District HIV/AIDS Epidemiological Profiles developed through Data Triangulation

FACT SHEETS Jharkhand



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

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Lov Verma Secretary



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

FOREWORD

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

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

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

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

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

Lov Verma





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PREFACE

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

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

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

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

Aradhana Johri

Acknowledgement

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

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

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

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

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

Stenter

Dr. S. Venkatesh Deputy Director General (M&E) Department of AIDS Control Ministry of Health & Family Welfare Govenment of India

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Acronyms

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

Glossary

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

- 10. **PLHIV Networks:** Networks of HIV positive persons have been formed at the national, state and district levels. Such networks act as platforms for People Living with HIV/AIDS (PLHIV) to share their concerns, and seek support and legal aid. They address stigma and discrimination-related cases among their members and also provide social support for those isolated by their family and community. The networks are encouraged to advocate and promote the utilisation of HIV related services.
- 11. **Prevention of Parent to Child Transmission (PPTCT):** Mother to child transmission of HIV may take place during pregnancy, during childbirth or through breast feeding. To prevent this, under the PPTCT programme every pregnant woman visiting antenatal clinics or visiting hospital at the time of delivery is tested for HIV infection. A pregnant woman found positive for HIV infection is closely followed up to ensure institutional delivery. At the time of delivery, the pregnant woman and the new-born baby are given a single dose of Nevirapine to prevent mother to child transmission of HIV.
- 12. **Red Ribbon Clubs:** Red Ribbon Clubs (RRC) formed in colleges provide a forum for students to come together to share information on HIV/AIDS and safe behaviours, to discuss related issues and also motivate them to participate in voluntary blood donation.
- 13. **STI/RTI Services:** Sexually Transmitted Infections/Reproductive Tract Infections increase the risk of HIV transmission significantly. STI/RTI services are aimed at preventing HIV transmission and promoting sexual and reproductive health under the National AIDS Control Programme and the Reproductive and Child Health programme of the National Rural Health Mission (NRHM).
- 14. **Targeted Intervention:** Targeted Interventions (TI) are peer-led preventive interventions focused on HRG and bridge populations, implemented by Non-Government Organisations and Community-based Organisations in a defined geographic area. They provide prevention services such as behavioural change communication, condom distribution, STI/RTI services, needle and syringe exchange, Opioid substitution therapy, referrals and linkages to health facilities providing HIV/AIDS services, community mobilisation and creating enabling environment.

Introduction

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

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

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

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

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

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

Methodology

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

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

Table 1: Components of District Epidemiological Profiling

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

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



Epidemiological Framework of HIV/AIDS Scenario in the District

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

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

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



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

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



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

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

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

Table 2: Data Sources used for District Epidemiological Profiling

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

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

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

Important Outcomes of District Epidemiological Profiling include:

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

Specific Notes on Fact sheets

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

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

District Map of Jharkhand



Bokaro

Background:

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



HIV Epidemic Profile:

