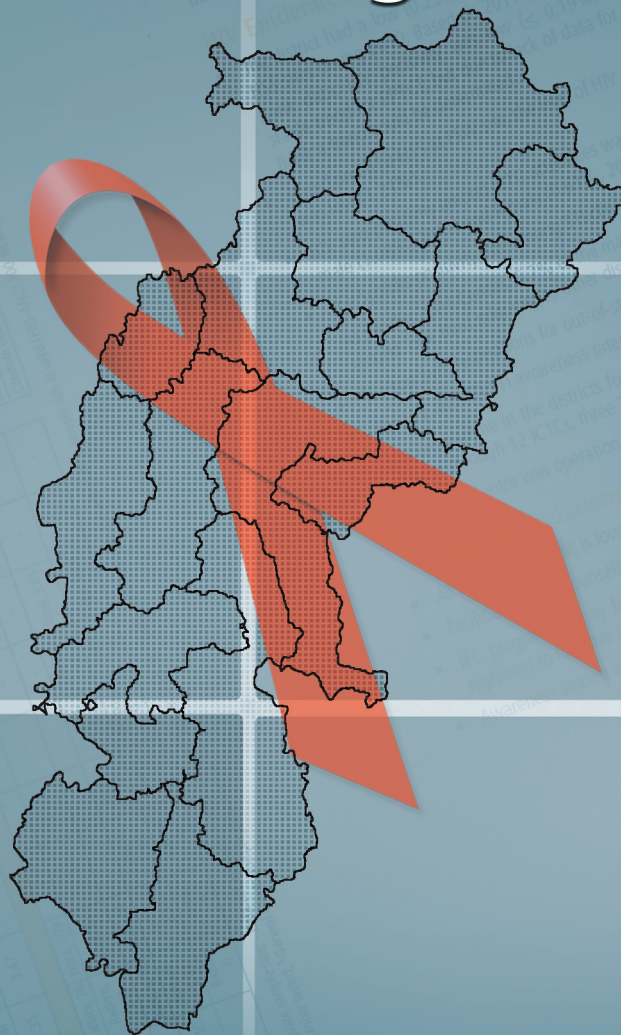


District HIV/AIDS Epidemiological Profiles

developed through Data Triangulation

FACT SHEETS

Chhattisgarh



India's voice against AIDS
Department of AIDS Control
Ministry of Health & Family Welfare, Government of India
6th & 9th floors, Chandralok Building, 36 Janpath, New Delhi-110001
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November 2013



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लव वर्मा

सचिव

Lov Verma
Secretary



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FOREWORD

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

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

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

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

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

Lov Verma



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

Aradhana Johri

Acknowledgement

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

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

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

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

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



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Acronyms

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

Glossary

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

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

Introduction

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

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

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

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

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

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

Methodology

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

Table 1: Components of District Epidemiological Profiling

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

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

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

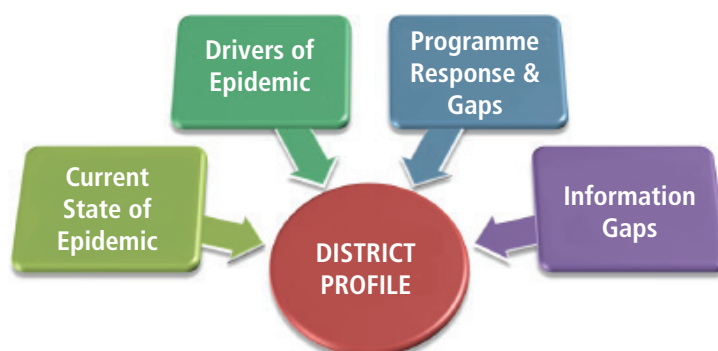


Fig. 1: Thematic Areas of District Profiling
Epidemiological Framework of HIV/AIDS Scenario in the District

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

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

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

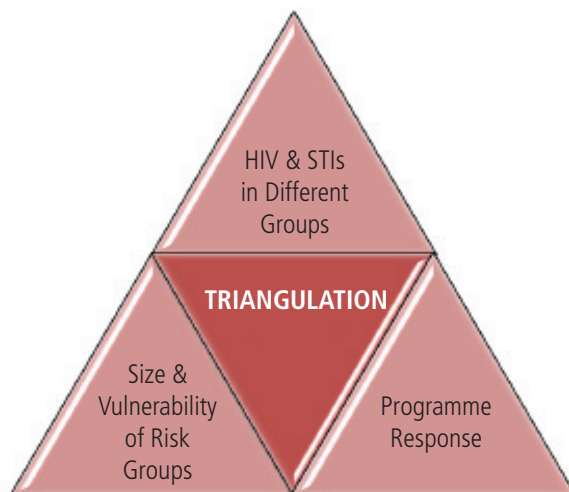


Fig. 2: Conceptual Framework of Data Triangulation
Synthesis of Epidemiological, Behavioural and Programme Data

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

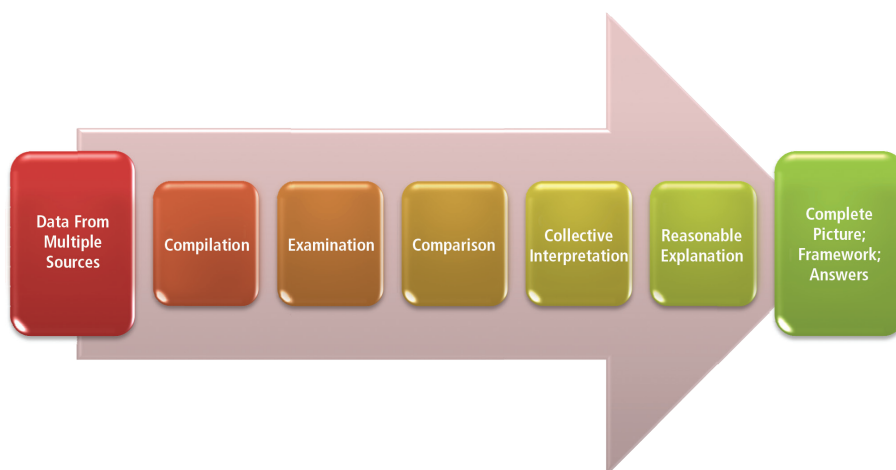


Fig. 3: Schematic representation of processes involved in Data Triangulation

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

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

Table 2: Data Sources used for District Epidemiological Profiling

Thematic areas for HIV Epidemiological Profiling	Major Sources
HIV Levels, Trends and Differentials	HIV Sentinel Surveillance (HSS); Integrated Biological & Behavioural Assessment (IBBA); ICTC data; PPTCT data; Blood bank data; NFHS-III; Any other HIV prevalence studies
STI Levels, Trends and Differentials	Behavioural 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:

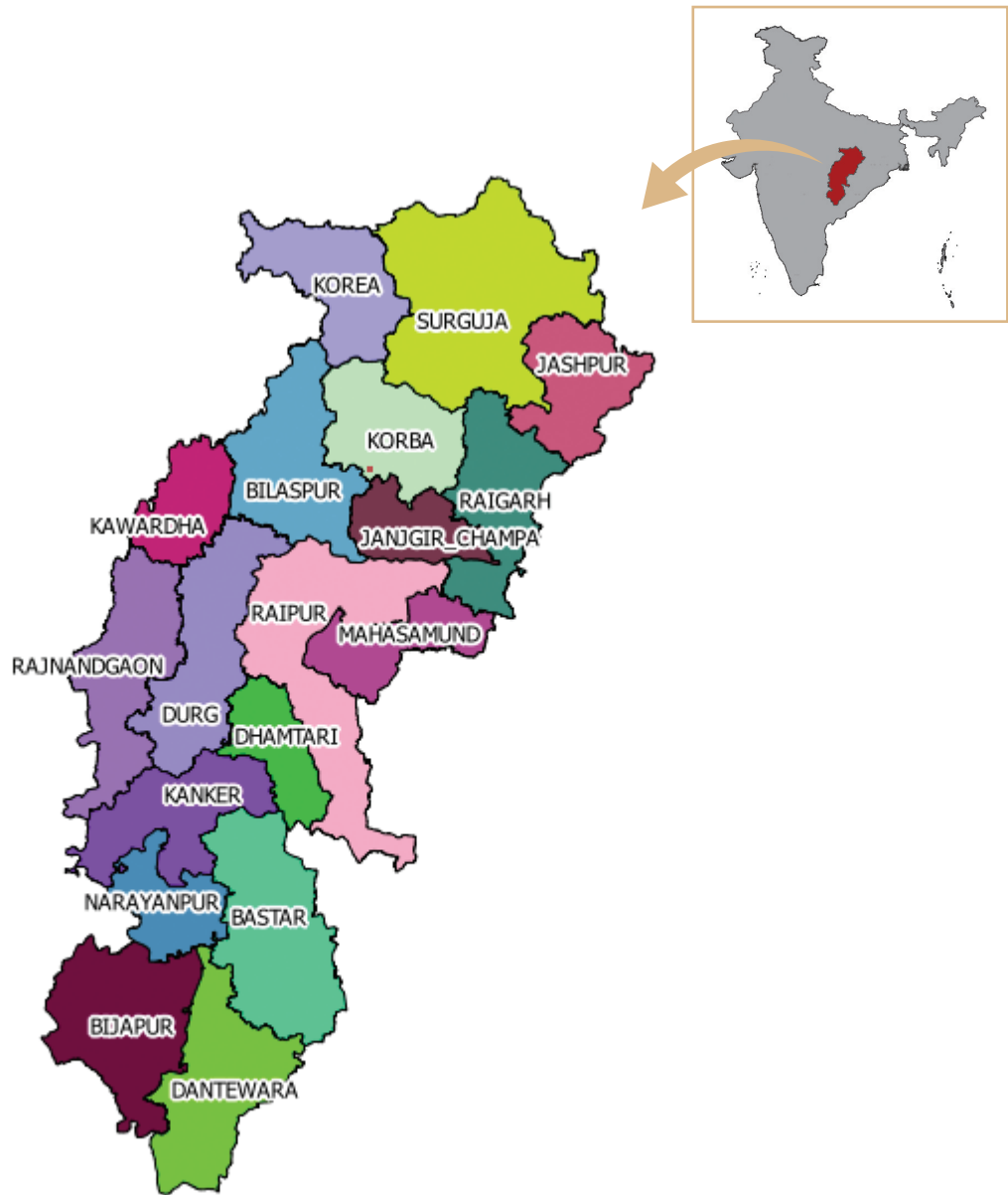
1. Cleaning and validation of programme data (since 2004)
2. Systematic compilation of all data related to HIV for each district at one place for routine use
3. District reports describing the profile of HIV epidemic and programme response in each district
4. Development of framework for re-prioritisation 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: ≥ 300 tested, HSS-HRG/STD: ≥ 187 tested, ICTC (male + female/direct walk-in + referred): ≥ 600 tested, PPTCT and BB: ≥ 900 tested.
10. HIV positivity among PPTCT and ICTC attendees at sub-district level wherever data is available is presented under block level details.
11. Size, demographic and risk profile of PLHIV in a district is inferred from three data sources: ICTC data, ART Registration data and data from the PLHIV Network in the district.
12. Information on major vulnerabilities that are influencing the epidemic/high risk behaviour i.e drivers of the epidemic is included under the "vulnerabilities" section. It includes:
 - a. Size and Profile of HRG
 - b. STIs – levels and trends
 - c. Migration patterns
 - d. District Vulnerabilities/ Contextual Factors

13. Information on size and profile (demographic or sub-typology) of HRG is available from mapping data. Size of HRG as a proportion of the districts population has been stated wherever available, for comparison purposes. The Taluks/ Blocks with high concentration of different HRGs have been given under block level details, wherever available. Targeted Intervention (TI) targets and coverage of HRG population are also mentioned, wherever available under "HRG size".
14. Based on CMIS-STI data, number of episodes of STI/RTI managed using syndromic approach and VDRL/RPR test results for syphilis in the district are given under "STI/RTI".
15. Wherever possible, an attempt has been made to describe the male out-migration patterns in the district based on Census 2001 data. The table also includes the proportion of male migrants going to other states (inter-state) along with top five destination districts.
16. The section on programme response describes the number of facilities offering HIV services under NACP-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.

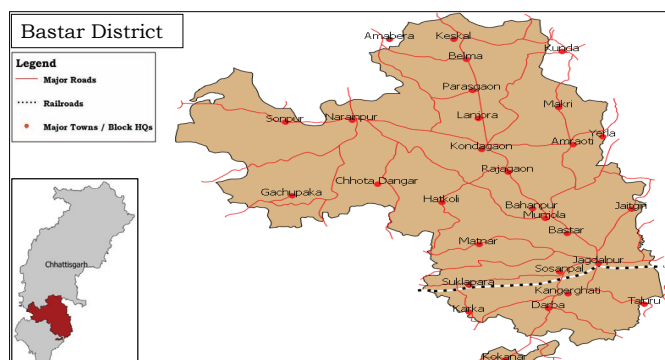
District Map of Chhattisgarh



Bastar

Background:

Bastar is bordered on the northwest by Rajnandgaon, north by Kondagaon, east by Nabarangpur and Koraput districts of Odisha, south and southwest by Dantewada, and west by Gadchiroli district of Maharashtra. It has a population of 14.11 lakhs with a sex ratio of 1,024 females per 1,000 males, and a female literacy rate of 44.49% with an overall literacy rate of 54.94% (Census 2011). Economy of the district is agriculture, forest and industry based. Forests play an important role in the lives of the people, providing food security and livelihood through the collection of minor forest produce, and employment (as casual labour) in the Forest Department. There are few steel industries in the district. Bastar is connected to other districts of the state by National Highways 16, 43 and 221.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, HIV prevalence was low among the ANC clients, with an increasing trend till 2008, followed by a sudden drop in 2010.
- In 2011, as per the PPTCT (0.34%) and Blood Bank (0.20%) data, the level of HIV positivity was low among the attendees, with a stable trend.
- In 2011 according to the ICTC data, HIV prevalence was moderate among male (5.50%) and low among female (4.70%) clients. It was also low among referred (3.20%), whereas moderate among direct walk-in (6.84%) clients. A stable trend was observed among all except, a fluctuating trend was observed among direct walk-in clients.
- According to HRG size mapping data in 2008, FSW (1,182; 95.32% of total HRG) was the largest HRG in the district. The major typologies for FSWs were home based (86.36%), followed by street based (13.64%).
- In 2011, the number of STI/RTI episodes treated was 565. The syphilis positivity rate among STI clinic attendees was 34.53%.
- As per 2001 Census, 4.84% of the male population were migrants, among them 13.37% migrated to other states and 28.16% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Nabarangpur in Odisha and Gadchiroli in Maharashtra.
- In 2009, of the 416 PLHIV registered at the ART centre, 11% were 15-24 years of age, 73% were on ART, 68% were illiterate or only had a primary school education and 9% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 19% and 32.3%, respectively.
- In 2011, two TI sites were operational in the district.

