	2.86	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	27263	16845	5328	5090
% of male pop.	3.46	2.14	0.68	0.65
% total migration	100	61.79	19.54	18.67

Top 5 districts for inter-state out-migration

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

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	2294	8080	4294
% Syphilis positivity	-	0	0	-

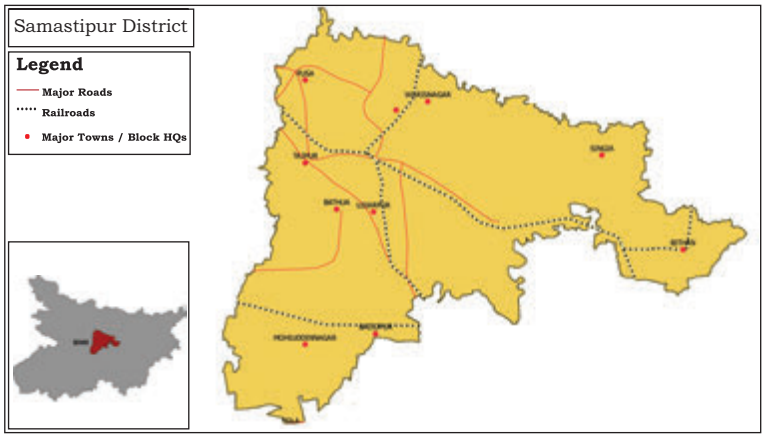
Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	2	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	5	7	7
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Samastipur

Background:



Samastipur is a district in Bihar which is spread over an area of 2904 sq. kms. Samastipur is bounded on the north by the Bagmati River which separates it from Darbhanga district. On the west it is bordered by Vaishali and some part of Muzaffarpur district, on the south by the Ganges, while on its east it has Begusarai and some part of Khagaria district. The district headquarters is located at Samastipur. It has a population of 42.54 lakhs, a sex ratio of 909 females per 1,000 males, and a female literacy rate of 53.52% with an overall literacy rate of 63.81% (Census 2011). Agriculture is the main source of occupation of Samastipur, and also it has many small scale industries. It is one of the 36 districts in Bihar currently receiving funds from the Backward Regions Grant Fund Programme. Samastipur is well connected by trains and buses. National Highway No. 28 passes through the district.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.07%) attendees, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (3.53%) attendees but moderate among female (5.48%) attendees. Positivity was low among referred (4.72%) and direct walk-in (3.82%) attendees. Positivity levels showed a marginal increasing trend among male, female and referred attendees, while a stable trend was observed among direct walk-in attendees, in the last three years.
- In 2012, 9,372 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.18%.
- According to 2001 census, 4.65% of the males were migrants, among them 72.61% migrated to other states and 10.31% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were North West Delhi and West Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 6.33% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 20.1% and 46.1%, respectively.
- In 2012, a total of three TI sites were functional, although there was no information on HRGs in the district.
- Five ICTCs functional in 2012, tested a total of 6,643 attendees for HIV in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Samastipur

District Population: 42,54,782 (4.10% of Bihar Population); Female Literacy[1]: 53.52%; ANC Utilization[2]: 23.1%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0
	NT[4]	-	400	400	399		396		400
PPTCT	PP	-	-	*	0	0.04	0.09	0.13	0.07
	NT	-	-	*	1171	2501	4481	3198	3025
Blood Bank	PP	-	-	-	*	*	*	*	*
	NT	-	-	-	*	*	*	*	*
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	2.98	3.03	2.65	2.94	3.53
	NT	-	-	-	1877	1785	2416	2276	2066
ICTC Female	PP	-	-	-	2.92	4.02	0	5.36	5.48
	NT	-	-	-	1437	1145	64	1269	1552
ICTC Referred	PP	-	-	-	3.11	4.28	2.53	4.62	4.72
	NT	-	-	-	899	1146	1343	2230	2203
ICTC Direct Walk-in	PP	-	-	-	2.90	2.86	3.09	2.43	3.82
	NT	-	-	-	2415	1784	2589	1315	1415
Total tested at ICTCs[5]	NT	-	-	523	4485	5431	6961	6743	6643

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=158)	90.51	3.16	0	0	6.33	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	82275	59741	8479	14055
% of male pop.	4.65	3.37	0.48	0.79
% total migration	100	72.61	10.31	17.08

Top 5 districts for inter-state out-migration

North West Delhi	West Delhi	South West Delhi	South Delhi	Ludhiana, Punjab

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	5569	10903	9372
% Syphilis positivity	-	2.88	6.48	0.18