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

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

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	NT		5050	6115	7748	7671	8912	9942	8420		C0.//	01.21	10.20		pop.	2.30	1.10	00	1.10
CTD	ЬР			0.80	0	0		0		0/. Total Ban	010	000	0		% total	100	71 TC	75 57	3C 7C
	NT			250	250	250		241		70 IULAI FUP.	0.10	20.0	0.0		migration	001	/1./c	10.02	07.10
	ЪР			0.87	1.95			1		Program Target	NA	NA	NA		Top 5 d	Top 5 districts for inter-state out-migration	nter-state	out-migra	ation
H55-F5W	NT			231	256			1		Program Coverage		'							
	ЬЬ					2.00		0.40			Home								
	NT					250		248			based-	Kothi-							
	ЪР										NA,	NA,	Injectore-	1					
	NT									Tvnolom	Brothel	Panthi-		0	Puruliva	Rankiira		South	Thana
	ЪР			*	*	0.85	0.45	2.14	2.22	(Bolod)	based-	NA,	Ž	>	Mect	West	Patna,	Delhi	Maha
	NT			*	*	946	1344	1167	1849		NA,	Double		S3	Bengal	Bengal	Bihar	Delhi	rashtra
	ЬЬ			*	*	0.86	1.61	0.93	1.18		Street	decker-	NA		'n	n			
	NT			*	*	347	372	1605	1268		NASeu-	AN							
Doformod	Ъ			*	*	1.96	1.24	1.39	1.82	0/ /JE VITE			,						
ורור עפופוופת	NT			*	*	204	1049	1942	1480	0/ Marriad									
C Direct	ЬЬ			*	*	0.64	1.65	1.57	1.77	70 IVIAILIEU			'	-					
Walk-in	NT	,		*	*	1095	667	830	1637		2008	0000	2010	111					
			PLI	HIV Profile	e, 2009							1004							
	% On ART	% 15-24	% III., Prim. Edu	% Marriad	% widowed	ved ad				% Syphilis positivity	0	0	0	0.21					
VCC/ TOV		.c.k	00 01	1110111C0	+								Program	me Resp	onse				
		י ת	70	6	•					No.	2004	2005	2006	2007	2008	2009	2010	2011	
			ranemiceion	n ICTC 20		-				FSW TIS	-	-	-	-	1	1	2	2	
	Hataro	/0	Poola		Darant to					MSM TIs		ı	,		-	-	-	-	
	sexual	Bisexual	Transfusion			Unknown	5			IDU TIS	,	,				,		-	
% of Total	010		c	+		L F				Comp. Tls		ı	1				1	ı	
(N=57)	06.00	70.7	D	>	07°C	c/.1				ICTCs		ı	,	-	-	-	2	5	
-			Bld	Block-Level	Details				-	Total tested at			m	867	1720	2096	3338	4068	
No. HRG-		ı		ı	ı	ı	ı	ı	ı	ICICIS ³ Blood Banks			6	~	'n	'n	<		
										STI clinice	-	-	1 -) -) -) -	-	+ -	
MSM	ı	1		ı		ı	I	1	1	ART centres	- ,	- '	- ,	- ,	- ,	- ,			
No. HRG-										l ink ART centres		,			,	-	-	-	
DU	1			·		1	1	•	•	PLHIV Networks					,	- ,			
% Pos.,	,			,		1	,	,	,	Red ribbon clubs					16	16	16	16	
ICTC										Comm. care centres									
% Pos.,	,	,	,	,	,	1		1	,	Drop-in-centres	,	ı	,		ı		ı	ı	
TOT																			

Bokaro

Chatra

Background:

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



HIV Epidemic Profile:

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

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

			HIV Le	evels and T	lrends ³								Vulnera	erabilities					
		2004	2005	2006	2007	2008	2009	2010	2011		HRG Size				Male N	Male Migration, 2001	2001 Ce	Census	
	PP4										ECIM	NACAA			Č		Inter- Ir	Intra-	Intra-
	NT₄										AAC	INICINI	00		Š		state s	state c	district
DICT	РР						*	*	0.19	Size Est., (Mapping,	775	40	40	No. out-		37650 30	30810 4	40.22	7818
	NT						*	*	1067	Year: NA)	147	ŕ	ŕ	migration	_	\rightarrow			0107
Jacd Deel	РР									% Total HRG	90.06	4 97	4 97	% male		935 7	7 65 1	1 00	0 70
Blood Bank	NT										00.00	D.F	È.	pop.	_	-	_	2	0
	РР					,				% Total Pon.	0.07	С	C	% total		100 81	81.83	10.68	7.48
	NT					,						,	,	migration	ion		-		2
	Ъ					0.40		0.81		Program Target	NA	AN	AN	P	Top 5 districts for inter-state out-migration	s for inter	-state ou	t-migratio	u
	NT					250		248		Program Coverage	' :		•						
	РР										Home	: q+0 X							
	NT					,					Daseo-		Daily						
	ЬЬ										Rrothal	Panthi-	<u>_</u>		Ļ				
	NT							1		Typology	based-	NA:		West			West N		Fact
	ЬЬ					*	0.37	2.23	1.04		NA:	Double				Delhi De		West	Delhi
ICIC Male	NT		,			*	1356	718	1151		Street	decker-	injectors-						5
	d				,	*	0.80	2.04	1 53		based-	NA							
ICTC Female	IN I					*	785	585	786		AN								
	d				,	*				% <25 yrs.		•	•						
CTC Referred	I IN					*	120			% Married		•	•						
ICTC Direct	dd					*	0 50	2 14	1 24		STI/RTI				_				
Walk-in	L L					*	1000	1306	1937		2008	2009	2010	2011					
	-		ā				1 7 7 7	000		No onicodor trontod	10	107	1602	270E					
	00,00	0/ 15 74	0/ III Drim		0/ 11140	Poin				06. Symbilis positivity		701		C0/7					
	ART	47-C1 0/	70 III., FIIIII. Fdu	70 Married	70 wiuuweu	veu				function for the second s	5			ome Response					
ART (NA)		-	5 1	1	5	5				No.	2004	2005			2009	2010	0 2011	-	
DLN (NA)					•					FSW TIS									
	Rout	te of HIV Tr	ransmission,	ICTC 201						MSM TIS									
	Hetero	Homo/	Blood	Needle/	Parent to					IDU TIS		•		•	'				
	sexual	Bisexual	Transfusion	Syringe	Child	UIIKIIO	_			Comp. Tls		•	•	•	•				
% of Total	88.00	0	0	0	8.00	4.00				ICTCS				-	2		2	2	
(c7=N)				6						Total tested at		,		- 138	7537		1658 30	3004	
			7	באפ	citalis					ICTC5 ⁵				-	_	_	_	-	
NO. HKG-					ı	,	'	'	ı	Blood Banks				•	'				
										STI clinics			1	-	-		-	-	
-DVIL ON	·				ı	·	•	•	I	ART centres			ı	•	1				
-SAH ON										Link ART centres		ı	ı	1	'		-	-	
	ı		1	1		ı	,	ı	I	PLHIV Networks	1	ı	ı		1		1	-	
% Positive,										Red Ribbon Clubs				•	'				
ICTC 2009									ı	Comm. Care Centres				•	'				
% Positive,										Drop-in-centres		1		1 1	1				
PTCT 2009	ı									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