Key Recommendations:

- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Since the largest HRG was FSW, improved assessment of the size and profile of FSWs client population, including migrants and truckers, will help in better understanding of district vulnerabilities
- Close monitoring of the direct walk-in clients positivity rates would help in understanding epidemic severity and trends since the HIV positivity rate among them is at a moderate level with a fluctuating trend.
- Strengthen IEC programme for creating HIV and STI awareness in the district among general population, especially women.
- Considering migration to high prevalent districts, strengthen outreach programme for migrants at source and transit points like railway stations and bus stands.

District Population: 14,11,644 (5.50% of Chhattisgarh Population); Female Literacy¹: 44.49%; ANC Utilization²: 52.3%

	HIV Levels and Trends ³									
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	0	0	0.32	0.25	1.00		0			
PP ⁴	335	300	310	400	400		400			
PP	-	-	-	*	0.34	0.31	0.58	0.34		
NT	-	-	-	*	1789	2254	2071	1387		
PP	0.30	0.10	0.03	0.10	0.10	0.50	0.32	0.20		
NT	2457	2966	3025	3441	3763	3372	3806	4488		
HSS-STD	-	-	-	-	-	-	-	-		
HSS-FSW	-	-	-	-	-	-	-	-		
HSS-MSM	-	-	-	-	-	-	-	-		
HSS-IDU	-	-	-	-	-	-	-	-		
ICTC Male	-	-	-	3.51	2.92	6.10	6.43	5.50		
ICTC Female	-	-	-	911	1300	623	1524	1181		
ICTC Referred	-	-	-	4.66	6.20	6.12	4.33	4.70		
ICTC Direct Walk-in	-	-	-	408	403	719	1131	1171		
	-	-	-	3.00	3.16	6.67	2.85	3.20		
	-	-	-	1168	1233	1050	1859	1124		
	-	-	-	7.17	4.89	4.11	11.81	6.84		
	-	-	-	223	470	292	796	1228		
PLHIV Profile, 2009										
% On ART	% Ill., Prim. Edu.	% Married	% Widowed or Divorced							
				73	11	68	78	9		
DLN (NA)	-	-	-	-	-	-	-	-		
Route of HIV Transmission, ICTC 2011										
% of Total (N=111)	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown				
						100	0	0	0	0
Block-Level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-	-
% Pos., PPCT	-	-	-	-	-	-	-	-	-	-

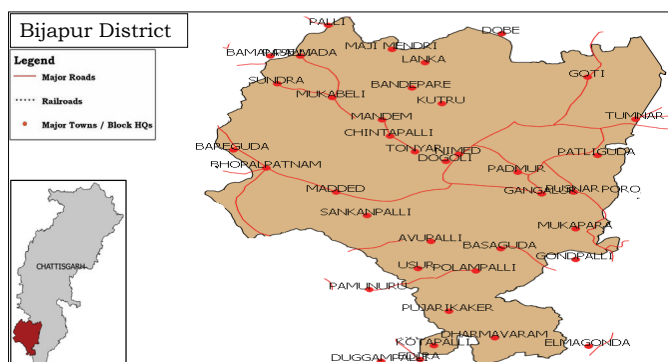
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Vulnerabilities											
Size Est., (Mapping, 2008)	HRG Size			Male Migration, 2001 Census			No. out-migration	% male pop.	% of total migration	Top 5 districts for inter-state out-migration	
	FSW	MSM	IDU	Overall	Inter-State	Intra-State					Intra-district
% Total HRG	1182	37	21	31395	4198	8840	18357	4.84	0.65	1.36	2.83
% Total Pop.	0.08	0	0	100	13.37	28.16	58.47				
Program Target	NA	NA	NA	Gadchiroli, Maharashtra							
Program Coverage	616	-	-	Bhopal, Madhya Pradesh							
Typology	Home based-86.36%; Brothel based-0%; Street based-13.64%	Kothi-NA; Panthi-NA; Double-decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Khammam, Andhra Pradesh							
% <25 yrs.	35.39			Nabrangpur, Orissa							
% Married	30.19			Bhopal, Madhya Pradesh							
STI/RTI											
No. episodes treated	2008	2009	2010	2011							
	105	188	366	565							
% Syphilis positivity	0	0	7.14	34.53							
Programme Response											
No.	2004	2005	2006	2007	2008	2009	2010	2011			
FSW TIs	-	-	-	-	-	1	1	2			
MSM TIs	-	-	-	-	-	-	-	-			
IDU TIs	-	-	-	-	-	-	-	-			
Comp. TIs	-	-	-	-	-	-	-	-			
ICTCs	1	1	1	2	3	3	4	4			
Total tested at ICTCs ⁵	-	-	-	1459	3492	3596	4726	3739			
Blood Banks	1	1	1	1	1	1	1	1			
STI clinics	1	1	1	1	1	1	1	1			
ART centres	-	-	-	-	-	-	-	-			
Link ART centres	-	-	-	-	-	-	-	-			
PLHIV Networks	-	-	-	-	-	-	-	-			
Red Ribbon Clubs	-	-	-	-	-	-	-	-			
Comm. care centres	-	-	-	-	-	-	-	1			
Drop-in-centres	-	-	-	-	-	-	-	-			
Condom outlets	-	-	-	-	-	-	-	-			

Bijapur

Background:

Bijapur occupies the south-western part of Chhattisgarh. It borders Narayanpur in the north and Dantewada district in the east. The districts of Andhra Pradesh (Khammam, Karimnagar and Warangal) borders the south and Gadchiroli district of Maharashtra forms the western boundary. The Indravati river, the main geographical feature of the district, flows across the southern limit of the district. It has a population of 2.55 lakhs with a sex ratio of 982 females per 1,000 males, and a female literacy rate of 31.56% with an overall literacy rate of 41.58% (Census 2011). Bijapur is famous for its rich wildlife as it has very thick cover of forest. National Highway 16 at Bhopalpatnam connects Bijapur to NH 202 leading to Warangal and Hyderabad.



HIV Epidemic Profile:

- As per 2010, the level of HIV positivity was high (1.75%) among the ANC attendees, with an overall stable trend.
- In 2011, HIV prevalence was low among PPTCT (0.29%) and Blood Bank (0.21 %) attendees. A decreasing trend was observed among PPTCT attendees; however a stable trend was seen among blood bank attendees.
- According to 2010 HSS data, the level of HIV prevalence was moderate among FSWs (5.24%) and low among MSM (3.66%); a trend could not be determined due to lack of prior data.
- In 2011, as per ICTC data, the HIV prevalence was moderate among male (6.37%) and referred (5.96%) clients, and near-moderate among female (4.83%) and direct walk-in (4.46%) clients, with an overall decreasing trend among all.
- According to HRG size mapping data, FSW (985; 56.87% of total HRG) was the largest HRG in the district followed by MSM (747; 43.13% of total HRG). Out of the FSWs, majority were home based (89.50%) FSWs.
- In 2011, the number of STI/RTI episodes treated were 18,000 and the syphilis positivity rate among STI clinic attendees was 0.29%.
- The top two destinations for out-of-state migration were Satara and Kolhapur districts in Maharashtra.
- A total of three TI sites were operational in the district in 2011.
- There had been rapid scale-up in the total number tested from 2007 onwards in the district. In 2011, 86,860 clients were tested at the ICTCs.

Key Recommendations:

- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Since the largest HRG was FSW, better assessment of the size and profile of client population including migrants and truckers, will help in understanding of district vulnerabilities.
- Considering high rate of migration, strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands.
- Conduct socio-demographic analysis to ascertain risk factors, considering moderate prevalence among ANC attendees.
- Focus on hard to reach sub groups like home-based FSWs.

District Population: 2,55,180 (0.99% of Chhattisgarh Population); Female Literacy¹: 31.56%; ANC Utilization²: NA

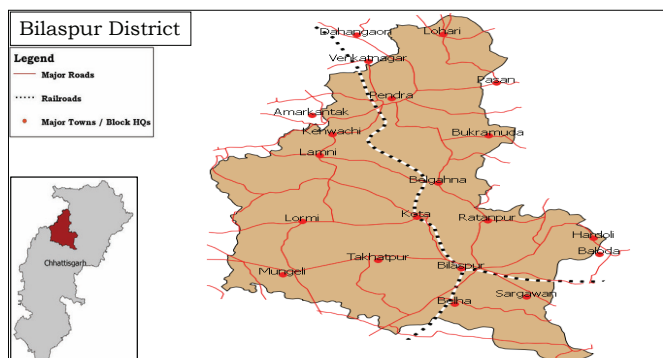
	HIV Levels and Trends ³										
	2004	2005	2006	2007	2008	2009	2010	2011			
HSS-ANC	PP ⁴	1.38	2.13	1.23	1.00	2.00		1.75			
	NT ⁴	800	800	811	800	800		800			
PPTCT	PP	-	-	-	1.57	1.20	0.80	0.56	0.29		
	NT	-	-	-	5651	15060	7060	25346	41899		
Blood Bank	PP	0.32	0.73	0.26	1.33	0.22	0.28	0.18	0.21		
	NT	4325	5591	3462	7716	5061	10377	11594	10243		
HSS-STD	PP	-	-	-	-	-	-	-	-		
HSS-FSW	PP	-	-	-	-	-	-	-	-	5.24	
	NT	-	-	-	-	-	-	-	-	248	
HSS-MSM	PP	-	-	-	-	-	-	-	-	3.66	
	NT	-	-	-	-	-	-	-	-	246	
HSS-IDU	PP	-	-	-	-	-	-	-	-	-	
	NT	-	-	-	-	-	-	-	-	-	
ICTC Male	PP	25.51	22.90	23.09	30.82	24.76	23.45	12.21	6.37		
	NT	2536	2860	1815	3640	4814	2307	10086	20393		
ICTC Female	PP	22.43	22.92	20.87	29.73	21.70	22.07	9.39	4.83		
	NT	1458	1754	1557	3024	5281	2198	13609	24558		
ICTC Referred	PP	23.26	22.13	20.77	27.41	23.38	20.55	10.48	5.96		
	NT	3500	4253	3043	5473	6915	2886	14911	31670		
ICTC Direct Walk-in	PP	32.39	32.13	34.04	43.74	22.72	26.73	10.79	4.46		
	NT	494	361	329	1191	3182	1650	8784	13261		
PLHIV Profile, 2009											
% On ART		% Ill., Prim. Edu.	% Married	% Widowed or Divorced							
		15-24 yrs									
ART (NA)		-	-	-							
DLN (NA)		-	-	-							
Route of HIV Transmission, ICTC 2011											
% of Total	Hetero-sexual	Homo-sexual	Blood Transfusion	Needle/Syringe	Unknown						
Block-Level Details											
No. HRG- FSW		-	-	-	-	-	-	-	-	-	-
No. HRG- MSM		-	-	-	-	-	-	-	-	-	-
No. HRG- IDU		-	-	-	-	-	-	-	-	-	-
% Pos., ICTC		-	-	-	-	-	-	-	-	-	-
% Pos., PPTCT	Basavan aBagewadi, 0.97	Bijapur, 1.64	Indi, 0.73	Muddhebihal, 0.68	Sindagi, 0.78						

* 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

Bilaspur

Background:

Bilaspur is located in the eastern part of Chhattisgarh. It is bordered by Koriya on the north, Anuppur and Dindori districts of Madhya Pradesh on the west, Kawardha on the south-west, Durg and Raipur on the south and Korba and Janjgir-Champa on the east. Bilaspur has a population of 26.62 lakhs with a sex ratio of 972 females per 1,000 males, and a female literacy rate of 60.12% with an overall literacy rate of 71.59% (Census 2011). The district has the largest number of cement factories in the state consisting of many manufacturers leading to a lot of in-migration of people from nearby districts for employment. Bilaspur is also well connected via roads and railway; National Highways 111 and 200 connect it to the rest of the districts of the state.



HIV Epidemic Profile:

- As per 2010 HSS-data, the level of HIV positivity was moderate (0.75%) for ANC clients, with a stable trend.
- Based on 2011 data, HIV positivity was low among PPTCT (0.18%) and Blood Bank (0.54%) attendees, with a stable trend.
- According to 2010 HSS-FSW data, the level of HIV positivity was low for FSWs, though a trend could not be determined due to lack of previous year's data.
- In 2011, as per the ICTC data, the level of HIV prevalence was moderate among male (5.20%) and direct walk-in (5.33%) clients, and low for female (2.84%) and referred (3.30%) clients. HIV positivity levels showed a declining trend for all ICTC clients till 2009, after which there was an increasing trend among all the clients.
- According to HRG size mapping in 2008, FSW (528; 51.61% of total HRG) was the largest HRG in the district followed by MSM (285; 27.86% of total HRG) and IDU (210; 20.53% of total HRG). Among FSWs, majority was street-based (54.36%), followed by home-based (36.74%).
- In 2011, the number of RTI/STI episodes treated was 3,388 and the syphilis positivity rate among STI clinic attendees was 0.17%.
- As per 2001 Census, 10.47% of the male population were migrants, among them 39.10% migrated to other states and 25.87% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Bhopal in Madhya Pradesh and Lucknow in Uttar Pradesh.
- In 2009, of the 533 PLHIV registered at the ART centre, 11% were on ART, 15% were between the ages of 15-24 years, and 3% were either widowed or divorced.
- In 2011, 17.68% of the total HIV transmissions in the district were via blood transfusions, and homosexual route of HIV transmissions accounted for 8.57%, of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 43.7% and 39.2%, respectively.
- In 2011, a total of four TI sites were operational in the district.
- In 2011, total tested at the ICTCs were 29,131 and there were 10 ICTCs in the district.