Programme Response

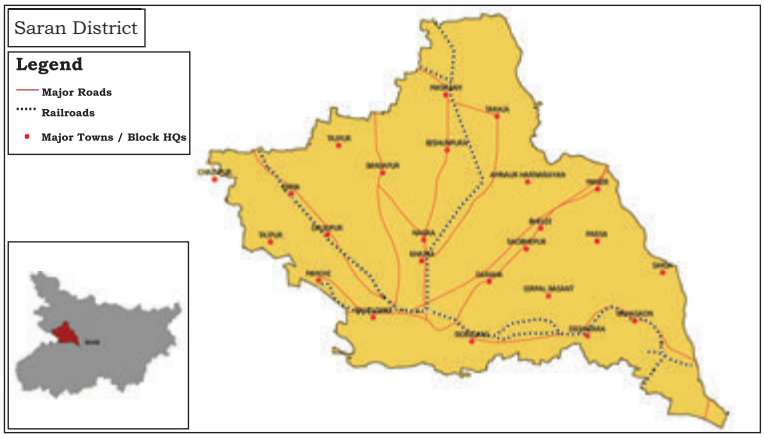
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	1	1
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-		-
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	1	5	5	1	5	5	5	5	5
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	15	23	23
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Saran

Background:

Saran district is a part of Saran division, is also known as Chapra district after the headquarters of the district - Chapra. It has a population of 39.43 lakhs, a sex ratio of 949 females per 1,000 males, and a female literacy rate of 56.89% with an overall literacy rate of 68.57% (Census 2011). Agriculture is the primary occupation of the majority of the population of this district. Saran is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is connected via rail and road services. National Highways 19, 101, 288 and 722 pass through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low among the ANC attendees.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.10%) attendees, with a stable trend.
- As per 2012 Blood bank data, HIV positivity was low among the Blood Bank attendees, but due to insufficient data points, a trend could not be determined.
- As per 2008 HSS-FSW data, HIV positivity was low among the FSWs, but due to lack of data from the previous years, a trend was not determined.
- According to 2012 ICTC data, HIV positivity was high among male (14.10%) attendees and moderate among female (5.62%) attendees. It was also moderate among referred (6.42%) attendees while high among direct walk-in (12.40%) attendees. Positivity levels showed an increasing in the last three years, among all the ICTC attendees.
- In 2012, 49 STI/RTI episodes were treated.
- According to 2001 census, 4.64% of the males were migrants, among them 75.36% migrated to other states and 9.36% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Kolkata and North Twenty Four Parganas, West Bengal.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 6.52% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 34.8% and 19.1%, respectively.
- In 2012, one TI site was functional, although there was no information on HRGs in the district.
- Two ICTCs functional in 2011, tested a total of 6,798 attendees for HIV in the district.

Key Recommendations:

- There is an urgent need to analyse the data at ICTCs, to profile the direct walk-ins due to the high levels of positivity as they are representative of high-risk populations. An increasing trend among them, has to be explored by further analysing the ICTC data.
- Focused IEC for general population with STI awareness and sexual risk reduction messages is recommended.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Saran

District Population: 39,43,098 (3.80% of Bihar Population); Female Literacy[1]: 56.89%; ANC Utilization[2]: 21.5%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		0
	NT[4]	-	-	-	-		-		400
PPTCT	PP	-	-	0.56	0.30	0.23	0.21	0.40	0.10
	NT	-	-	1794	1328	2568	2358	2782	3006
Blood Bank	PP	-	-	*	*	*	*	*	0
	NT	-	-	*	*	*	*	*	908
HSS-STD	PP	-	*	0	0		-		-
	NT	-	*	251	249		-		-
HSS-FSW	PP	-	*	0	0		-		-
	NT	-	*	251	249		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	8.42	7.06	6.65	6.89	14.10
	NT	-	-	-	713	1176	947	1713	1284
ICTC Female	PP	-	-	-	2.26	2.68	0	3.33	5.62
	NT	-	-	-	2127	2501	63	2496	2508
ICTC Referred	PP	-	-	-	2.39	2.60	2.21	3.62	6.42
	NT	-	-	-	2005	2385	1811	3181	2478
ICTC Direct Walk-in	PP	-	-	-	7.19	6.81	10.61	8.37	12.40
	NT	-	-	-	835	1292	782	1028	1314
Total tested at ICTCs[5]	NT	-	-	1794	4168	6245	3368	6991	6798

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=322)	92.86	0	0	0	6.52	0.62

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	76788	57870	7188	11730
% of male pop.	4.64	3.50	0.43	0.71
% total migration	100	75.36	9.36	15.28

Top 5 districts for inter-state out-migration

Kolkata, West Bengal	North Twenty Four Parganas, West Bengal	Hugli, West Bengal	Haora, West Bengal	Thane, Maharashtra

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	161	3100	49
% Syphilis positivity	-	0	0	0