14 | District HIV/AIDS Epidemiological Profiles: Jharkhand

Chatra

Deogarh

Background:

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



HIV Epidemic Profile:

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

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

											ID A	vuinerabilities				
06 2007	2006 2007	2007		2008	2009	2010	2011		HRG Size				Σ	Male Migration, 2001 Census	ion, 2001	Census
	•								FSW	MSM	ndi			Overall	Inter-	Intra-
1	1 1	1	'			ı									state	state
- 0.11			0.11		0.14	0.05	0.03	Size Est., (Mapping,	1150	50	ı	Ż	No. out- :	15003	6835	2820
- 918			918	-	1456	2080	3155	Tedi. INA/				= i	IIIUI auuu			
*	*	_	*		*	0.17	0.34	% Total HRG	95.83	4.17		34	% male	2.47	1.13	0.46
*			*		*	1200	1165					<u>1</u> 2	P.			
1.60	1.60		0.40			0.81		% Total Pop.	0.08	0	1	× E	% total minration	100	45.56	18.80
0 250 250			250			248		Prooram Target	MA	V N	ΔN		Ton 5 di	Ton 5 districts for inter-state out-minration	nter-ctate	out-miora
- 0.86	0.86	- 0.86	0.86			0.40							5 1 20-		רו_זימוי	
- 232			232			250			Пото							
		1							hased-	Kothi-						
1									NA:	NA:	Daily			Dadra &		
									Brothel	Panthi-	Injectors-	-2-	Barddh	Nagar		
	1	1						Typology	based-	NA;	Non-daily	7	aman,		Banka, ¹	birdnum, Nolkata,
2.24 0.60			0.60		0.98	0.89	1.31		NA;	Double		<u>م</u>	West	~	Bihar	Rannal
313 836	313 836	836			1430	1576	1832		Street	decker-	NA		Bengal	Nagar		n n n n n n n n n n n n n n n n n n n
1.40 0.71	_	_	0.71		0.54	0.69	0.57		Dased-	AN				Havell		
501	501	_	422		1111	1313	2454	% <75 vrs	5	,	1					
0.93	_	_	0.39		1.35	0.91	0.45	point N 20								
754 762	_	_	762		1109	1652	3570		CTI/DT			-				
11.67 1.01			1.01		0.35	0.65	3.07				0100	111				
60 496			496		1432	1237	716	No opicodor	2000	5003	7010	1107				
rofile, 2009 کارلون	IV Profile, 2009	e, 2009						treated	902	1485	4151	5717				
arried % widowed or divorced	% Married % widowed or divorced		/ed ed					% Syphilis positivity	0	0						
											5	ž	esponse		1	•
									2004	2005	2006 2	2007 20	2008 2	2009	2010 2	2011
	ICTC 2011		_					FSW Tis		•	2	2	-	-	-	-
Decembra	Decembra							MSM Tis								
aure/ rarent to Unknown				_				IDU Tis	,	,	1	1	1	ı	,	ı
		_						Comp. Tis	,	•	1	1	1	1		1
0 2.56 2.56			2.56					ICTCs		,		-	-	2	2	m
evel Details	k-Level Details	Details						Total tested at	,	·	9	814	2176	3997	4969	7441
					'			Blood Banks	-	-	-	-	-	-	-	-
						+	+	STI clinics	-	-	-	-	-	-	-	-
•	•		1		'		•	ART centres		,	,	,		,	,	-
				1.1				I ink ART centres		,						
•		•	1		1			PLHIV Networks		,		,			-	-
								Dod ribbon clubs	,				y	y	ي .	. ر
1		,		,	'		•			,			0	o	0	0
		-	+		_	+	_	Dron-in-rantras								
•								הוחה-ווו-יכוווובי							-	
	•				'											