Key Recommendations:

- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Assess the size and profile of client population and closely monitor the direct walk-in clients, since the direct walk-ins had a moderate rate of HIV positivity and there was an increasing trend among them.
- Strengthen prevention efforts through TIs, considering the high rate of transmission through homosexual route.
- The route of transmission was high through blood transfusions, thus more needs to be done at medical facilities to ensure that infected blood is not used in order to curb the spread of HIV in the district.
- Strengthen outreach activities for migrants at source and transit points

District Population: 26,62,077 (10.42% of Chhattisgarh Population); Female Literacy¹: 60.12%; ANC-Uttilization²: 51.7%

	HIV Levels and Trends ³									
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	0	0.25	0.25	0.50	0	0.75			
	NT ⁴	400	400	400	800	797	800			
PPTCT	PP	-	*	*	*	0.25	0.23	0.33	0.18	
	NT	-	*	*	*	1616	7702	11489	14662	
Blood Bank	PP	0.04	0	*	0.53	0.26	0.30	0.56	0.54	
	NT	2557	2261	*	2275	1157	2314	7861	6117	
HSS-STD	PP	2.40	-	-	-	-	-	-	-	
	NT	250	-	-	-	-	-	-	-	
HSS-FSW	PP	-	-	1.59	*	-	0			
	NT	-	-	441	*	-	235			
HSS-MSM	PP	-	-	-	-	-	-	-	-	
	NT	-	-	-	-	-	-	-	-	
HSS-IDU	PP	-	-	-	-	-	-	-	-	
	NT	-	-	-	-	-	-	-	-	
ICTC Male	PP	-	*	14.09	7.62	4.31	2.64	3.10	5.20	
	NT	-	*	362	420	1370	5653	7134	7968	
ICTC Female	PP	-	*	7.76	4.27	3.66	1.56	2.00	2.84	
	NT	-	*	348	351	711	4678	7041	6680	
ICTC Referred	PP	-	*	17.02	4.84	5.30	2.06	2.46	3.30	
	NT	-	*	141	289	868	5494	8616	8698	
ICTC Direct Walk-in	PP	-	*	9.49	6.85	3.22	2.25	2.70	5.33	
	NT	-	*	569	482	1213	4837	5559	5950	

	PLHIV Profile, 2009				
	% On ART	% Ill., Prim. Edu.	% Married	% Widowed or Divorced	% Parent to Child
	ART (533)	11	15	11	3
DLIN (NA)	-	-	-	-	-

	Route of HIV Transmission, ICTC 2011			
	Hetero-sexual	Homosexual	Blood Transfusion	Needle/Syringe
% of Total (N=560)	73.75	8.57	17.68	0
				0

	Block-Level Details			
	Hetero-sexual	Homosexual	Blood Transfusion	Needle/Syringe
No. HRG- FSW	-	-	-	-
No. HRG- MSM	-	-	-	-
No. HRG- IDU	-	-	-	-
% Pos., ICTC	D HQ, 5.05	Belha, 1.59	Takhatpur, 1.13	Masturi, 1.06
% Pos., PPTCT	Bilaspur City, 0.32	Belha, 0.15	Takhatpur, 0	Masturi, 0.16

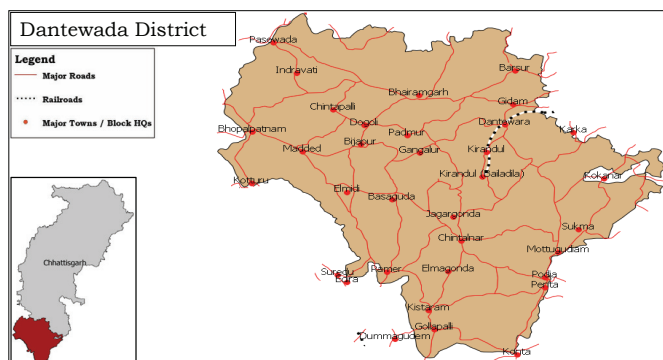
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

	Vulnerabilities									
	HRG Size			Male Migration, 2001 Census			Vulnerabilities			
	Size Est., (Mapping, Year: NA)	FSW	MSM	IDU	Overall	Inter-State	Intra-state	Intra-district	No. out-migration	% of total migration
% Total HRG	528	51.61	285	210	105657	41309	27338	37010	105657	10.47
% Total Pop.		0.02	0.01	0.01	100	39.10	25.87	35.03	100	39.10
Program Target	NA	NA	NA	NA	Top 5 districts for inter-state out-migration					
Program Coverage										
Typology	Home based-36.74%; Brothel based-8.90%; Street based-54.36%	Kothi-NA; Panthi-NA; Double-decker-NA	Daily Injectors-NA; Non-daily injectors-NA		Bhopal, Madhya Pradesh	Lucknow, Uttar Pradesh	Nagpur, Maharashtra	Shahdol, Madhya Pradesh	Jammu, Jammu & Kashmir	
% <25 yrs.		12.12								
% Married		46.97								
		STI/RTI								
No. episodes treated		2008	2009	2010	2011					
% Syphilis positivity		-	303	1079	3388					
				0.40	0.17					
		Programme Response								
No.	2004	2005	2006	2007	2008	2009	2010	2011		
FSW TIs	2	5	4	-	-	3	2	2		
MSM TIs	-	-	-	-	-	-	-	1		
IDU TIs	-	-	-	-	-	-	-	1		
Comp. TIs	-	-	-	-	-	-	-	-		
ICTCs	2	3	3	5	9	10	10	10		
Total tested at ICTCs ⁵	-	678	1025	1415	3697	18033	25664	29131		
Blood Banks	1	1	1	1	1	1	1	1		
STI clinics	1	1	1	1	1	2	2	2		
ART centres	-	-	-	-	-	1	1	1		
Link ART centres	-	-	-	-	-	-	-	-		
PLHIV Networks	-	-	-	-	-	-	-	-		
Red Ribbon Clubs	-	-	-	-	-	-	-	-		
Comm. care centres	-	-	-	-	-	1	1	1		
Drop-in-centres	-	-	-	-	-	-	-	-		
Condom outlets	-	-	-	-	-	-	-	-		

Dantewada

Background:

Dantewada is also known as Dantewara or Dakshin Bastar (south Bastar district). It is bordered on the north and northeast by Bastar, on the east by Malkangiri district of Odisha, on the south and southwest by Khammam district of Andhra Pradesh, and on the west by the Indravati River, which forms the boundary with Karimnagar district of Andhra Pradesh and Gadchiroli district of Maharashtra. It has a population of 5.32 lakhs with a sex ratio of 1,022 females per 1,000 males, and a female literacy rate of 32.88% with an overall literacy rate of 42.67% (Census 2011). It is well connected via roads and railways; National Highways 221 and 16 connect it to rest of the districts within the state.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC attendees, with a stable trend at moderate levels till 2008 and a sudden drop was seen in 2010.
- Based on 2011 PPTCT data, the level of HIV positivity was low (0.17%) among the attendees, however, a trend could not be predicted due to inadequate data.
- As per 2011 ICTC data, HIV prevalence was low among male (0.56%) and female (1.07%) clients, also among referred (1.05%) and direct-walk-in (0.20%) clients. A trend could not be predicted for all the ICTC attendees due to lack of data.
- As per 2001 Census, 4.60% of the male population were migrants, among them 16.10% migrated to other states and 11.64% migrated to other districts within the state.
- The top destination for out-of-state migration was Darbhanga district in Bihar.
- In 2011, HIV transmission through blood transfusion accounted for 42.86% of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 21.5% and 20.6%, respectively.
- Although there was no mapping information available, one FSW TI site was operational in the district.
- In 2011, there were four ICTCs and the number of clients tested at the ICTCs was 2208.

Key Recommendations:

- Continue HIV prevention strategies to maintain HIV prevalence at low levels.
- Considering the high HIV transmission rate through blood transfusion, more diligent screening of blood and its products needs to be done at medical facilities to ensure that infected blood is not transfused.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- 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.
- Availability of data regarding migration, including inter-state and intra-state migration, as well as profile and pattern of migration will provide better insight to district HIV vulnerabilities.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.

Dantewada

District Population: 5,32,791 (2.09% of Chhattisgarh Population); Female Literacy¹: 32.88%; ANC Utilization²: 55.8%

	HIV Levels and Trends ³									
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	0.75	0.75	0.25	0.75		0			
	NT ⁴	400	400	400	400		300			
PPTCT	PP	-	-	-	*	*	*	0.17		
	NT	-	-	-	*	*	*	1124		
Blood Bank	PP	-	-	-	*	*	*	*		
	NT	-	-	-	-	-	-	-		
HSS-STD	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-FSW	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-MSM	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-IDU	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
ICTC Male	PP	-	-	-	*	*	1.43	0.56		
	NT	-	-	-	*	*	489	897		
ICTC Female	PP	-	-	-	*	*	1.79	1.07		
	NT	-	-	-	*	*	223	187		
ICTC Referred	PP	-	-	-	*	*	0.94	1.05		
	NT	-	-	-	*	*	640	572		
ICTC Direct Walk-in	PP	-	-	-	*	*	6.94	0.20		
	NT	-	-	-	*	*	72.00	512		
PLHIV Profile, 2009										
% On ART	%	15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced					
ART (NA)	-	-	-	-	-					
DLN (NA)	-	-	-	-	-					
Route of HIV Transmission, ICTC 2011										
% of Total (N=7)	Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown				
	57.14	0	42.86	0	0	0				
Block-Level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-	-
% Pos., PPTCT	-	-	-	-	-	-	-	-	-	-

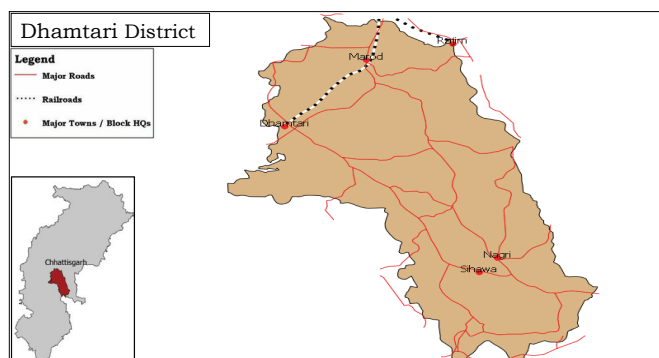
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Vulnerabilities												
Size Est., (Mapping, Year: NA)	HRG Size			Male Migration, 2001 Census			No. out-migration % of total migration	% total migration	Top 5 districts for inter-state out-migration	Intra-district	Intra-state	Intra-district
	FSW	MSM	IDU	Overall	Inter-State	Inter-State						
% Total HRG	-	-	-	16408	2641	1910	4.60	0.74	0.54	3.33		
% Total Pop.	-	-	-	100	16.10	11.64	100	16.10	11.64	72.26		
Program Target	NA	NA	NA									
Program Coverage	-	-	-									
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Darbhanga, Bihar								
% <25 yrs.	-	-	-									
% Married	-	-	-									
STI/RTI												
No. episodes treated	2008	2009	2010	2011								
	0	3574	2464	164								
% Syphilis positivity	0	0	0	0								
Programme Response												
No.	2004	2005	2006	2007	2008	2009	2010	2011				
FSW TIs	-	-	-	-	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-	-	-	-
ICTCS	-	1	1	1	1	3	4	4	218	538	1493	2208
Total tested at ICTCS ⁵	-	-	-	-	-	-	-	-	1	1	1	1
Blood Banks	-	-	-	-	-	-	-	-	1	1	1	1
STI clinics	1	1	1	1	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-	-	-	-	-
Drop-in centres	-	-	-	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-	-	-	-

Dhamtari

Background:

Dhamtari was officially formed on 6 July 1998 from parts of Raipur and Mahasamund districts. Dhamtari is surrounded by the Satpura range in the eastern part, Kanker in the west and in north by Raipur, the capital of Chhattisgarh. It has a population of 7.99 lakhs with a sex ratio of 1,012 females per 1,000 males, and a female literacy rate 69.24% with an overall literacy rate of 78.95% (Census 2011). Some of the major tourist attractions in Dhamtari include, trekking, wildlife sanctuaries, Ravishankar Sagar dam etc. Dhamtari is well connected by roads and railway; National Highway 43 connects it to Durg, Raipur and other districts within the state.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, HIV prevalence was low among the ANC clients, with a stable trend.
- Based on 2011 PPTCT data, the level of HIV positivity was low among the attendees, with a stable trend.
- In 2011, as per the ICTC data, HIV prevalence was low among male (0.73%) and female (0.27%) clients, as well as among referred (0.39%) and direct walk-in (0.51%) clients, with a stable trend.
- In 2011, the number of STI/RTI episodes treated was 792 among STI clinic attendees.
- As per 2001 Census, 5.71% of the male population were migrants, among them 2.64% migrated to other states and 50.07% migrated to other districts within the state.
- In 2011, HIV transmission through homosexual routes accounted for 21.43% of the total transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 45% and 22.9%, respectively.
- There was one FSW-TI site in the district in 2011; however no HRG mapping data was available.

Key Recommendations:

- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Availability of HRG size mapping data and ART or DLN data would help to understand the district vulnerabilities.
- Generate information on size and typology of HRG population to understand district epidemiological profile.
- Considering high rate of homosexual transmissions in the district, establishing targeted interventions for MSM population and availability of mapping data for MSM size would help to understand district vulnerability.
- Continue HIV prevention to maintain HIV prevalence at low levels in the district.
- Availability of data regarding pattern of migration will provide better insight to district HIV vulnerabilities.