Programme Response

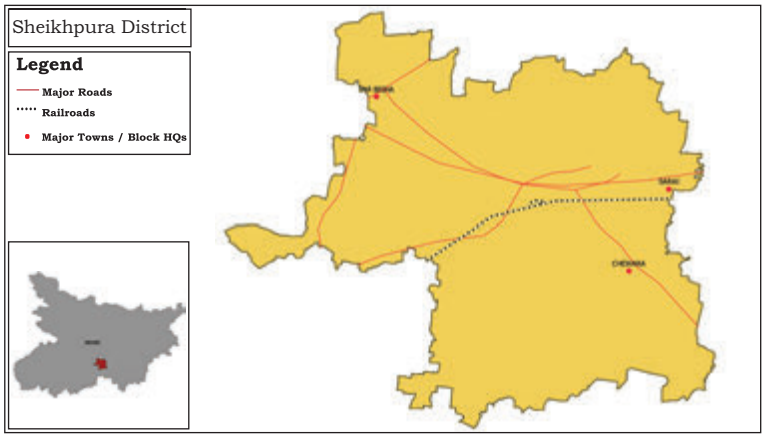
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	1	-	-
MSM TIs	-	-	-	-	1	1	1	1	1
IDU TIs	-	-	-	-	-	-	-		-
Comp. TIs	-	-	-	-	-	-	1	-	-
ICTCs	1	2	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	1
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	13	13	16
Comm. care centres	-	-	-	-	-	1	1	1	1
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Sheikhpura

Background:

Sheikhpura was separated from Munger district and was made a separate district with headquarters at Sheikhpura on the 31st July 1994. As of 2011, it is the least populous district of Bihar with a population of 6.34 lakhs, a sex ratio of 926 females per 1,000 males, and a female literacy rate of 54.93% with an overall literacy rate of 65.96% (Census 2011). Sheikhpura is one of the smallest district of Bihar having just six blocks and people are dependent on agriculture. Sone Mining of smaller hillocks with crushers is one of the main activities for employment. It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). National Highway 82 passes through the district.



HIV Epidemic Profile:

- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.06%) attendees, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (0.60%) and female (0.62%) attendees. It was also low among referred (0.53%) and direct walk-in (2.55%) attendees. Positivity levels had a stable trend among all the ICTC attendees.
- In 2012, 1,517 STI/RTI episodes were treated.
- According to 2001 census, 3.28% of the males were migrants, among them 61.68% migrated to other states and 23.41% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Dhanbad, Jharkhand and Karnal, Haryana.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 35.8% and 60.3%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.
- Two ICTCs functional in 2012, tested a total of 3,995 attendees for HIV in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- Conduct special awareness campaign especially among pockets of out-migrants transit points and around truck halting points and highways in the district.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district.

Sheikhpura

District Population: 6,34,927 (0.61% of Bihar Population); Female Literacy[1]: 54.93%; ANC Utilization[2]: 43.7%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	0.09	*	0.16	0	0	0.06
	NT	-	-	1166	*	1261	1793	2161	1793
Blood Bank	PP	-	-	-	-	-	*	*	*
	NT	-	-	-	-	-	*	*	*
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	1.23	2.25	3.55	0.88	1.60
	NT	-	-	-	489	978	817	1141	750
ICTC Female	PP	-	-	-	1.64	1.64	0	1.30	0.62
	NT	-	-	-	488	609	29	693	1780
ICTC Referred	PP	-	-	-	0.51	1.82	2.79	0.92	0.53
	NT	-	-	-	395	880	859	974	2059
ICTC Direct Walk-in	PP	-	-	-	2.06	2.26	4.69	1.16	2.55
	NT	-	-	-	582	707	384	860	471
Total tested at ICTCs[5]	NT	-	-	1166	1758	2848	2639	3995	4323

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=23)	100	0	0	0	0	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	8983	5541	2103	1339
% of male pop.	3.28	2.03	0.77	0.49
% total migration	100	61.68	23.41	14.91

Top 5 districts for inter-state out-migration

Dhanbad, Jharkhand	Karnal, Haryana	Panipat, Haryana	Hugli, West Bengal	Bokaro, Jharkhand

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1977	3343	1517
% Syphilis positivity	-	0	0	-

Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	1	1
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	-	-	-	1	1
Comp. TIs	-	-	-	-	-	-	-	1	1
ICTCs	2	3	3	2	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	2	4	4
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Sheohar

Background:

Sheohar is an administrative district of Bihar. The district headquarters are located at Sheohar, and the district is a part of Tirhut division. This district was carved out of Sitamarhi district in 1994. As of 2011, it is the second least populous district of Bihar after Sheikhpura with a population of 6.56 lakhs, a sex ratio of 890 females per 1,000 males, and a female literacy rate of 47.25% with an overall literacy rate of 56% (Census 2011). The main occupation of the people of this district is agriculture. All types of crops are produced. Also, it is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). National Highway 104 passes through the district.

HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low at 0.25% among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.05%) attendees, but due to lack of insufficient data trend could not be determined.
- According to 2012 ICTC data, HIV positivity was low among male (1.66%) and female (0.92%) attendees. It was also low among referred (1.28%) and direct walk-in (1.19%) attendees. Positivity levels showed a stable trend among all the ICTC attendees, except for direct walk-ins, which is reported with a declining trend in the last three years.
- In 2012, 376 STI/RTI episodes were treated.
- According to 2001 census, 0.90% of the males were migrants, among them 35.15% migrated to other states and 38.09% migrated to other districts within the state.
- As per 2012 ICTC data, HIV transmissions through parent to child accounted for 14.71% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 13.8% and 44.2%, respectively.
- In 2012, no TI site was functional in the district and there is no information of HRGs in the district.
- Two ICTCs functional in 2012, tested a total of 6,375 attendees for HIV in the district.

Key Recommendations:

- Though HIV prevalence has declined from moderate levels among ICTC direct walk-in attendees, district needs continued attention to limit the spread of the infection further.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data.
- Strengthen outreach programmes through awareness campaigns for STI and HIV for women, migrants and around truck halting points and highways in the district.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.

Sheohar

District Population: 6,56,916 (0.63% of Bihar Population); Female Literacy[1]: 47.25%; ANC Utilization[2]: 18.2%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0.25
	NT[4]	-	400	400	400		398		400
PPTCT	PP	-	-	*	*	*	*	0.32	0.05
	NT	-	-	*	*	*	*	950	3651
Blood Bank	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	3.27	1.94	2.78	2.62	1.66
	NT	-	-	-	551	617	467	801	1207
ICTC Female	PP	-	-	-	2.52	2.58	2.23	2.19	0.92
	NT	-	-	-	476	387	314	685	1517
ICTC Referred	PP	-	-	-	1.89	1.73	2.10	2.70	1.28
	NT	-	-	-	847	869	713	852	1801
ICTC Direct Walk-in	PP	-	-	-	7.78	5.19	7.35	2.05	1.19
	NT	-	-	-	180	135	68	634	923
Total tested at ICTCs[5]	NT	-	-	220	1867	1627	1158	2436	6375

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=34)	85.29	0	0	0	14.71	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	2452	862	934	656
% of male pop.	0.90	0.32	0.34	0.24
% total migration	100	35.15	38.09	26.75

Top 5 districts for inter-state out-migration

-	-	-	-	-

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	176	1146	376
% Syphilis positivity	-	0	0	-

Programme Response

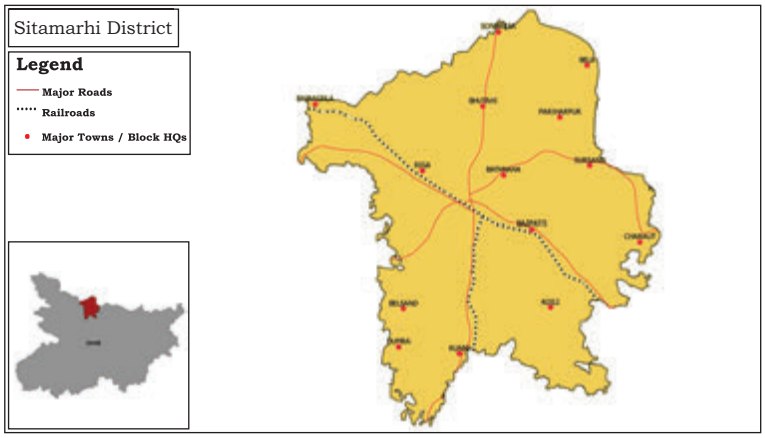
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	1	1	-	-	-
MSM TIs	-	-	-	-	1	1	-	-	-
IDU TIs	-	-	-	-	-	-	-		-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	2	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	0	0	0
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Sitamarhi

Background:

Sitamarhi district was carved out of Muzaffarpur district on 11th December 1972. It is situated in the northern part of Bihar. Its headquarter is located at Dumra, five kilometers south of Sitamarhi. It has a population of 34.19 lakhs, a sex ratio of 899 females per 1,000 males, and a female literacy rate of 43.4% with an overall literacy rate of 53.53% (Census 2011). It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Sitamarhi is considered to be the birthplace of Sita, wife of Indian mythological Lord shree Ramand a temple dedicated to Sita is nearby. Sitamarhi has road connections to adjoining districts, and National Highway 77 and National Highway 104 passes through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was high at 1.25% among the ANC attendees, with a steep rise in 2012.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.16%) attendees, with a stable trend.
- As per 2012 Blood bank data, HIV positivity was low (0.21%) among the Blood Bank attendees.
- As per 2010 HSS-FSW data, HIV positivity was high (18%) among the FSWs, with an increasing trend.
- According to 2012 ICTC data, HIV positivity was low among male (2.51%) and female (1.09%) attendees. It was also low among referred (0.98%), but high among direct walk-in (5.68%) attendees. A stable trend was observed among male and female attendees. A declining trend was observed for referred and rising trend was observed among direct walk-in.
- In 2012, 1,331 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 3.93% of the males were migrants, among them 74.85% migrated to other states and 10.23% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Mumbai (Suburban), Maharashtra and North West Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 5.86% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 16.4% and 44.3%, respectively.
- In 2012, a total of four TI sites were functional, although there was no information on HRGs in the district.
- 12 ICTCs functional in 2012, tested a total of 30,300 attendees for HIV in the district.