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

Deogarh

Dhanbad

Background:

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



HIV Epidemic Profile:

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

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

			VIH	Levels and	Trends ³								Vuln	/ulnerabiliti	es				
		2004	2005	2006	2007	2008	2009	2010	2011		HRG Size				2	Male Migration, 2001 Census	on, 2001	Census	
	PP₄			0	0.25	0.14		0.50			ESM/	MSM				Overall	Inter-	Intra-	Intra-
HSS-ANC	NT ⁴			400	400	703		398					2				state	state	district
TUT	ЪР			,	ı	0.18	0.11	0.05	0.16	Size Est., (Mapping,	,	1	1	2	No. out-	49501	21531	5964	22006
	NT					3336	4382	5783	6171	Year: NA)					migration				
-	ЪР				0	0	0	0	0.10	% Total HRG	,	,	'	U~ (% male	3.87	1.69	0.47	1.72
Blood Bank	NT	1			3113	4185	3914	3408	6212						pop.				
	ЪР	0	0	0.40	0.40	1.66		3.67		% Total Pop.		ı	1		% total minration	100	43.50	12.05	44.46
	NT	250	250	249	250	241		245		Program Targat	NA	M	MM		10	districts for inter-state out-minration	Inter-ctate	out-miora	tion
	Ъ			0.40						Program Coverade					۶				
HSS-FSW	NT			250							Home								
	ЪР							'			based-	Kothi-	:						
HSS-MSM	NT			,							NA;	NA;							
	Ч							•		Tymology	Brothel	Panthi-	IIIJectors-	<u>ہ</u>	Barddh	Duralia		Coc qL	Co.1+h
HSS-IDU	NT				ı			1		I ypuugy	based-	NA;	Z	>	aman,	Mast	Patna,	Maha	nullen
	Ч				ı	1.39	0.71	2.00	1.85		NA;	Double		s, i	West	Bengal	Bihar	rashtra	Delhi
	NT					2305	6016	4006	4874		based-	aecker- NA			bengal	n			
TC Lamala	ЪР					1.46	0.75	0.86	1.06		NA								
	NT					1508	4562	4396	5203	% <25 yrs.	1	,							
LTC Doferrod	ЪР					1.45		1.37	1.37	% Married									
ור עפופוופת	NT					2422		4657	6276		STI/RTI	_							
ICTC Direct	ЪР					1.37		1.44	1.55		2008	2009	2010	2011					
Walk-in	NT					1391	•	3745	3801	No. episodes treated	17499	1500	5749	14879					
			PL	HIV Profile	e, 2009					% Syphilis positivity	0	0	0	0.14					
	% On	% 15-24	% III., Prim.	% Married		/ed							- 65 E	e -	ponse				
	ART	yrs	Edu.		or Divorced	p				No.	2004	2005	2006	2007	2008	2009	2010	2011	
ART (NA)				,	ı					FSW TIS	2	2	2	2	-	-	-	2	
DLN (NA)			,		'	_				MSM TIS	,	'		,	,		-	-	
	Rou	ite of HIV T	Iransmission	n, ICTC 20'	1					IDU TIS		'	,	1		1	,	-	
	Hetero	Homo/	Blood	Needle/	Parent to	Unknown	Ľ,			Comp. TIs	,	1	,		· L	· L		. (
% of Total	89.86	1.35		_	6.08	2.70				Total tested at				7 -	c 7149	c 14960	c 14185	0 16248	
= 140)			Blo	ock-Level	Details					Blood Banks	5	2	2	2	2	2	5	2	
No. HRG- FSW							•			STI clinics	-	-	-	-	-	-	2	2	
No. HRG-										ART centres			•				-	-	
MSM	1									Link ART centres									
No. HRG- IDU				,	,		ı	ı	ı	PLHIV Networks		·	ı	1		ı	-	-	
% Positive,							1	1		Red ribbon clubs		,		1	5	5	5	5	
ICTC 2009										Comm. care centres		'	,	1	,	,	,	,	
% Positive,	ı	ı			1	ı	ı	ı	ı	Drop-in-centres		•	•	,	,		,	,	
1 CI 2009										Condom outlets	•	•	•	•	,				