Dhamtari

District Population: 7,99,199 (3.13% of Chhattisgarh Population); Female Literacy¹: 69.24%; ANC Utilization²: 72.4%

	HIV Levels and Trends ³									
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	-	0	0	0.25		0			
	NT ⁴	-	400	400	400		400			
PPTCT	PP	-	-	*	*	0.06	0	0		
	NT	-	-	*	*	1802	3558	2969		
Blood Bank	PP	-	-	*	*	*	*	*		
	NT	-	-	*	*	*	*	*		
HSS-STD	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-FSW	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-MSM	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-IDU	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
ICTC Male	PP	-	-	-	0.96	0.60	0.65	0.73		
	NT	-	-	-	623	1159	1700	1097		
ICTC Female	PP	-	-	-	0.81	0.47	0.57	0.27		
	NT	-	-	-	1107	1268	2266	1854		
ICTC Referred	PP	-	-	-	1.97	-	0.58	0.39		
	NT	-	-	-	456	-	2416	1776		
ICTC Direct	PP	-	-	-	0.47	-	0.65	0.51		
Walk-in	NT	-	-	-	1274	-	1550	1175		
PLHIV Profile, 2009										
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced					
ART (NA)	-	-	-	-	-					
DLN (NA)	-	-	-	-	-					
Route of HIV Transmission, ICTC 2011										
	Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown				
% of Total (N=14)	78.57	21.43	0	0	0	0				
Block-Level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC 2009	-	-	-	-	-	-	-	-	-	-
% Pos., PPTCT 2009	-	-	-	-	-	-	-	-	-	-

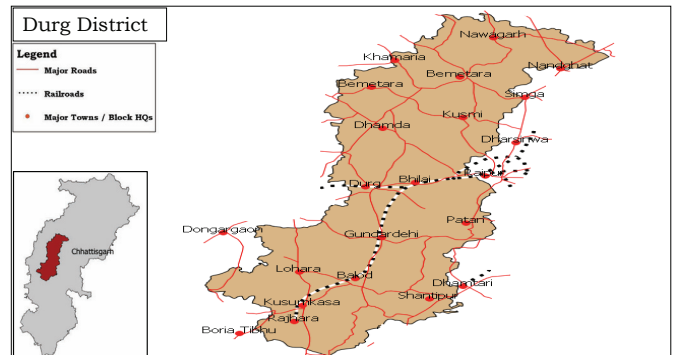
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

	Vulnerabilities										
	HRG Size			Male Migration, 2001 Census			Top 5 districts for inter-state out-migration				
	FSW	MSM	IDU	Overall	Inter-State	Intra-State	Intra-district				
Size Est., (Mapping, Year: NA)	-	-	-	20057	529	10043	9485				
% Total HRG	-	-	-	5.71	0.15	2.86	2.70				
% Total Pop.	-	-	-	100	2.64	50.07	47.29				
Program Target	NA	NA	NA	Top 5 districts for inter-state out-migration							
Program Coverage	-	-	-								
Typology	Home based-NA; Brothel based-NA; Street based-decker-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily injectors-NA								
% <25 yrs.	-	-	-								
% Married	-	-	-								
STI/RTI											
	2008	2009	2010	2011							
No. episodes treated	-	-	173	792							
% Syphilis positivity	-	-	0	0							
Programme Response											
No.	2004	2005	2006	2007	2008	2009	2010	2011			
FSW TIs	-	-	-	-	-	-	-	-	1		
MSM TIs	-	-	-	-	-	-	-	-	-		
IDU TIs	-	-	-	-	-	-	-	-	-		
Comp. TIs	-	-	-	-	-	-	-	-	-		
ICTCs	-	1	1	3	5	5	5	5	5		
Total tested at ICTCs ⁵	-	-	-	370	2428	4229	7524	5920			
Blood Banks	-	-	1	1	1	1	1	1	1		
STI clinics	1	1	1	1	1	1	1	1	1		
ART centres	-	-	-	-	-	-	-	-	-		
Link-ART centres	-	-	-	-	-	-	-	-	-		
PLHIV Networks	-	-	-	-	-	-	-	-	-		
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-		
Comm. care centres	-	-	-	-	-	-	-	-	-		
Drop-in-centres	-	-	-	-	-	-	-	-	-		
Condom outlets	-	-	-	-	-	-	-	-	-		

Durg

Background:

Durg is the third largest district in Chhattisgarh. It occupies the south-western part of the Chhattisgarh plain and possesses belts of hilly areas in the south, southwest and northwest, bestowed with mineral resources and forests. The district is sharing border with Kanker to the south, Kabirdham to the north, Raipur to the east, Rajnandgaon to the west. It has a population of 33.43 lakhs with a sex ratio of 988 females per 1,000 males, and a female literacy rate of 70.51% with an overall literacy rate of 79.69% (Census 2011). Durg gained importance as an industrial centre after the establishment of a large steel plant at Bhilai. Industries include brass working and bell-metal working, oil pressing, mining, and weaving. There are over 35 big and small Tribes spread over the region. It is well connected by all major systems of transport; National Highway 6 passes through the district connecting it to other parts of the state.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity among the ANC clients was low at 0.25%, but due to lack of data points, a trend could not be determined.
- According to the 2011, the level of HIV positivity was low among PPTCT (0.20%) and Blood Bank (0.40%) attendees. PPTCT data represented a decreasing trend and a stable trend was observed for Blood Bank attendees.
- As per 2006 HSS data, the level of HIV positivity was low for FSWs at 2.14%, however, due to lack of data points from previous years a trend could not be determined.
- In 2011, HIV prevalence among ICTC attendees was moderate among male (4.32%) and low among female (3.13%) clients. It was also low for referred (3.76%) and direct walk-in (3.86%) clients. The HIV positivity levels showed a stable trend for all the ICTC attendees.
- In 2011, homosexual HIV transmission accounted for 9.96% of the total HIV transmissions in the district.
- According to HRG mapping conducted in 2008, FSW (1,039; 64.86% of total HRG) was the largest HRG in the district followed by IDU (435; 27.15% of the total HRG) and MSM (128; 7.99% of total HRG).
- In 2011, the number of STI/RTI episodes treated was 2,743 and the syphilis positivity rate among STI clinic attendees was 0.75%.
- As per 2001 Census, 7.99% of the male population were migrants, among them 22.19% migrated to other states and 27.37% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Nagpur and Chandrapur in Maharashtra.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 58.6% and 34.1%, respectively.
- There were two composite TIs and one IDU-TI operational in the district.

Key Recommendations:

- Migration to high prevalent districts could be a driver of the HIV epidemic in the state; outreach efforts should be focused towards migrants at source and transit sites.
- Generate information on typology of HRG population to better understand district epidemiological profile.
- Since the largest HRG was FSW, improved assessment of the size and profile of client populations, including migrants and truckers, will improve the understanding of district vulnerabilities.
- Higher HIV transmission rate through homosexual route necessitates strengthening of TI interventions.
- There is a need to better understand the dynamics of HIV transmission among FSWs, IDUs and MSM through better analysis of ICTC data.
- Availability of HRG size mapping data and ART or DLN data will help in understanding the district vulnerabilities.

District Population: 33,43,079 (13.09% of Chhattisgarh Population), Female Literacy¹: 70.51%; ANC Utilization²: 68.4%

HIV Levels and Trends ³										
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	-	-	-	0	-	0.25	-		
	NT ⁴	-	-	-	397	-	399	-		
PPTCT	PP	-	-	0.58	0.34	0.27	0.19	0.20		
	NT	-	-	2073	3803	8042	11874	9860		
Blood Bank	PP	-	-	0.48	0	0.27	0.40	0.40		
	NT	-	-	4331	5152	7218	4226	3520		
HSS-STD	PP	4.00	3.50	2.85	6.40	0	6.40	-		
	NT	250	200	246	250	246	250	-		
HSS-FSW	PP	-	-	2.14	-	-	-	-		
	NT	-	-	187	-	-	-	-		
HSS-MSM	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-IDU	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
ICTC Male	PP	-	-	-	3.67	2.59	4.22	4.32		
	NT	-	-	-	572	2120	5076	6879		
ICTC Female	PP	-	-	-	6.04	4.02	2.26	3.13		
	NT	-	-	-	331	1044	5086	5333		
ICTC Referred	PP	-	-	-	4.87	3.36	1.82	3.65	3.76	
	NT	-	-	-	452	1399	4004	5976	7606	
ICTC Direct	PP	-	-	-	4.21	3.63	1.99	2.65	3.86	
Walk-in	NT	-	-	-	451	1765	6740	4186	4606	
PLHIV Profile, 2009										
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced					
ART (NA)	-	-	-	-	-					
DLN (NA)	-	-	-	-	-					
Route of HIV Transmission, ICTC 2011										
Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown					
% of Total (N=452)	86.73	9.96	1.33	0	1.33	0.66				
Block-Level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC 2009	Durg, 3.89	Balod, 0.53	Bemetara, 1.2	Patan, 0.37	Dhamadha, 2.34	Berala, 1.6	Saja, 0.44	Gunderdehi, 0	Dondi Lohara, 1.6	
% Pos., PPTCT 2009	Durg, 0.41	Balod, 0.48	Bemetara, 0.2	Patan, 0	Dhamadha, 0	Berala, 0	Saja, 0	Gunderdehi, 0	Dondi Lohara, 0	

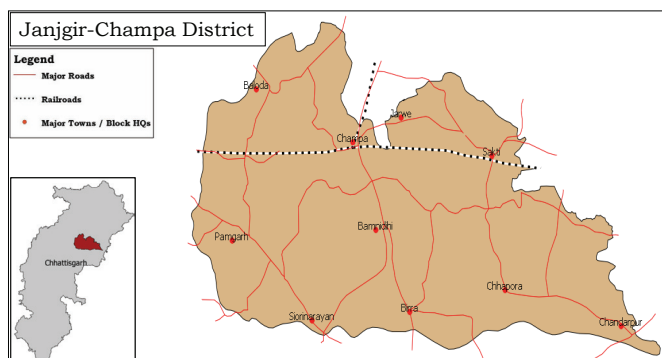
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Vulnerabilities										
	HRG Size			Male Migration, 2001 Census			No. out-migration	% male pop.	% total migration	Top 5 districts for inter-state out-migration
	FSW	MSM	IDU	Overall	Inter-State	Intra-district				
Size Est., (Mapping, 2008)	1039	128	435	113018	25079	30938	57001			
% Total HRG	64.86	7.99	27.15	7.99	1.77	2.19	4.03			
% Total Pop.	0.03	0	0.01	100	22.19	27.37	50.44			
Program Target	NA	NA	NA							
Program Coverage	-	-	-							
Typology	Home based-NA; Brothel based-NA; Street based-decker-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Chandrapur, Maharashtra	Lucknow, Uttar Pradesh	Pune, Maharashtra	Bhopal, Madhya Pradesh			
% <25 yrs.	-	-	-							
% Married	-	-	-							
STI/RTI										
	2008	2009	2010	2011						
No. episodes treated	0	391	1523	2743						
% Syphilis positivity	0	0	1.02	0.75						
Programme Response										
No.	2004	2005	2006	2007	2008	2009	2010	2011		
FSW TIs	1	1	1	1	-	1	-	-		
MSM TIs	-	-	-	-	-	-	-	-		
IDU TIs	-	-	-	-	-	-	-	1		
Comp. TIs	-	-	-	-	-	-	-	2		
ICTCs	1	1	1	4	9	11	12	12		
Total tested at ICTCs ⁵	-	-	-	2976	6967	18786	22036	22072		
Blood Banks	1	1	1	1	1	1	1	1		
STI clinics	1	1	1	1	1	1	1	1		
ART centres	-	-	-	-	-	-	-	-		
Link-ART centres	-	-	-	-	-	-	-	-		
PLHIV Networks	-	-	-	-	-	-	-	1		
Red Ribbon Clubs	-	-	-	-	-	-	-	-		
Comm. care centres	-	-	-	-	-	-	-	1		
Drop-in-centres	-	-	-	-	-	-	-	1		
Condom outlets	-	-	-	-	-	-	-	-		

Janjgir-Champa

Background:

Janjgir-Champa is a small developing district situated in the center of Chhattisgarh. It has a population of 16.20 lakhs with a sex ratio of 986 females per 1,000 males, and a female literacy rate of 61.72% with an overall literacy rate of 73.70% (Census 2011). Janjgir-Champa is a major producer of food grains in the state. It is a major hub for agricultural trade and a major local market for fresh farm supplies. The district is also famous for lime stone. Janjgir-Champa is one of the fastest growing districts of India, as many power plants are being opened in the district. It is well connected via roads and railway; National Highway 200 connects it to the rest of the districts of the state.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was moderate for ANC (0.75%) attendees, with a fluctuating trend.
- In 2011, as per the PPTCT data, the HIV prevalence was low for PPTCT (0.13%) attendees, with a stable trend.
- In 2011, according to ICTC data, the level of HIV prevalence was low among male (0.63%) and female (0.49%) clients. It was also low among referred (0.98%) and direct-walk-in (0.23%) clients, with a stable trend among all the ICTC clients.
- According to HRG size mapping data of 2008, FSW (855; 90.96% of total HRG) was the largest HRG in the district.
- In 2011, the number of STI/RTI episodes treated was 951 and the syphilis positivity rate among STI clinic attendees was 1.16%.
- As per 2001 Census, 7.16% of the male population were migrants, among them 25.90% migrated to other states and 39.54% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Jhajjar and Sonapat in Haryana.
- In 2011, HIV transmissions through blood transfusion accounted for 37.50% and homosexual route accounted for 9.38% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 53.8% and 61.1%, respectively.
- In 2011, one TI site was operational in the district.

Key Recommendations:

- Since HIV transmission rates through blood transfusion were relatively higher, there is a need for in-depth analysis of ICTC and ART data analysis, and careful screening of blood and its products at all medical facilities in the district.
- 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.
- Higher HIV transmission rate through homosexual route necessitates establishing and strengthening of targeted interventions for MSM population.
- Considering high rate of migration, strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands.
- Availability of HRG size mapping data and ART or DLN data will help in understanding the district vulnerabilities.