Key Recommendations:

- Due to a fluctuating HIV prevalence among ICTC attendess, analysis of risk profile of positive individuals should be done to determine associated factors.
- Analysis of risk behaviors among FSWs and strengthening TI interventions for them, will assist in addressing the increasing level of HIV positivity.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data as the parent to child transmission rate was high.
- Strengthen outreach activities around among general population and around truck halting points and highways in the district.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.
- Additional information on HIV epidemic profile of the district, like STI/RTI will improve to better understand district epidemiological profile.

Sitamarhi

District Population: 3419622 (3.29% of Bihar Population); Female Literacy[1]: 43.4%; ANC Utilization[2]: 24.9%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		1.25
	NT[4]	-	397	400	400		400		400
PPTCT	PP	-	-	0.87	0.39	0.28	0.20	0.15	0.16
	NT	-	-	3431	3812	8642	12925	11894	13618
Blood Bank	PP	-	-	*	*	*	*	0.33	0.21
	NT	-	-	*	*	*	*	914	940
HSS-STD	PP	-	5.00	10	14.00		18.00		-
	NT	-	249	250	250		250		-
HSS-FSW	PP	-	5.00	10	14.00		18.00		-
	NT	-	249	250	250		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	4.54	2.58	4.23	3.49	2.51
	NT	-	-	-	2730	3724	3901	3925	7657
ICTC Female	PP	-	-	-	2.24	1.48	0	1.80	1.09
	NT	-	-	-	3304	4515	165	4711	9025
ICTC Referred	PP	-	-	-	3.80	1.72	2.35	1.72	0.98
	NT	-	-	-	3634	5357	6329	6053	13990
ICTC Direct Walk-in	PP	-	-	-	2.50	2.46	5.01	4.57	5.68
	NT	-	-	-	2400	2882	2056	2583	2692
Total tested at ICTCs[5]	NT	-	-	3431	9846	16881	16991	20530	30300

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=290)	92.07	0.69	0.69	0	5.86	0.69

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	55401	41465	5666	8270
% of male pop.	3.93	2.94	0.40	0.59
% total migration	100	74.85	10.23	14.93

Top 5 districts for inter-state out-migration

Mumbai (Suburban), Maharash-tra	North West Delhi	Ludhiana, Punjab	Mumbai, Maharash-tra	West Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	924	761	1331
% Syphilis positivity	-	0	0	0

Programme Response

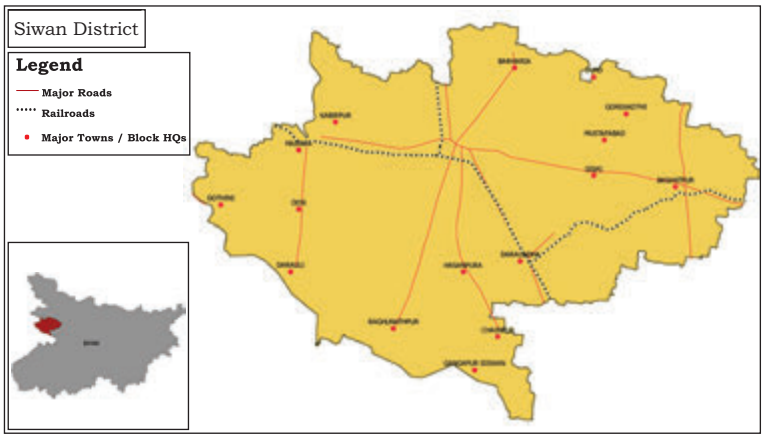
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	1
MSM TIs	-	-	-	-	-	-	1	1	1
IDU TIs	-	-	-	-	-	-	1	1	1
Comp. TIs	-	-	-	-	-	-	1	1	1
ICTCs	-	2	2	2	12	12	12	12	12
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	5	5	5
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Siwan

Background:

Siwan, situated in the western part of Bihar, was originally a sub-division of Saran district, which in ancient days formed a part of Kosala Kingdom. The present district limits came into existence only in 1972. The district is bounded on the east by the Saran district, on the north by Gopalganj district and on the west and south by two districts of U.P. viz. Deoria and Balia respectively. It has a population of 33.18 lakhs, a sex ratio of 984 females per 1,000 males, and a female literacy rate of 60.35% with an overall literacy rate of 71.59% (Census 2011). National Highway 85 passes through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was moderate at 0.50% among the ANC attendees, but due to lack of data points, a trend could not be determined.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.21%) attendees, with a stable trend.
- According to 2012 Blood Bank data, HIV positivity was low among Blood Bank (0.08%) attendees, with a stable trend in the last three years.
- As per 2010 HSS-FSW data, HIV positivity was low (3%) among the FSWs, with a stable trend in the last three recordings.
- According to 2012 ICTC data, HIV positivity was high among male (13.08%) attendees and moderate among female (7.67%) attendees. It was moderate among referred (8.77%) attendees and high among direct walk-in (14.63%) attendees. Positivity levels showed an increasing trend among all the ICTC attendees.
- In 2012, 8,759 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was 0.30%.
- According to 2001 census, 7.18% of the males were migrants, among them 87.63% migrated to other states and 5.99% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Surat, Gujarat and South Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 9.02% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 34.2% and 29.3%, respectively.
- In 2012, one TI site was functional, although there was no information on HRGs in the district.
- Two ICTCs functional in 2012, tested a total of 9,598 attendees for HIV in the district.

Key Recommendations:

- Conduct socio-demographic analysis of HSS-ANC data to understand risk factors for HIV epidemic among general population.
- HIV Positivity at ICTC suggests continuing transmission among the attendees along with risky behavior. So there is a need to establish a mechanism to understand the dynamics of HIV transmission among HRG and migrant population.
- Considering high rate of migration to high HIV prevalent districts, better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.
- Strengthen PPTCT program coverage in the district to reduce parent to child HIV transmission in the district
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.
- Increase the availability of additional information on the HIV epidemic profile of the district, including ART and HRG size data, to improve the understanding of district vulnerability.

Siwan

District Population: 33,18,176 (3.20% of Bihar Population); Female Literacy[1]: 60.35%; ANC Utilization[2]: 33.3%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		0.50
	NT[4]	-	-	-	-		-		400
PPTCT	PP	-	-	*	0.37	0.16	0.20	0.35	0.21
	NT	-	-	*	1075	2502	4043	4901	7144
Blood Bank	PP	-	-	0.14	0.07	0.48	0.12	0.05	0.08
	NT	-	-	1448	1504	1466	1684	2070	2420
HSS-STD	PP	-	12.00	3.00	4.00		3.00		-
	NT	-	252	250	250		250		-
HSS-FSW	PP	-	12.00	3.00	4.00		3.00		-
	NT	-	252	250	250		250		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	7.96	6.87	9.93	16.71	13.08
	NT	-	-	-	1130	844	846	796	1032
ICTC Female	PP	-	-	-	4.62	3.54	0	6.25	7.67
	NT	-	-	-	1299	1158	84	1248	1422
ICTC Referred	PP	-	-	-	4.52	4.33	5.74	8.86	8.77
	NT	-	-	-	1481	1225	1412	1625	1962
ICTC Direct Walk-in	PP	-	-	-	8.76	5.92	12.11	15.99	14.63
	NT	-	-	-	948	777	603	419	492
Total tested at ICTCs[5]	NT	-	-	696	3504	4504	4973	6945	9598

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=244)	90.98	0	0	0	9.02	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	95638	83811	5724	6103
% of male pop.	7.18	6.29	0.43	0.46
% total migration	100	87.63	5.99	6.38

Top 5 districts for inter-state out-migration

Surat, Gujarat	South Delhi	South West Delhi	Thane, Maharash-tra	Ludhiana, Punjab

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	3676	11057	8759
% Syphilis positivity	-	1.30	0.33	0.30

Programme Response

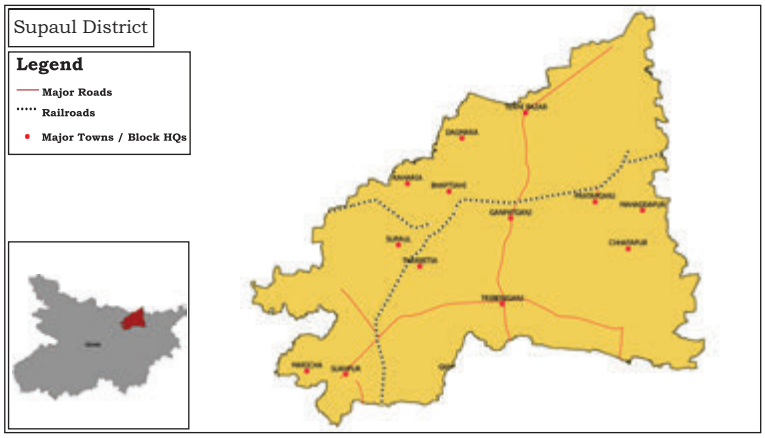
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	1	1	-
MSM TIs	-	-	-	-	-	-	1	1	-
IDU TIs	-	-	-	-	-	-	-		1
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	2	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	6	6	6
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Supaul

Background:

The district of Supaul had been a part of Mithilanchal since the Vedic period. The district is bordered by Nepal in the north, Saharsa in the south, by Araria district in the east and on the west by Madhubani district. It has a population of 22.28 lakhs, a sex ratio of 925 females per 1,000 males, and a female literacy rate of 46.63% with an overall literacy rate of 59.65% (Census 2011). Agriculture is the major occupation of this district and paddy is the main crop. It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). National Highways 57, 106 and 107 link this district to the other parts of the country.