Dhanbad

Dumka

Background:

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



HIV Epidemic Profile:

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

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

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20 | District HIV/AIDS Epidemiological Profiles: Jharkhand

Dumka

Garhwa

Background:

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



HIV Epidemic Profile:

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

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

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

Garhwa

Giridih

Background:

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



HIV Epidemic Profile:

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

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

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

Giridih
Godda

Background:

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



HIV Epidemic Profile:

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

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

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

Godda

Gumla

Background:

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



HIV Epidemic Profile:

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

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

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Gumla, 0 unag bisun Kaidin, Chain Dumri, 0 Palkot, Basia, 0 Kamd Drop-in-centres	ive,		ī	i	-			-		-	Comm. care centres				,					
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* 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); ⁴PP = percent positive, NT = number tested;⁵ General clients & pregnant women

Gumla

Hazaribagh

Background:

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



HIV Epidemic Profile:

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

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

														A REAL PROPERTY OF A REAL PROPER					
		1000				0000	0000	0100	100		HRG Size	d				Male Migration 2001	on 2001	Census	
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HSS-ANC	NT ⁴		•								FSW	MSM	nai			Overall	state	state	district
į	Ы			,	*	0.60	0.20	0.27	0.31	Size Est.,	0001	001		No.	No. out-		C1 3 C C	0201	
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	NT			•	•	250		239		Program									
A AC N A	РР		1		•			•		Coverage			'						
	NT	,	1		•			,			Home								
Ē	РР		1	,	,						based-	Kothi-	Dailv			:			
	NT			,	,						NA;	. NA;	Injectors-		Mum		-	-	F
	РР	,	25.16	25.10	24.03	9.98	2.77	4.88	3.82	Typology	Brotnel barad	Pantni-	, NA;			_	Kolkata, Wort	South	Inane,
	NT		2477	7585	2291	8053	1376	6397	6697		-naseu-	Double	Non daily			Mahara	Rengal	Dalhi	achtra
	ЪР		40.00		,			2.97	2.94		Street	decker-	injectors-		shtra	shtra	ncii dai		
	NT		15435		,			8598	7680		based-	ΝA	NA						
Dafaurad	РР		*	30.77	29.92	9.80	2.36	3.14	2.33		NA								
ורור עבובוובח	NT	I	*	416	508	2542	7912	8313	8645	% <25 yrs.	,	'	'						
ICTC Direct	РР		*	28.76	20.84	11.94	3.42	4.58	4.90	% Married	'	•	'						
<-in	NT		*	379	782	2052	7258	6682	5732		STI/RTI	RTI	0100						
			PLI	HIV Profile	, 2009						7008	5003	01.07	1107					
	% On ART	% 15-24 yrs	% III., Prim. Edu.	. % Married	% Widowed	p				No. episodes treated		1624	3820	4914					
ART (NA)	,	1	,	'	1					% Sypnills positivity	0	80.1	5.09	1.09 90.1	0.000				
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	SEXUGI				CIIIO					IDU TIS	,	,	,	,					
(N=479)	85.59	4.38	0	0	6.68	3.34				Comp. TIS	,	,	,			, (· r	· r	
			Blo	ck-Level	Details					Total tested at		'		-	_	0	-	-	
No. HRG-								,		ICTCs ⁵		17912	7585	2321 11	11635	12923	20620	21094	
FSW										Blood Banks	4	4	4	4	4	4	4	4	
No. HRG-	,	1		ı			1	,		STI clinics	-	-	-	-	1	1	1	-	
MSM										ART centres	,	,		,	,		-	-	
No. HRG- IDU	'	'		,			,			Link ART centres	,	,	,						
Ocitive	Sadar	Bishu			Choirin	Katkam	Churhu	Bark	Keredari	PLHIV Networks	,	,	1		-	-	-	-	
ICTC 2009	2.71	garh, 10.3	9.1 B	Barni 4.8	aran, 6.4	sandi, 3.6	5.8	atha,	2.9	Red ribbon clubs	'				4,	4	4,	4	
a sitin a	Codo:					Vations	,h.	2.01		Comm. care centres	-	•	-						
% POSITIVE,	Sadar,	BISNU BISNU	Ichak, 0 B	Barni, 0	c noup	Katkam	Cnurnu,	Bark	Keregari,	Urop-In-centres	,	•	•		_	_	-	_	
LI 2009																			

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

Hazaribagh

Jamtara

Background:

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



HIV Epidemic Profile:

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

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

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		2004	2005	2006	2007	2008	2009	2010	2011		HRG Size				Ma	Male Migration, 2001 Census	on, 2001	Census	
HSS-ANC	PP ⁴ NT ⁴										FSW	MSM	IDU			Overall	State 6	Intra-	Intra- district
	dd					*	*	0.11	0	Size Est., (Mapping,	0			Z	No. out-				
PPTCT	NT				,	*	*	920	943	Year: NA)	700	1	'	m	migration				•
	РР	1						1		% Total HRG	100			%	% of male				
	NT									/0 0(4) / 0	00-			b	pop.				
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	Ъ										Drothol	Donthi	<u>_</u>						
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	РР					0.64	0.43	0.46	0.23		NA:	Double		y		,			,
	NT					469	1162	865	886		Street	decker-	Ē						
	ЪР					0.96	0.26	0.82	0.27		based-	AN	NA						
	NT					209	782	609	372		NA								
ICTC Doforrod	РР					0	0	0.41	0.27	% <25 yrs.		1	•						
ורור עבובוובת	NT	1				301	445	973	1116	% Married		1	1						
ICTC Direct	РР		1			1.36	0.35	1.00	0		STI/RTI								
Walk-in	NT					369	1127	501	142		2008	2009	2010	2011					
			PLHI	V Profile,	2009					No. episodes	Q		-	0.000					
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ART (NA)			Euu.	-	-					% Syphilis positivity	0	0.55	1.29 Droctrame	5	0.50				
DI N (NA)											NOC	2005	5					111	
	<u> </u>		ransmission.							ECIALTIC	2004	CUU2				1	70107	1102	
	Hetero-	Homo-	Blood	Needle/	Parent to					SIL WCT			, ,		_ ,	- ,	- ,		
	sexual	sexual	Transfusion	Syringe	Child	UIIKIIOMI				IDU TIS			,				,		
% of Total	100	0	0	0	0	0				Comp. Tls			,	,		,	,		
(N=3)			Plac	lovel Do	taile					ICTCs			•		1	1	1	1	
No. HRG-										Total tested at ICTCs ⁵	ı	ı	ı	ı	947	2539	2394	2201	
FSW					+					Blood Banks			•						
No. HKG- MSM	ı	,			,	·	ı	ı		STI clinics					1	1	-	1	
No HRG-										ART centres	-								
IDU	ı									Link ART centres	ı	ı	1	1	1	1	ı	ı	
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ICTC 2009										Red ribbon clubs		,	,		9	9	9	9	
tive,	Taluka 1,	Taluka,								Comm. care centres			1	,			,	,	
2009	0.13	2 0			1	1			1	Condom outlats			, ,						
C007				-									-	-	-			-	