Janjgir-Champa

District Population: 16,20,632 (6.35% of Chhattisgarh Population); Female Literacy¹: 61.72%; ANC Utilization²: 45.9%

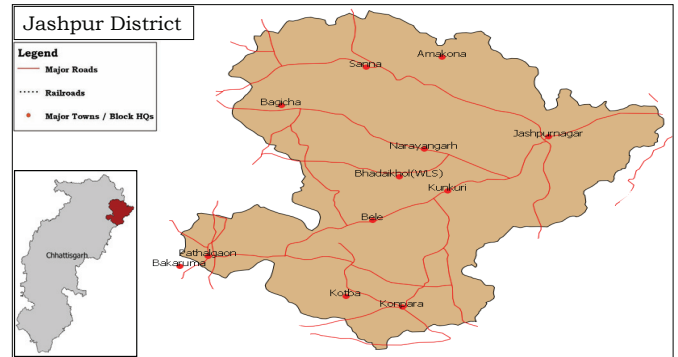
HIV Levels and Trends ³												
	2004	2005	2006	2007	2008	2009	2010	2011	Vulnerabilities			
									Male Migration, 2001 Census			
									Overall	Inter-State	Intra-State	Intra-district
HSS-ANC	PP ⁴	-	0	1.00	0.25		0.75		47151	12214	18645	16292
	NT ⁴	-	320	400	400		400		No. out-migration			
PPTCT	PP	-	*	*	0.07	0	0	0.13	7.16	1.86	2.83	2.47
	NT	-	*	*	1524	1251	3023	3720	% of total migration			
Blood Bank	PP	-	-	-	-	-	-	-	100	25.90	39.54	34.55
	NT	-	-	-	-	-	-	-	Top 5 districts for inter-state out-migration			
HSS-STD	PP	-	-	-	-	-	-	-				
	NT	-	-	-	-	-	-	-				
HSS-FSW	PP	-	-	-	-	-	-	-				
	NT	-	-	-	-	-	-	-				
HSS-MSM	PP	-	-	-	-	-	-	-				
	NT	-	-	-	-	-	-	-				
HSS-IDU	PP	-	-	-	-	-	-	-				
	NT	-	-	-	-	-	-	-				
ICTC Male	PP	-	1.50	1.57	0.97	0.28	0.45	0.63				
	NT	-	467	828	1338	1794	2239	3001				
ICTC Female	PP	-	1.32	0.50	0.46	0.16	0.23	0.49				
	NT	-	228	604	1077	2476	1283	1237				
ICTC Referred	PP	-	0.96	0.58	0.60	0.22	0.32	0.98				
	NT	-	520	1043	1826	3169	2208	2043				
ICTC Direct Walk-in	PP	-	2.86	2.12	1.10	0.50	0.46	0.23				
	NT	-	175	425	635	1002	1314	2195				
PLHIV Profile, 2009												
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced							
ART (NA)	-	-	-	-	-							
DLN (NA)	-	-	-	-	-							
Route of HIV Transmission, ICTC 2011												
Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown							
% of Total (N=32)	53.13	9.38	37.50	0	0							
Block-Level Details												
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-	-	-	-
% Pos., PPTCT	Baloda, 0	Bamhidihi, 0	Nawagarh, 0	Pamgarh, 0	Akalta-ara, 0	Jajjajpur, 0	Dabhara, 0	Sakti, 0	Malkh-ara, 0			

* 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

Jashpur

Background:

Jashpur lies in the north-eastern corner of Chhattisgarh, adjoining the border of Jharkhand and Odisha. It has a population of 8.52 lakhs with a sex ratio of 1,004 females per 1,000 males, and a female literacy rate of 59.05% with an overall literacy rate of 68.60% (Census 2011). Jashpur is rich with dense forests and green flora. The main food grains of the district are paddy, maize, wheat etc. Tomato is also produced in mass volume in the district. It is connected with other districts of Chhattisgarh and other states by National Highway 78.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC attendees, with a stable trend.
- In 2010, the level of positivity was low for PPTCT attendees (0.08%), but a trend could not be established due to lack of data.
- In 2011, according to the ICTC data, the level of HIV prevalence was low among male (1.01) and female (2.09%) clients. It was also low among referred (0.47%) and direct-walk-in (2.44%) clients, with a stable trend.
- In 2011, the number of STI/RTI episodes treated was 240 and the syphilis positivity rate among STI clinic attendees was 8.11%.
- As per 2001 Census, 7.17% of the male population were migrants, among them 17.64% migrated to other states and 31.18% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Bhopal and Indore districts in Madhya Pradesh.
- In 2011, HIV transmission through homosexual route accounted for 17.65% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 27.4% and 39.4%, respectively.
- Although there was no mapping information available, there was one TI site for FSWs functional in the district in 2011.

Key Recommendations:

- Higher HIV transmission rates through homosexual route necessitates establishing targeted intervention sites for MSM population.
- Availability of HRG size mapping data and ART or DLN data will help in understanding the district vulnerabilities.
- Understand migration patterns from in-district industries and/or agricultural occupation and explore its possible contribution fueling the epidemic.
- Strengthen outreach programmes through awareness campaigns around truck halt points and highways in the district.
- Intensify outreach activities with HIV prevention messages for migrants at source and destination sites.
- Focused IEC for general population with HIV awareness and sexual risk reduction messages is recommended.

District Population: 8,52,043 (3.34% of Chhattisgarh Population); Female Literacy¹: 59.05%; ANC Utilization²: 30.9%

	HIV Levels and Trends ³											
	2004	2005	2006	2007	2008	2009	2010	2011			2011	
HSS-ANC	PP ⁴	-	0	-	0	-	0	-	-	-	0	-
	NT ⁴	-	315	-	357	-	375	-	-	-	375	-
PP	PP	-	-	*	*	*	0.08	*	*	*	0.08	*
NT	NT	-	-	*	*	*	1204	*	*	*	1204	*
PP	PP	-	-	-	-	-	-	-	-	-	-	-
NT	NT	-	-	-	-	-	-	-	-	-	-	-
PP	PP	-	-	-	-	-	-	-	-	-	-	-
NT	NT	-	-	-	-	-	-	-	-	-	-	-
HSS-FSW	PP	-	-	-	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-	-	-	-
HSS-MSM	PP	-	-	-	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-	-	-	-
HSS-IDU	PP	-	-	-	-	-	-	-	-	-	-	-
	NT	-	-	-	-	-	-	-	-	-	-	-
ICTC Male	PP	-	-	-	1.12	0.95	1.28	1.01	1.12	0.95	1.28	1.01
	NT	-	-	-	713	950	858	789	713	950	858	789
ICTC Female	PP	-	-	-	1.10	1.17	1.44	2.09	1.10	1.17	1.44	2.09
	NT	-	-	-	362	596	417	382	362	596	417	382
ICTC Referred	PP	-	-	-	0.72	-	0.95	0.47	0.72	-	0.95	0.47
	NT	-	-	-	414	-	737	638	414	-	737	638
ICTC Direct	PP	-	-	-	1.36	-	1.86	2.44	1.36	-	1.86	2.44
Walk-in	NT	-	-	-	661	-	538	533	661	-	538	533

	PLHIV Profile, 2009					
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced	% Pos., IPTCT
ART (NA)	-	-	-	-	-	-
DLN (NA)	-	-	-	-	-	-

	Route of HIV Transmission, ICTC 2011			
	Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe
% of Total (N=17)	82.35	17.65	0	0

Block-Level Details				
No. HRG- FSW	-	-	-	-
No. HRG- MSM	-	-	-	-
No. HRG- IDU	-	-	-	-
% Pos., ICTC	-	-	-	-
% Pos., PP/TCT	-	-	-	-

	Vulnerabilities												
	HRG Size			Male Migration, 2001 Census			Male Migration, 2011 Census			Male Migration, 2001 Census			
	Size Est., (Mapping, Year: NA)	FSW	MSM	IDU	No. out-migration	Overall	Inter-State	Intra-State	Intra-district	No. out-migration	Overall	Inter-State	Intra-State
% Total HRG	-	-	-	-	26558	4684	8280	13594	7.17	1.26	2.24	3.67	
% Total Pop.	-	-	-	-	100	17.64	31.18	51.19	% of total migration	Top 5 districts for inter-state out-migration			
Program Target	NA	NA	NA	NA									
Program Coverage													
Typology		Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Bhopal, Madhya Pradesh	Indore, Madhya Pradesh	Ranchi, Jharkhand	Sundargarh, Orissa	Jabalpur, Madhya Pradesh				
% <25 yrs.	-	-	-	-									
% Married	-	-	-	-									

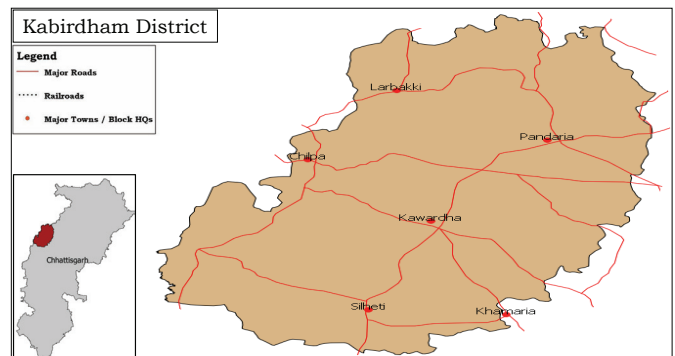
	Programme Response							
	2008	2009	2010	2011	2008	2009	2010	2011
No. episodes treated	77	2	0	240				
% Syphilis positivity	0	0	0	8.11				
No.	2004	2005	2006	2007	2008	2009	2010	2011
FSW TIs	-	-	-	-	-	-	-	-
MSM TIs	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-
ICTCs	-	1	1	2	2	2	3	3
Total tested at ICTCs ⁵	-	-	-	116	1801	2376	2479	1861
Blood Banks	-	-	-	-	-	-	-	-
STI clinics	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-

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

Kabirdham

Background:

Kabirdham district was earlier known as Kawardha. It is bordered by Bilaspur and Durg districts in the east and southeast, by Mandla and Balaghat districts of Madhya Pradesh in the west, Dindori district in the north and Rajnandgaon district in the south. It has a population of 8.22 lakhs with a sex ratio of 997 females per 1,000 males, and a female literacy rate of 48.94% with an overall literacy rate of 61.95% (Census 2011). There are a few pilgrimage sites and one National Park attracting tourists on regular basis. The district is well connected via roads and railway; National Highway 12A connects it to other districts of the state.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC attendees, with an increasing trend.
- According to 2011 PPTCT data, HIV positivity level was low among PPTCT (0.39%) attendees and a stable trend was observed.
- In 2011, according to the ICTC data, the level of HIV positivity was moderate for male (4.89%) and low among female (1.94%) clients. It was also low among referred (3.30%) and direct-walk-in (2.24%) clients. A stable trend was seen among all the ICTC clients.
- According to 2008 HRG-Size mapping data, FSW (1,069; 98.07% of total HRG) was the largest HRG in the district. Among the FSWs, majority was home based (50.26%) followed by street based (49.74%).
- In 2011, the number of STI/RTI episodes treated among STI clinic attendees was 736.
- As per 2001 Census, 6.07% of the male population were migrants, among them 25.44% migrated to other states and 26.63% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Nagpur in Maharashtra and Bhiwani in Haryana.
- In 2009, of the 110 PLHIV registered at the ART centre, 71% were on ART, 13% were 15-24 years of age, 81% were illiterate or only had a primary school education, and 3% were widowed or divorced.
- In 2011, HIV transmission through blood transfusion accounted for 6.45% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 22.2% and 34.1%, respectively.
- A total of two TI sites were operational in the district in 2011.

Key Recommendations:

- Strengthen outreach programmes through awareness campaigns around pilgrimage sites, truck halt points and highways in the district.
- Focus on getting a clearer picture on the size and profile of clients of FSWs, such as migrants and truckers, as FSW was the largest HRG in the district.
- Since HIV transmission rates through blood transfusion were relatively higher, there is a need to better understand the profile of these positive individuals through in-depth analysis of ICTC and ART data analysis, and ensure careful screening of blood at all medical facilities before transfusion.
- Efforts need to be made to increase early detection of positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.

District Population: 8,22,239 (3.22% of Chhattisgarh Population); Female Literacy¹: 48.94%; ANC Utilization²: 49%

	HIV Levels and Trends ³									
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	-	0	0	0.25		0.50			
	NT ⁴	-	399	318	398		400			
PPCT	PP	-	-	*	*	0.37	0.26	0.39		
	NT	-	-	*	*	1081	2302	1304		
Blood Bank	PP	-	-	*	*	*	*	*		
	NT	-	-	-	-	-	-	-		
HSS-STD	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-FSW	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-MSM	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-IDU	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
ICTC Male	PP	-	-	*	3.85	2.50	4.16	4.89		
	NT	-	-	*	520	840	1299	941		
ICTC Female	PP	-	-	*	2.28	1.07	1.57	1.94		
	NT	-	-	*	570	1866	2299	2318		
ICTC Referred	PP	-	-	*	3.24	1.58	2.36	3.30		
	NT	-	-	*	772	1079	2329	1696		
ICTC Direct Walk-in	PP	-	-	*	2.52	0.71	1.32	2.24		
	NT	-	-	*	318	682	1269	1563		
PLHIV Profile, 2009										
% On ART	Hetero-sexual	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced	Parent to Child				
						Unknown				
ART (110)	71	13	81	76	3					
DLN (NA)	-	-	-	-	-					
Route of HIV Transmission, ICTC 2011										
% of Total (N=93)	Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/ Syringe	Parent to Child	Unknown				
						0	3.23	0		
90.32	0	6.45	0	0	3.23					
Block-Level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-	-
% Pos., PPCT	-	-	-	-	-	-	-	-	-	-

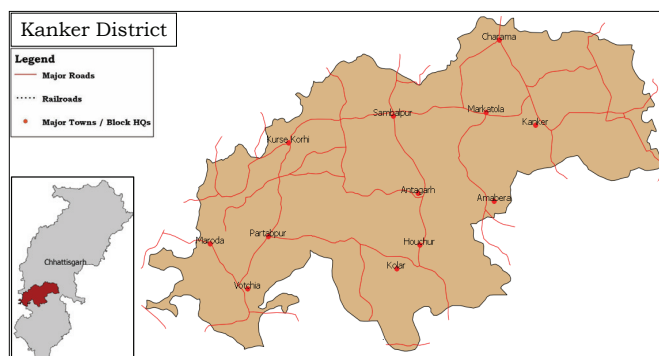
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