HIV Epidemic Profile:

- As per 2012 PPTCT data, HIV positivity was low among the PPTCT attendees, with a stable trend.
- As per 2010 HSS-FSW data, HIV positivity was low among the FSWs, with a stable trend.
- According to 2012 ICTC data, HIV positivity was low among male (1.73%) and female (1.29%) attendees. It was also low among referred (1.52%) and direct walk-in (1.28%) attendees. Positivity levels showed a stable trend among all the ICTC attendees.
- In 2012, 9,013 STI/RTI episodes were treated and the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 2.12% of the males were migrants, among them 45.92% migrated to other states and 17.24% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were South Delhi and North West Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 8.33% of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 11.4% and 23.3%, respectively.
- In 2012, only one TI site was functional, although there was no information on HRGs in the district.
- Two ICTCs functional in 2012, tested a total of 4,282 attendees for HIV in the district.

Key Recommendations:

- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data.
- More needs to be done to understand the profile of the attendees through in depth analysis of ICTC data.
- IEC programme for creating HIV and STI awareness should be strengthened in district among general population, especially women.
- Availability of ART or DLN data would help in better understanding of district vulnerabilities.
- HRG size mapping information should be made available in order to assess their contributions to the HIV epidemic in the district as well as to understand the program response.

Supaul

District Population: 22,28,397 (2.15% of Bihar Population); Female Literacy[1]: 46.63%; ANC Utilization[2]: 20%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	-	-	-		-		-
	NT[4]	-	-	-	-		-		-
PPTCT	PP	-	-	0.10	0.08	0	0.06	0.12	0
	NT	-	-	994	1316	2120	1761	2556	1864
Blood Bank	PP	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-
HSS-STD	PP	-	1.00	0	1.00		0		-
	NT	-	250	252	250		246		-
HSS-FSW	PP	-	1.00	0	1.00		0		-
	NT	-	250	252	250		246		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	0.47	1.14	0.30	1.26	1.73
	NT	-	-	-	1061	1056	665	1345	1099
ICTC Female	PP	-	-	-	0.46	1.14	0	1.45	1.29
	NT	-	-	-	1076	967	2	1036	1319
ICTC Referred	PP	-	-	-	0	0.51	0.45	1.45	1.52
	NT	-	-	-	152	584	898	1446	2105
ICTC Direct Walk-in	PP	-	-	-	0.50	1.39	0.25	1.18	1.28
	NT	-	-	-	1985	1439	395	935	313
Total tested at ICTCs[5]	NT	-	-	994	3453	4143	2428	4937	4282

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=36)	91.67	0	0	0	8.33	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	19283	8854	3324	7105
% of male pop.	2.12	0.97	0.37	0.78
% total migration	100	45.92	17.24	36.85

Top 5 districts for inter-state out-migration

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

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	33515	36962	9013
% Syphilis positivity	-	0	0	0

Programme Response

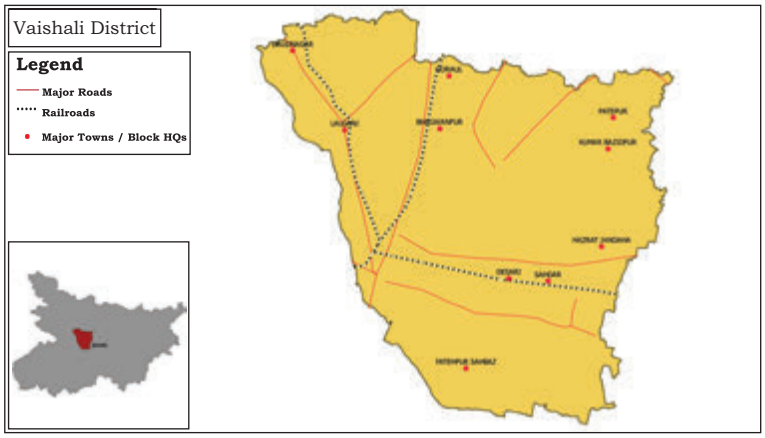
No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	1	1
MSM TIs	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-		-
Comp. TIs	-	-	-	-	-	-	-	-	-
ICTCs	1	1	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	4	7	7
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

Vaishali

Background:

Vaishali became a district when it was split from Muzaffarpur in 1972. Earlier it was the part of old Muzzafarpur district. It has a population of 34.95 lakhs, a sex ratio of 892 females per 1,000 males, and a female literacy rate of 59.1% with an overall literacy rate of 68.56% (Census 2011).Vaishali is well known for its close association with the Buddha. It is currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). It is connected to other parts of Bihar and India through railways as well as roads, and National Highway 77 and 103 pass through the district.