* 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

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Kodarma

Background:

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



HIV Epidemic Profile:

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

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

District Population: 7,17,169 (2.18% of Jharkhand Population); Female Literacy1: 54.77%; ANC Utilization?: 33.3%	ion: 7, 17, 1	169 (2.18%	of Jharkhand	Population),	; Female Lit	eracy ¹ : 54.7	7%; ANC U	tilization ² : 2	33.3%										
			HIV I	evels and	Trends ³								Vulner	Inerabilities					
		2004	2005	2006	2007	2008	2009	2010	2011		HRG Size				Ma	Male Migration, 2001 Census	on, 2001	Census	
	PP₄	*		0	0	0.75		0.75			EC/M/	NSM			ć	Overall Inter-			Intra-
UNA-201	NT ⁴	*	1	400	399	400		398			AAC -		2		5	State		state d	district
TUTU	ЪР	ı	1			*	*		0.26	Size Est.,				No. out-					
	NT	ı				*	*		1154	(Mapping, Year:		'		miar	Ę	7915 3	3854	2002	2059
	ЪР								,	NA)				, ,	-	+	+	+	
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	ЪР									Prooram Taroot	ΔN	NA	MA	<u>Б</u>	Ton 5 districts for inter-state out-micration	ricts for ir	nter-ctate	out-miors	tion
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	NT	-			-						hased-	Kothi-	-						
	РР										NA;	NA;	Daily						
	NT										Brothel	Panthi-	Injectors-			F			Mum
	РР					12.80	5.78	4.07	5.01	Typology	based-	NA;	Non daily		Nokata, Si	South N	Mahe,	North	bai,
ורור ואומוב	NT					211	006	1425	1018		NA;	Double	Injectors-					Delhi	Maha
	РР					6.30	5.00	4.18	3.64		Street	decker-	NA		5	5	5		rashtra
	NT	-			-	413	840	1268	1098		based-	AN							
ICTC Doforrod	РР	ı	1			1	1	1.90	1.86	0/ JC 111	AN								
ורור עבובוובת	NT							947	1665	.216 CZ> 07									
ICTC Direct	ЪР	I	ı	1		8.49		5.33	13.30	% INIdITIEU	-						-		
Walk-in	NT					624		1746	451		STI/RTI		ŀ						
			PIL	HV Profile.	2009							2009	+	2011					
	00 %	0, 15-24	% III Drim			hav				No. episodes treated	112	372	995 2	2079					
	ART	yrs	Edu.	% Married	or divorced	ted				% Syphilis positivity	0	0	-	0.08					
ART (NA)	,	1			•								ē	Re	a I			-	
DLN (NA)										No.	2004	2005	2006 2007	07 2008	3 2009		2010 20	2011	
	Roi	oute of HIV 1	Fransmission	n, ICTC 201	-					FSW Tis	1	'		-		_	-	-	
	Hetero	Homo/	Blood	Needle/	Parent to					MSM Tis		,		•					
	sexual	Bisexual	Transfusion	Syringe	Child	UNKNOWN				IDU TIS		,		•				,	
% of Total	87 47	C	C	C	9 89	7 69				Comp. lis		•	•						
(N=91)		,		,								,		_	7	7	n	4	
			Bloc	<-Level	Details					lotal tested at		·		- 77	770 2'	2199 2	2693 3	3270	
NO. HKG- FSW	ı	ı	ı	ı	,	1	ı	1	ı	Blood Banks	,								
No. HRG-										STI clinics	-	-	-	-		-	-	-	
MSM	,	ı		ı		I	ı	'	,	ART centres		,	1						
No. HRG-										Link ART centres		•					-	-	
IDU	'					'	'	'		PLHIV Networks		•		•			-	-	
% Positive,				1						Red ribbon clubs		-	-	-	2	2	2	2	
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* 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); ⁴PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Kodarma