	Vulnerabilities										
	HRG Size			Male Migration, 2001 Census			Top 5 districts for inter-state out-migration				
Size Est., (Mapping, 2008)	FSW	MSM	IDU	No. out-migration	Inter-State	Intra-state					
	% Total HRG	1069	15	6	17715	4506	4717				
% Total Pop.	98.07	1.38	0.55	6.07	1.54	1.62					
Program Target	NA	NA	NA	100	25.44	26.63					
Program Coverage	378	-	-	Nagpur, Maharashtra							Lucknow, Uttar Pradesh
Typology	Home based-50.26%; Brothel based-0%; Street based-49.74%	Kothi-NA; Panthi-NA; Double-decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Bhiwani, Sonapat, Haryana							Rohatak, Haryana
% <25 yrs.	57.67	-	-								
% Married	42.86	-	-								
STI/RTI											
No. episodes treated	2008	2009	2010	2011							
	910	714	457	736							
% Syphilis positivity	4.76	0	0	0							
Programme Response											
No.	2004	2005	2006	2007	2008	2009	2010	2011			
FSW TIs	1	2	2	-	-	2	1	2			
MSM TIs	-	-	-	-	-	-	-	-			
IDU TIs	-	-	-	-	-	-	-	-			
Comp. TIs	-	-	-	-	-	-	-	-			
ICTCs	-	1	1	3	3	5	5	5			
Total tested at ICTCs ⁵	-	-	44	1383	2280	3787	5900	4563			
Blood Banks	-	-	-	1	1	1	1	1			
STI clinics	1	1	1	1	1	1	1	1			
ART centres	-	-	-	-	-	-	-	-			
Link ART centres	-	-	-	-	-	-	-	-			
PLHIV Networks	-	-	-	-	-	-	-	-			
Red Ribbon Clubs	-	-	-	-	-	-	-	-			
Comm. care centres	-	-	-	-	-	-	-	-			
Drop-in-centres	-	-	-	-	-	-	-	-			
Condom outlets	-	-	-	-	-	-	-	-			

Kanker

Background:

Kanker is situated in the southern region of Chhattisgarh. It has a population of 7.48 lakhs with a sex ratio of 1,007 females per 1,000 males, and a female literacy rate of 61.08% with an overall literacy rate of 70.97% (Census 2011). Large numbers of people in the district are tribal population. Agriculture constitutes the major economy of the district. The tribal society of Kanker is famous for their exotic handicrafts. These items attract locals as well as outsiders. The district has many pilgrimage sites with mountains and waterfalls attracting tourists. It is situated on the National Highway 43, connecting it to rest of the districts of the state.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, with a decreasing trend.
- According to 2011 PPTCT (0.02%) and Blood Bank data, HIV prevalence was low among the attendees, with a stable trend.
- In 2011, HIV prevalence among ICTC attendees was low among male (1.69%) and female (1.15%) clients. It was also low among referred (1.83%) and direct walk-in (1.03%) clients. A stable trend was observed for all the ICTC clients.
- According to HRG size mapping data, FSW (412; 97.63% of total HRG) was the largest HRG in the district.
- In 2011, the number of STI/RTI episodes treated was 688 and the syphilis positivity rate among STI clinic attendees was 1.20%.
- As per 2001 Census, 6.38% of the male population were migrants, among them 5.11% migrated to other states and 28.46% migrated to other districts within the state.
- The top destination for out-of-state migration was Gadchiroli in Maharashtra.
- In 2009, of the 59 PLHIV registered at the ART centre, 41% were 15-24 years of age, 53% were on ART, 39% were illiterate or only had a primary school education, and 19% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 26.8% and 23.3%, respectively.
- In 2011, one FSW-TI was functional in the district.

Key Recommendations:

- An effort needs to be made to increase early detection among positive people, strengthen immediate referrals to ART centres upon confirmation of positivity.
- Since HIV transmission rate through blood transfusion was relatively higher, there is a need to better understand the profile of these positive individuals through in-depth analysis of ICTC and ART data analysis and to ensure that blood is screened thoroughly in the medical facilities in the district.
- Considering high rate of migration, strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands.
- Since the largest HRG was FSW, assessment of the size and profile of client population including migrants and truckers, and availability of HRG typology data would help to analyze risk factors and thus better understand the district vulnerabilities. .
- Continue HIV prevention strategies to maintain prevalence at low levels.

Kanker

District Population: 7,48,593 (2.93% of Chhattisgarh Population); Female Literacy¹: 61.08%; ANC Utilization²: 62.6%

HIV Levels and Trends ³										
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	-	0.25	0.75	0.25		0			
	NT ⁴	-	400	400	398		385			
PPTCT	PP	-	-	*	*	0	0	0.02		
	NT	-	-	*	*	1320	2738	4316		
Blood Bank	PP	-	-	-	0	0	0	0		
	NT	-	-	1046	1286	1424	1546	2168		
HSS-STD	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-FSW	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-MSM	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-IDU	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
ICTC Male	PP	-	*	0.97	3.37	3.02	0.60	0.40	1.69	
	NT	-	*	308	416	430	833	1492	1475	
ICTC Female	PP	-	*	0.27	0.55	2.38	0.20	0.69	1.15	
	NT	-	*	372	730	294	512	720	955	
ICTC Referred	PP	-	*	0.64	2.12	3.79	0.69	0.53	1.83	
	NT	-	*	622	851	475	875	1709	1363	
ICTC Direct Walk-in	PP	-	*	0	0	0.80	0	0.40	1.03	
	NT	-	*	58	293	249	470	503	1067	
PLHIV Profile, 2009										
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced					
ART (59)	53	41	39	56	19					
DLN (NA)	-	-	-	-	-					
Route of HIV Transmission, ICTC 2011										
	Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown				
% of Total (N=32)	53.13	9.38	37.50	0	0	0				
Block-Level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC 2009	Kanker, 0.89	Bhanupra-tapur, 0.47	Pakhanjur, 0	Charma, 0	-	-	-	-	-	-
% Pos., PPTCT 2009	Kanker, 0	Bhanupra-tapur, 0	-	Pakanj-tapur, 0	-	-	-	-	-	-

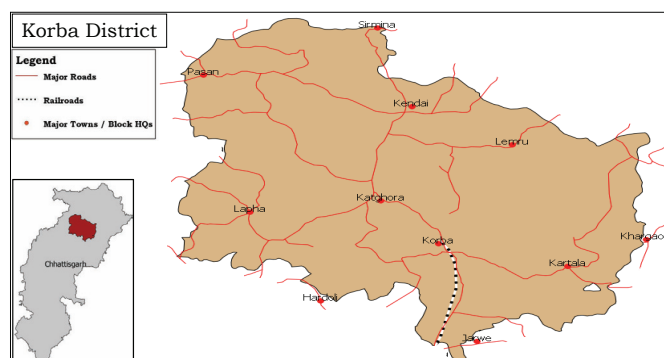
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Vulnerabilities										
Size Est., (Mapping, 2008)	HRG Size			Male Migration, 2001 Census			No. out-migration % male pop.	Intra-state	Intra-district	
	FSW	MSM	IDU	Overall	Inter-State	Inter-State				
% Total HRG	412	10	0	20701	1057	5892	6.38	1.81	4.24	
% Total Pop.	97.63	2.37	0	100	5.11	28.46	66.43			
Program Target	NA	NA	NA	Top 5 districts for inter-state out-migration						
Program Coverage	-	-	-	Gadchiroli Maha-rashtra						
Typology	Home based-NA; NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; NA; Double decker-NA	Daily Injectors-NA; Non-daily injectors-NA							
% <25 yrs.	-	-	-							
% Married	-	-	-							
STI/RTI										
No. episodes treated	69	143	475	2008	2009	2010	2011			
% Syphilis positivity	0	0	0.48	0	0	0.48	1.20			
Programme Response										
No.	2004	2005	2006	2007	2008	2009	2010	2011		
FSW TIs	-	-	-	-	-	-	-	-	-	1
MSM TIs	-	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	-	-	-	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-	-
ICTCs	1	1	1	3	3	4	4	4	4	4
Total tested at ICTCs ⁵	-	469	680	1912	1539	2665	4950	6746		
Blood Banks	1	1	1	1	1	1	1	1	1	1
STI clinics	1	1	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	-	-	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-	-

Korba

Background:

Korba is situated in the northern half of the Chhattisgarh state. It is surrounded by the districts of Koriya (Korea), Raigarh, Surguja, Bilaspur and Janjgir-Champa. It has a population of 12.06 lakhs with a sex ratio of 971 females per 1,000 males, and a female literacy rate of 62.26% with an overall literacy rate of 73.22% (Census 2011). Korba is known for its coal mines. Korba is often referred as the Industrial Hub of Chhattisgarh. The tribals mainly depend on agriculture for their subsistence. Korba is renowned for its black diamond and Kosa silk industry. The district is well connected via roads and railway; National Highway 111 connects it to other districts within the state.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was high for ANC (1.25%) clients, however, a trend could not be predicted due to lack of prior data.
- In 2011, the HIV prevalence was low among PPTCT (0.10%) and Blood Bank (0.34%) attendees. A stable trend was seen among PPTCT attendees and a fluctuating trend was found among Blood Bank attendees.
- In 2010 as per the HSS-IDU data, the level of HIV positivity was low for IDUs (0.42%), but a trend could not be found due to lack of previous year's data.
- According to 2011 ICTC data, the level of HIV prevalence was low among male (1.12%) and female (1.94%) clients. It was also low among referred (1.51%) and direct-walk-in (1.19%) clients. A stable trend was observed among the ICTC attendees.
- In 2011, the number of STI/RTI episodes treated was 627 and the syphilis positivity rate among STI clinic attendees was 1.70%.
- As per 2001 Census, 5.18% of the male population were migrants, among them 12.03% migrated to other states and 26.54% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Umaria and Bhopal districts in Madhya Pradesh.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 45% and 63.8%, respectively.
- In 2011, there were five ICTCs in the district and 7,244 clients were tested for HIV at the ICTCs.

Key Recommendations:

- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Continue HIV prevention strategies to maintain prevalence at low levels.
- Considering high rate of male migration, strengthen outreach programme through awareness campaigns around source and transit points like railway stations and bus stands.
- Carryout disaggregated analysis of ANC attendees to identify risk factors responsible for the increasing HIV epidemic among general population.
- Generate information on size and typology of HRG population to understand district epidemiological profile.
- Availability of HRG size mapping data and ART or DLN data will help in understanding the district vulnerabilities.

District Population: 12,06,563 (4.72% of Chhattisgarh Population); Female Literacy¹: 62.26%; ANC Utilization²: 41.9%

	HIV Levels and Trends ³									
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	-	-	-	0.25	-	1.25	2011		
	NT ⁴	-	-	-	398	-	400	-		
PPTCT	PP	-	-	-	*	0	0.08	0.10		
	NT	-	-	-	*	1047	3843	2941		
Blood Bank	PP	-	-	-	0.45	0.94	0.51	0.34		
	NT	-	-	-	2896	2122	2737	1788		
HSS-STD	PP	1.20	2.00	2.40	5.18	1.60	0.40	-		
	NT	250	250	250	251	250	250	-		
HSS-FSW	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-MSM	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-IDU	PP	-	-	-	-	-	0.42	-		
	NT	-	-	-	-	-	240	-		
ICTC Male	PP	-	-	-	-	0.93	1.59	0.73	1.12	-
	NT	-	-	-	-	1080	2773	3132	3219	-
ICTC Female	PP	-	-	-	-	0.97	0.98	1.13	1.94	-
	NT	-	-	-	-	517	1931	1769	1084	-
ICTC Referred	PP	-	-	-	-	1.24	-	0.73	1.51	-
	NT	-	-	-	-	805	-	2732	1788	-
ICTC Direct Walk-in	PP	-	-	-	-	0.63	-	1.06	1.19	-
	NT	-	-	-	-	792	-	2169	2515	-
PLHIV Profile, 2009										
% On-ART		% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced					
ART (NA)	-	-	-	-	-					
DLIN (NA)	-	-	-	-	-					
Route of HIV Transmission, ICTC 2011										
Hetero-sexual	100	0	0	0	0	0	0	0	0	0
Block-level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-	-
% Pos., PPTCT	-	-	-	-	-	-	-	-	-	-

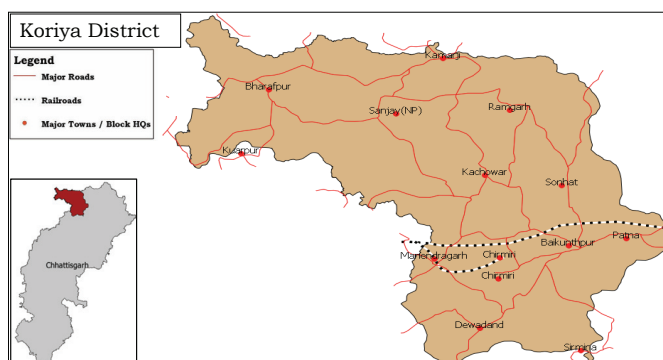
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Size Est., (Mapping, Year: NA)	HRG Size			Male Migration, 2001 Census						
	FSW	MSM	IDU	Overall	Inter-State	Intra-state	Intra-district			
	-	-	-	26720	3214	7092	16414			
% Total HRG	-	-	-	5.18	0.62	1.38	3.18			
% Total Pop.	-	-	-	100	12.03	26.54	61.43			
Program Target	NA	NA	NA	Top 5 districts for inter-state out-migration						
Program Coverage	-	-	-							
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Umariya, Madhya Pradesh	Jhajjar, Haryana	Shahdol, Madhya Pradesh	Sidhi, Madhya Pradesh			
	% <25 yrs.	-	-							
% Married	-	-	-							
STI/RTI										
No. episodes treated	2008	2009	2010	2011						
	14	80	355	627						
% Syphilis positivity	0	0	1.14	1.70						
Programme Response										
No.	2004	2005	2006	2007	2008	2009	2010	2011		
FSW TIs	1	1	1	1	-	-	-	-	1	-
MSM TIs	-	-	-	-	-	-	-	-	-	-
IDU TIs	-	-	-	-	-	1	1	1	-	-
Comp. TIs	-	-	-	-	-	-	-	-	-	-
ICTCs	1	1	1	3	3	4	5	5	-	-
Total tested at ICTCs ⁵	-	-	-	-	236	6978	8744	7244		
Blood Banks	1	1	1	1	1	1	1	1	1	1
STI clinics	-	1	1	1	1	1	1	1	1	1
ART centres	-	-	-	-	-	-	-	-	-	-
Link ART centres	-	-	-	-	-	-	1	1	-	-
PLHIV Networks	-	-	-	-	-	-	-	-	-	-
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-	-
Comm. care centres	-	-	-	-	-	-	-	-	-	-
Drop-in-centres	-	-	-	-	-	-	-	-	-	-
Condom outlets	-	-	-	-	-	-	-	-	-	-

Koriya

Background:

Koriya, also commonly spelled as Korea, is a district in the north-western part of Chhattisgarh. It is bordered on the north by Sidhi of Madhya Pradesh, on the south by Korba, on the east by Surguja, and on the west by Anuppur of Madhya Pradesh. It has a population of 6.59 lakhs with a sex ratio of 971 females per 1,000 males, and a female literacy rate of 61.01% with an overall literacy rate of 71.41% (Census 2011). The economy of the district is primarily agrarian. The tribals also depend on forest products and handicrafts for their subsistence. Koriya is well endowed with coal, limestone fireclay deposits. The coalmines at Chirimar, Baikunthpur and Jhagrakhand also contribute to the district's economy. The district offers a plethora of places that tourists can visit. Koriya is well connected via roads and railways; National Highway 78 connects it to other districts of the state.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was moderate (0.50%) among the ANC clients, with a fluctuating trend.
- In 2011, HIV prevalence was low among PPTCT (0.03%) and Blood Bank attendees, with a stable trend.
- In 2011, according to the ICTC data, the level of HIV prevalence was low among male (1.87%) and female (0.38%) clients. It was low among referred (0.73%) and direct walk-in (1.71%) clients, with a stable trend among all the ICTC clients.
- In 2011, the number of STI/RTI episodes treated among STI clinic attendees was 311.
- As per 2001 Census, 4.29% of the male population were migrants, among them 13.53% migrated to other states and 21.29% migrated to other districts within the state.
- The top destination for out-of-state migration was Shahdol in Madhya Pradesh.
- In 2011, HIV transmissions through blood transfusion accounted for 11.54% and needle/syringe route of HIV transmission accounted for 11.54% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 33% and 52.1%, respectively.
- In 2011, there were four ICTCs and 6,083 clients were tested for HIV in the ICTCs in the district.