HIV Epidemic Profile:

- Based on 2012 HSS-ANC data, HIV prevalence was low at 0.25% among the ANC attendees, with a stable trend.
- According to 2012 PPTCT data, HIV positivity was low among PPTCT (0.07%) attendees, with a stable trend.
- According to 2012 ICTC data, HIV positivity was moderate among male (8.39%) attendees and low among female (4.29%) attendees. It was moderate among referred (7.26%) attendees and low among direct walk-in (3.23%) attendees. Positivity levels showed an increasing trend among male and female attendees, and referred attendees but fluctuating among direct walk-in attendees.
- In 2012, 2,900 STI/RTI episodes were treatedand the syphilis positivity rate among STI clinic attendees was low.
- According to 2001 census, 3.77% of the males were migrants, among them 68.53% migrated to other states and 17.98% migrated to other districts within the state.
- The top two destinations for inter-state out-migration were Kolkata, West Bengal and South Delhi.
- According to 2012 ICTC data, HIV transmissions through parent to child route accounted for 9.32% and homosexual route accounted for 5.93%, of all the HIV transmissions in the area.
- According to DLHS-III data, HIV and RTI/STI awareness rate among women was 69.2% and 45.1%, respectively.
- In 2012, three TI sites were functional, although there was no information on HRGs in the district.
- Two ICTCs functional in 2012, tested a total of 11,447 attendees for HIV in the district.

Key Recommendations:

- Analysis of ICTC data would provide better understanding on the profile of individuals engaging in high risk behavior.
- There needs to be a better understanding of the dynamics of HIV transmission through initiation of HSS-MSM site or through further analysis of ICTC data.
- Although there was a low level of HIV epidemic in the district, vulnerability factors in transmission of HIV needs to be analysed from ICTC data, and district needs continued attention to limit the spread of the infection further.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.

Vaishali

District Population: 34,95,249 (3.37% of Bihar Population); Female Literacy[1]: 59.1%; ANC Utilization[2]: 16.3%

HIV Levels and Trends[3]

		2005	2006	2007	2008	2009	2010	2011	2012
HSS-ANC	PP[4]	-	0	0	0		0		0.25
	NT[4]	-	400	400	399		400		400
PPTCT	PP	-	-	0.43	0.26	0.14	0.26	0.10	0.07
	NT	-	-	938	1158	2879	3126	3916	7540
Blood Bank	PP	-	-	*	*	*	*	*	*
	NT	-	-	*	*	*	*	*	*
HSS-STD	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-FSW	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-MSM	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
HSS-IDU	PP	-	-	-	-		-		-
	NT	-	-	-	-		-		-
ICTC Male	PP	-	-	-	6.01	6.59	5.76	5.20	8.39
	NT	-	-	-	1131	1077	1596	1961	1668
ICTC Female	PP	-	-	-	2.50	4.88	0	3.29	4.29
	NT	-	-	-	1839	1332	92	2220	2239
ICTC Referred	PP	-	-	-	3.48	5.32	4.46	5.66	7.26
	NT	-	-	-	1838	1729	3002	2632	2729
ICTC Direct Walk-in	PP	-	-	-	4.42	6.47	4.58	1.68	3.23
	NT	-	-	-	1132	680	546	1549	1178
Total tested at ICTCs[5]	NT	-	-	938	4128	5288	4814	8097	11447

PLHIV Profile, 2012

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

Route of HIV Transmission, ICTC 2012

	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown
% of Total (N=236)	83.47	5.93	1.27	0	9.32	0

Block-Level Details

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

Vulnerabilities

HRG Size

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

Male Migration, 2001 Census

	Overall	Inter-State	Intra-state	Intra-district
No. out-migration	53227	36479	9568	7180
% of male pop.	3.77	2.58	0.68	0.51
% total migration	100	68.53	17.98	13.49

Top 5 districts for inter-state out-migration

Kolkata, West Bengal	South Delhi	North West Delhi	South West Delhi	West Delhi

STI/RTI

	2009	2010	2011	2012
No. episodes treated	-	1593	1953	2900
% Syphilis positivity	-	0.19	0	0

Programme Response

No.	2004	2005	2006	2007	2008	2009	2010	2011	2012
FSW TIs	-	-	-	-	-	-	-	1	1
MSM TIs	-	-	-	-	-	-	-	1	1
IDU TIs	-	-	-	-	-	-	-		-
Comp. TIs	-	-	-	-	-	-	-	1	1
ICTCs	1	2	2	1	2	2	2	2	2
Blood Banks	-	-	-	-	-	-	-	-	-
STI clinics	-	-	-	-	-	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	8	10	10
Comm. care centres	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-

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

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

In this context of increased availability of data and the requirement of decentralized planning at the district level, a project titled "Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level using Data Triangulation" was undertaken by the 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.

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