Lohardaga

Background:

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



HIV Epidemic Profile:

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

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

1 201	District Population: 4,61,738 (1.40% of Jharkhand Population); Female Literacy: 57.86%, ANC Utilization: 29.4%	ion: 4,61,	/38 (1.40%	o of Jharkhanc	Population),	Female Lite	a./c:"var	o %; ANC U	tilization*: .	29.4%				A A A	THE REAL					
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* 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, PTCT≥ 900 and BB≥ 900); ⁴PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Lohardaga

Pakur

Background:

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



HIV Epidemic Profile:

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

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

HIG Size MIRG File 700 - - 700 - - 100 - - 9e - - NA NA NA NA; NA; NA; NA;	District Population: 8,99,200 (2.73% of JharkhandPopulation); Female Literacy ¹ : 41	tion: 8,99,	200 (2.73%	of Jharkhand	Population),	: Female Lit		.23%; ANC Utilization ² : 17.4%	tilization ² :	17.4%				Willing	un bi li ai no					
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* Inadequate sample size: - Data not available; ¹ 2011 Census;² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC> 300, HSS-HRG/STD> 187, ICTC> 600, PPTCT> 900 and BB> 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Pakur

Palamu

Background:

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



HIV Epidemic Profile:

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

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

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% Positive,										Drop-in-centres			ı	1			,		
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Palamu

Paschimi Singhbhum

Background:

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



HIV Epidemic Profile:

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

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

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District Population: 15,01,619 (4.56% of Jharkhand Population); Female Literacy ¹ :			HSS-ANC		DDTCT							HSS-FSW			HSS-INI			ורור ואומוב		ורור נפוווסוב	ICTC Dofession	ורור עפופונפת .	ICTC Direct	Walk-in				ART (NA)	DLN (NA)				% of Total		No. HRG-	FSW	No. HRG-		- 100 חוגם		% Positive,	ICTC 2009	% Positive,	2000

* 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); ⁴PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Paschimi Singhbhum

Purbi Singhbhum

Background:

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



on agriculture. One major tourist attraction is Chitreshwar temple, having one of the largest natural Shiva linga.

HIV Epidemic Profile:

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

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

1 1	1001	2005	2006	2007	2008	2009	2010 0.7E	2011		HRG Size					Male Migration, 2001 Census Inter- Untra-	ation, 200	1 Census	
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* 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); ⁴PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Purbi Singhbhum

Ranchi

Background:

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



HIV Epidemic Profile:

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

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

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* 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, PTCT≥ 900 and BB≥ 900); ⁴PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Sahibganj

Background:

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



to visit the district. The district has good network of roadways. National Highway 80 passes through the district.

HIV Epidemic Profile:

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

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

		evels and	Trends ³								Vulnera	rabilities	-			
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* 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, PTCT≥ 900 and BB≥ 900); ⁴PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Seraikela-Kharsawan

Background:

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



valuable minerals. The government has announced the district as a tourist center as it has many historical and sightseeing places. National Highway 33 passes through the district.

HIV Epidemic Profile:

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

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

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

Seraikela-Kharsawan

Simdega

Background:

Simdega district is situated in the southwestern part of the state of Jharkhand. It is surrounded by Gumla in the North, Ranchi and West Singhbhum in the east, Jashpur district of Chhattisgarh in the west and district Sundergarh of Odisha in the South. The district is the third least populous district of Jharkhand with a population of 5.99 lakhs, 100% percent sex ratio, i.e., 1,000 females per 1,000 males, and a female literacy rate of 59.38% with an overall literacy rate of 66.92% (Census 2011). The economy of the district depends mainly on agriculture, forest products, cattle rearing, mining activities and other little commercial activities. Its scenic beauty, landscapes full of greenery coupled with very pleasant climate attracts both domestic as well as foreign tourists. The



district has a good network of roadways but road condition is not up to the mark. NH- 23 passes through the district connecting the districts and states.

HIV Epidemic Profile:

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

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

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

Simdega

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

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

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

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

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