Key Recommendations:

- Strengthen outreach programmes through awareness campaigns around tourist destinations, truck halt points and highways in the district that are increasingly getting busier.
- A large contribution to the route of HIV transmission is through needle and syringe, indicating the role of sex worker and drug sharing among IDUs. Thus, focus on IDU-FSW sexual network and addressing the dual risk that is posed due to the high rate of infection among IDU and the district being a tourist spot with a large number of FSWs.
- Since HIV transmission rate through blood transfusion was relatively higher, there is a need to understand the profile of these positive individuals through in-depth analysis of ICTC and ART data and the need for thorough screening of blood at Blood Banks.
- Continue HIV prevention to maintain HIV prevalence at low levels in the district. Availability of HRG mapping data will help to understand the district vulnerabilities.

District Population: 6,59,039 (2.58% of Chhattisgarh Population); Female Literacy¹: 61.01%; ANC Utilization²: 42.2%

HIV Levels and Trends ³										
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	-	0.55	0	1.26		0.50			
	NT ⁴	-	365	400	398		398			
PPTCT	PP	-	-	*	0	0.03	0.07	0.03		
	NT	-	-	*	2483	2995	4324	3627		
Blood Bank	PP	-	-	-	-	0	0.11	0		
	NT	-	-	-	-	1024	2719	2721		
HSS-STD	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-FSW	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-MSM	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-IDU	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
ICTC Male	PP	-	-	-	0.70	1.97	1.56	1.87		
	NT	-	-	-	714	915	1475	1124		
ICTC Female	PP	-	-	-	0.27	0.25	0.44	0.38		
	NT	-	-	-	370	1572	2064	1332		
ICTC Referred	PP	-	-	-	0	-	0.18	0.73		
	NT	-	-	-	57	-	2205	1638		
ICTC Direct Walk-in	PP	-	-	-	0.58	-	2.10	1.71		
	NT	-	-	-	1027	-	1334	818		
PLHIV Profile, 2009										
% On-ART	% 15-24 yrs.									
	% Ill., Prim. Edu.									
ART (NA)	% Married									
	% Widowed or Divorced									
DLIN (NA)										
Route of HIV Transmission, ICTC 2011										
Hetero-sexual	Homo/Bisexual									
	Blood Transfusion									
% of Total (N=26)	Needle/Syringe									
	Parent to Child									
Block-level Details										
No. HRG- FSW										
No. HRG- MSM										
No. HRG- IDU										
% Pos., ICTC										
% Pos., PPTCT										

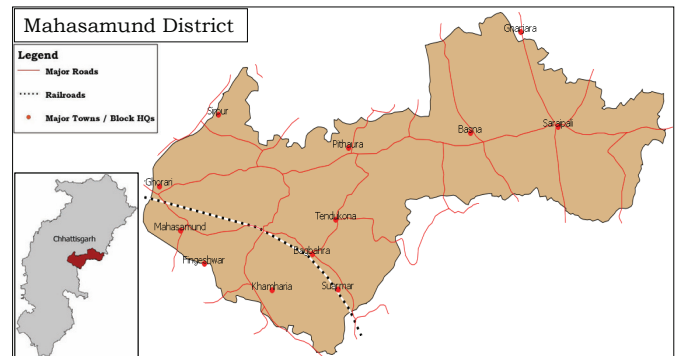
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Vulnerabilities											
Size Est., (Mapping, Year: NA)	HRG Size			Male Migration, 2001 Census					No. out-migration pop.	% total migration	
	FSW	MSM	IDU	Overall	Inter-State	Intra-state	Intra-district				
% Total HRG	-	-	-	12890	1744	2744	8402	4.29	0.58	0.91	2.79
% Total Pop.	-	-	-	100	13.53	21.29	65.18	100	13.53	21.29	65.18
Program Target	NA	NA	NA	Top 5 districts for inter-state out-migration							
Program Coverage	-	-	-	Shahdol, Madhya Pradesh							
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double-decker-NA	Daily Injectors-NA; Non-daily injectors-NA								
% <25 yrs.	-	-	-								
% Married	-	-	-								
STI/RTI											
No. episodes treated	2008	2009	2010	2011							
	-	-	41	311							
% Syphilis positivity	0	0	57.14	0							
Programme Response											
No.	2004	2005	2006	2007	2008	2009	2010	2011			
FSW TIs	-	-	-	-	-	-	-	-	-	-	
MSM TIs	-	-	-	-	-	-	-	-	-	-	
IDU TIs	-	-	-	-	-	1	1	1	-	-	
Comp. TIs	-	-	-	-	-	-	-	-	-	-	
ICTCs	-	1	1	3	3	3	4	4	-	-	
Total tested at ICTCs ⁵	-	-	-	621	3567	5482	7863	6083	-	-	
Blood Banks	-	-	-	-	-	1	1	1	-	-	
STI clinics	-	-	1	1	1	1	1	1	-	-	
ART centres	-	-	-	-	-	-	-	-	-	-	
Link ART centres	-	-	-	-	-	-	-	-	-	-	
PLHIV Networks	-	-	-	-	-	-	-	-	-	-	
Red Ribbon Clubs	-	-	-	-	-	-	-	-	-	-	
Comm. care centres	-	-	-	-	-	-	-	-	-	-	
Drop-in-centres	-	-	-	-	-	-	-	-	-	-	
Condom outlets	-	-	-	-	-	-	-	-	-	-	

Mahasamund

Background:

Mahasamund is an administrative district in Chhattisgarh in eastern India. Mahasamund is surrounded by Raigarh and Raipur districts of Chhattisgarh and Nuapada and Bargarh districts of Odisha. It has a population of 10.32 lakhs with a sex ratio of 1,018 females per 1,000 males, and a female literacy rate of 60.37% with an overall literacy rate of 71.50% (Census 2011). Mahasamund is famous for its large numbers of temples here, with its natural and divine beauty; tourists keep visiting the place and temples and the fairs/festivals have become the part and parcel of people's daily life. It is also well connected via roads and railway; National Highway 6 and 217 connect it to rest of the districts within the state.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC attendees, with a stable trend.
- In 2011 as per the PPTCT data, the level of positivity was low (0.23%) among the attendees, with a stable trend.
- In 2011, as per the ICTC data, the HIV prevalence among ICTC attendees was low among male (4.25%) and female (2.76%) clients, as well as for referred (3.22%) and moderate for direct walk-in (4%) clients. An increasing trend was observed among all the ICTC clients, except, a stable trend was noticed among referred clients.
- According to HRG size mapping data in 2008, FSW (324; 89.5% of total HRG) was the largest HRG in the district.
- In 2011, the number of STI/RTI episodes treated was 669 and the syphilis positivity rate among STI clinic attendees was 10.71%.
- As per 2001 Census, 7.36% of the male population were migrants, among them 17.42% migrated to other states and 32.67% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Bargarh in Odisha and Sultanpur in Uttar Pradesh.
- In 2009, of the 183 PLHIV registered at the ART centres, 14% were 15-24 years of age, 45% were on ART, 67% were illiterate or only had primary school education, and 15% were widowed or divorced.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 45.2% and 38.1%, respectively.
- In 2011, a total of two TI sites, one for FSW and one composite TI, were operational in the district.
- In 2011 there were six ICTCs and 6,384 people were tested for HIV in these ICTCs in the district.

Key Recommendations:

- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.
- Considering high rate of migration, strengthen outreach programme through awareness campaigns around industries, source and transit points like railway stations, highways and bus stands.
- Continue HIV prevention to maintain HIV prevalence at low levels in the district.
- Since the largest HRG was FSW, improved assessment of the size and profile of client population including migrants and truckers, will help in understanding of district vulnerabilities. Also, availability of typology data will help in better analysis of risk factors.

Mahasamund

District Population: 10,32,275 (4.04% of Chhattisgarh Population); Female Literacy¹: 60.37%; ANC Utilization²: 64.2%

HIV Levels and Trends ³										
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	-	0.75	0	0.25		0.25			
	NT ⁴	-	401	400	400		400			
PPTCT	PP	-	-	0	0.29	0.14	0.20	0.23		
	NT	-	-	957	1359	2093	3473	3998		
Blood Bank	PP	-	*	*	*	*	*	*		
	NT	-	*	*	*	*	*	*		
HSS-STD	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-FSW	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-MSM	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
HSS-IDU	PP	-	-	-	-	-	-	-		
	NT	-	-	-	-	-	-	-		
ICTC Male	PP	-	*	2.76	2.90	2.80	3.00	4.25		
	NT	-	*	1161	1033	1393	1635	1154		
ICTC Female	PP	-	*	1.65	2.40	1.82	1.60	2.76		
	NT	-	*	1395	834	1042	1807	1232		
ICTC Referred	PP	-	*	3.05	3.62	3.08	1.81	3.22		
	NT	-	*	1213	1049	1363	2536	1586		
ICTC Direct Walk-in	PP	-	*	1.57	2.72	1.39	3.53	4.00		
	NT	-	*	1336	846	1076	906	800		
PLHIV Profile, 2009										
% On-ART	ART (183)	DLN (NA)	% 15-24 yrs.	Homo/Bisexual	% Ill., Prim. Edu.	% Married	% Widowed or Divorced			
								Needle/Syringe	Parent to Child	Unknown
45	67	66	15							
Route of HIV Transmission, ICTC 2011										
% of Total (N=82)		Heterosexual	92.68	0	3.66	0	3.66	0		
Block-Level Details										
No. HRG- FSW	No. HRG- MSM	No. HRG- IDU	% Pos., ICTC, 2009	% Pos., PPTCT, 2009						
-	-	-	Basna, 1.02	Saraiपाली, 1.15						
-	-	-	Pithora, 1.91	Basna, 0						
-	-	-	Basna, 0	Saraiपाली, 100						

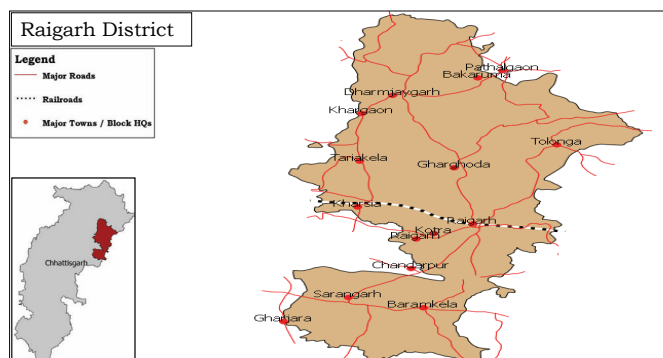
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Vulnerabilities											
Size Est., (Mapping, 2008)	HRG Size			Male Migration, 2001 Census			Programme Response				
	FSW	MSM	IDU	Overall	Inter-State	Intra-State	Intra-district	No. out-migration	% male pop.	% total migration	Top 5 districts for inter-state out-migration
% Total HRG	89.50	10.50	-	31341	5459	10240	15642	7.36	1.28	2.40	3.67
% Total Pop.	0.03	0	-	100	17.42	32.67	49.91				
Program Target	NA	NA	NA	Sultanpur, Faizabad, Nuaapada, Uttar Pradesh							
Program Coverage	-	-	-	Bargarh, Odisha							
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double-decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Sultanpur, Faizabad, Nuaapada, Uttar Pradesh							
% <25 yrs.	-	-	-	Bargarh, Odisha							
% Married	-	-	-	Sultanpur, Faizabad, Nuaapada, Uttar Pradesh							
STI/RTI											
No. episodes treated	2008	2009	2010	2011	2008	2009	2010	2011			
117	225	70	669	0	0	0.00	10.71				
% Syphilis positivity	0	0	0.00	10.71							
Programme Response											
No.	2004	2005	2006	2007	2008	2009	2010	2011			
FSW TIs	-	1	1	1	-	-	-	1			
MSM TIs	-	-	-	-	-	-	-	-			
IDU TIs	-	-	-	-	-	-	-	-			
Comp. TIs	-	-	-	-	-	-	-	-			
ICTCs	-	1	1	3	3	6	6	6			
Total tested at ICTCs ⁵	-	94	260	3513	3226	4528	6915	6384			
Blood Banks	-	-	1	1	1	1	1	1			
STI clinics	-	1	1	1	1	1	1	1			
ART centres	-	-	-	-	-	-	-	-			
Link ART centres	-	-	-	-	-	-	-	-			
PLHIV Networks	-	-	-	-	-	-	-	-			
Red Ribbon Clubs	-	-	-	-	-	-	-	-			
Comm. care centres	-	-	-	-	-	-	-	-			
Drop-in-centres	-	-	-	-	-	-	-	-			
Condom outlets	-	-	-	-	-	-	-	-			

Raigarh

Background:

Raigarh is surrounded by Sarguja and Jashpur in north, Odisha in the east, Mahasamund on the south, Korba and Janjgir-Champa in the west. It has a population of 43.80 lakhs and a sex ratio of 993 females per 1,000 males, and a female literacy rate of 59.16% with an overall literacy rate of 73.70% (Census 2011). The district is made up of various former princely states of Raigarh, Sarangarh and Dharamjaigarh. Due to railway and industrial development in the district, a fair representation from all over India can be seen in Raigarh city, which has a cosmopolitan nature. Raigarh also has an important railway station on the South East Central Railway line and is linked with places throughout the country. The district is well connected via roads, National Highway (NH-200 and 216), connecting it to other districts and states.



HIV Epidemic Profile:

- Based on 2010 ANC data, the level of HIV positivity was moderate (0.75%) among the ANC clients, with an increasing trend.
- In 2011, HIV prevalence was low among PPTCT (0.03%) and Blood Bank (0.11%) attendees, with a stable trend for PPTCT and a declining trend for blood bank attendees.
- As per 2011 ICTC data, the HIV positivity among ICTC attendees was low among male (0.47%) and female (0.36%) clients, also among referred (0.26%) and direct walk-in (0.88%) clients. A stable trend was observed among all the ICTC attendees.
- According to HRG size mapping data in 2008, FSW (500; 95.60% of total HRG) was the largest HRG. Out of the FSWs, majority was brothel based (94.03%) followed by home based (5.97%).
- In 2011, the number of STI/RTI episodes treated among STI clinic attendees was 1,120.
- As per 2001 Census, 5.93% of the male population were migrants, among them 19.53% migrated to other states and 25.23% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Jammu (Jammu and Kashmir) and Sundargarh (Odisha).
- In 2011, HIV transmission through homosexual route accounted for 55.56% of all the HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 41.5% and 37.1%, respectively.
- There were seven ICTCs in the district in 2011.

Key Recommendations:

- Strengthen IEC programme for creating STI awareness in district among general population, especially women.
- Continue HIV prevention strategies to maintain prevalence at low levels.
- Strengthen targeted interventions for MSM population and establish HSS-MSM sites as HIV transmission rate was high through homosexual route.
- 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.
- Strengthen outreach programmes through awareness campaigns for industry workers, migrants and around truck halt points and highways in the district.
- Availability of HRG size mapping data and ART or DLN data will help in understanding the district vulnerabilities.

District Population: 43,80,793 (2.20% of Uttar Pradesh Population); Female Literacy¹: 59.16%; ANC Utilization²: 53%

	HIV Levels and Trends ³									
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴ 0	0.28	0.25	0.13	0.63		0.75			
	NT ⁴ 400	359	800	800	796		796			
PPTCT	PP	-	-	*	*	0.13	0.02	0.03		
	NT	-	-	-	-	1582	4869	3247		
Blood Bank	PP	0.21	0.33	0.33	0.23	0.06	0.02	0.05	0.11	
	NT	1430	3067	3324	3897	4733	4570	4390	3727	
HSS-STD	PP	-	-	-	-	-	-	-	-	
	NT	-	-	-	-	-	-	-	-	
HSS-FSW	PP	-	-	-	-	-	-	-	-	
	NT	-	-	-	-	-	-	-	-	
HSS-MSM	PP	-	-	-	-	-	-	-	-	
	NT	-	-	-	-	-	-	-	-	
HSS-IDU	PP	-	-	-	-	-	-	-	-	
	NT	-	-	-	-	-	-	-	-	
ICTC Male	PP	-	0	0.55	1.47	1.28	0.21	0.24	0.47	
	NT	-	460	362	681	1095	2883	5769	3201	
ICTC Female	PP	-	1.08	0.88	1.09	1.99	0.56	0.24	0.36	
	NT	-	651	453	1012	653	1962	2968	1645	
ICTC Referred	PP	-	1.30	1.09	1.33	1.86	0.31	0.07	0.26	
	NT	-	385	275	526	859	2593	5393	3476	
ICTC Direct	PP	-	0.28	0.56	1.20	1.24	0.40	0.51	0.88	
Walk-in	NT	-	726	540	1167	889	2252	3344	1370	
PLHIV Profile, 2009										
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced					
ART (NA)	-	-	-	-	-					
DLN (NA)	-	-	-	-	-					
Route of HIV Transmission, ICTC 2011										
Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown					
% of Total (N=27)	44.44	55.56	0	0	0					
Block-Level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-	-
% Pos., PPTCT	Saran-Garh, 0	Ghar-Ghoda, 0	-	-	-	-	-	-	-	-

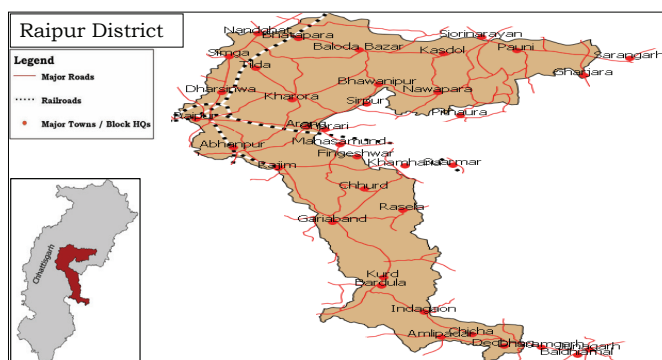
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

	Vulnerabilities									
	HRG Size			Male Migration, 2001 Census			Top 5 districts for inter-state out-migration			
Size Est., (Mapping, 2008)	FSW	MSM	IDU	Overall	Inter-State	Intra-State	Intra-district			
% Total HRG	500	14	9	37604	7344	9487	20773			
% Total Pop.	95.60	2.68	1.72	5.93	1.16	1.50	3.28			
Program Target	NA	NA	NA	100	19.53	25.23	55.24			
Program Coverage	-	-	-	Jammu, Jammu & Kashmir						
Typology	Home based-5.97%; Brothel based-94.03%; Street based-NA	Kothi-NA; Panthi-NA; Double-decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Sundargarh, Orissa	Bargarh, Orissa	Solan, Himachal Pradesh	Bhopal, Madhya Pradesh			
% <25 yrs.	43.62	-	-							
% Married	0.69	-	-							
STI/RTI										
No. episodes treated	2008	2009	2010	2011						
% Syphilis positivity	68	44	219	1120						
	0	0	0	0						
Programme Response										
No.	2004	2005	2006	2007	2008	2009	2010	2011		
FSW TIs	1	1	1	-	-	1	1	1		
MSM TIs	-	-	-	-	-	-	-	-		
IDU TIs	-	-	-	-	-	-	-	-		
Comp. TIs	-	-	-	-	-	-	-	-		
ICTCs	1	1	1	3	3	6	7	7		
Total tested at ICTCs ⁵	-	1111	815	1839	2387	6427	13606	8093		
Blood Banks	1	1	1	1	1	1	1	1		
STI clinics	1	1	1	1	1	1	1	1		
ART centres	-	-	-	-	-	-	-	-		
Link ART centres	-	-	-	-	-	-	-	-		
PLHIV Networks	-	-	-	-	-	-	-	-		
Red Ribbon Clubs	-	-	-	-	-	-	-	-		
Comm. care centres	-	-	-	-	-	-	-	-		
Drop-in-centres	-	-	-	-	-	-	-	-		
Condom outlets	-	-	-	-	-	-	-	-		

Raipur

Background:

Raipur is surrounded by Bilaspur district in the north, by Bastar district of Chhattisgarh and Nabarangapur, Nuapada, Kalahandi, districts of Odisha, in south, Mahasamund and Raigarh districts in the east, and Dhamtari and Durg districts in the West. Raipur has a population of 40.62 lakhs with a sex ratio of 983 females per 1,000 males, and a female literacy rate of 66.21% with an overall literacy rate of 76.43% (Census 2011). The district is important in historical and archeological point of view. There are many wild life sanctuaries and sight-seeing places attracting tourists on regular basis. National Highways passing through Raipur are NH-6, 43, 200, 217 and 12A which connect it to other districts within the state and also to the neighbouring districts of Odisha.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was low (0.25%) among the ANC clients with a fluctuating trend.
- In 2011, the level of HIV positivity was low among PPTCT (0.34%) and Blood Bank (0.22%) attendees, with a fluctuating trend.
- According to 2010 HSS data, the level of HIV positivity was near-moderate for FSWs (4.49%) and high for MSM (14.98%). However, a trend could not be drawn for both of them due to lack of previous years data.
- In 2011, the HIV prevalence among ICTC attendees was near-high for male (9.86%) clients and moderate for female (5.75%) clients. It was low for referred (4.01%) clients and high for direct walk-in (13.41%) clients. A decreasing trend was observed among all the ICTC attendees in last four years.
- According to 2008 HRG size mapping data, FSW (834; 80.66% of total HRG) was the largest HRG in the district followed by MSM (132; 12.77% of total HRG).
- In 2011, the number of STI/RTI episodes treated was 2,286 and the syphilis positivity rate among STI clinic attendees was 3.39%.
- As per 2001 Census, 10.01% of the male population were migrants, among them 35.80% migrated to other states and 19.78% migrated to other districts within the state
- The top two destinations for out-of-state migration were Nagpur and Wardha in Maharashtra.
- In 2009, of the 1,379 PLHIV registered at the ART centre, 13% were 15-24 year of age, 69% were on ART, 49% were illiterate or only had primary school education, and 19% were widowed or divorced.
- In 2011, HIV transmission through homosexual route accounted for 14% and blood transfusion accounted for 13.62% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 39.2% and 43.7%, respectively.
- In 2011, 17,811 clients were tested for HIV at the nine ICTCs operational in the district.

Key Recommendations:

- Carry out differential analysis of male and direct walk-in clients (representative of vulnerable populations) owing to high positivity among them consistently for last four years.
- An effort needs to be made to increase early detection among positive people, and strengthen immediate referrals to ART centres upon confirmation of positivity.
- Since HIV transmission rates through blood transfusion were relatively higher, there is a need to better understand the profile of these positive individuals through in-depth analysis of ICTC and ART data.
- Higher HIV transmission rate through homosexual route necessitates strengthening of targeted interventions.
- Considering high rate of migration, better assessment of the size and profile of migrants will further improve understanding of district vulnerabilities.

District Population: 40,62,160 (15.9% of Chhattisgarh Population); Female Literacy¹: 66.21%; ANC Utilization²: 55%

	HIV Levels and Trends ³										
	2004	2005	2006	2007	2008	2009	2010	2011			
HSS-ANC	PP ⁴	-	0	0.50	1.25		0.25				
	NT ⁴	-	300	400	400		399				
PP	PP	-	-	*	0.16	0.26	0.50	0.34			
	NT	-	-	*	1214	2680	9069	8287			
Blood Bank	PP	-	-	0.67	0	0	0.35	0.22			
	NT	-	-	9473	7982	11244	10722	13733			
HSS-STD	PP	3.20	3.00	1.65	1.20	-	-	-			
	NT	250	200	242	250	-	-	-			
HSS-FSW	PP	-	-	1.00	-	-	4.49	-			
	NT	-	-	200	-	-	245	-			
HSS-MSM	PP	-	-	-	-	-	14.98	-			
	NT	-	-	-	-	-	227	-			
HSS-IDU	PP	-	-	-	-	-	-	-			
	NT	-	-	-	-	-	-	-			
ICTC Male	PP	-	-	*	2.36	18.32	16.44	10.43	9.86		
	NT	-	-	*	508	2839	4167	3998	5021		
ICTC Female	PP	-	-	*	1.63	11.97	9.92	5.22	5.75		
	NT	-	-	*	798	2849	4373	4731	4503		
ICTC Referred	PP	-	-	*	1.59	9.17	8.35	4.25	4.01		
	NT	-	-	*	1194	3338	4263	4466	5563		
ICTC Direct	PP	-	-	*	5.36	23.62	17.84	11.12	13.41		
Walk-in	NT	-	-	*	112	2350	4277	4263	3961		
		PLHIV Profile, 2009									
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced						
ART (1379)	69	13	49	63	19						
DLN (NA)	-	-	-	-	-						
	Route of HIV Transmission, ICTC 2011										
	Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown					
% of Total (N=793)	72.01	14.00	13.62	0	0	0.38					
	Block-Level Details										
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-	-	-
% Pos., PPCT	-	-	-	-	-	-	-	-	-	-	-

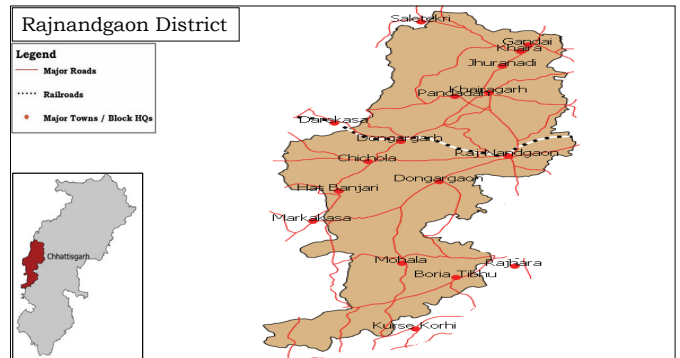
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC \geq 300, HSS-HRG/STD \geq 187, ICTC \geq 600, PPTCT \geq 900 and BB \geq 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant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

	Vulnerabilities										
	HRG Size			Male Migration, 2001 Census			Top 5 districts for inter-state out-migration				
Size Est., (Mapping, 2008)	FSW	MSM	IDU	Overall	Inter-State	Intra-State	Intra-district				
% Total HRG	834	132	68	152113	54462	30089	67562				
% Total Pop.	80.66	12.77	6.58	10.01	3.58	1.98	4.44				
Program Target	NA	NA	NA	100	35.80	19.78	44.42				
Program Coverage	-	-	-	Nagpur, Maharashtra				Bhandara, Maharashtra			
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Wardha, Maharashtra				Chandrapur, Maharashtra			
% <25 yrs.	-	-	-	Nagpur, Maharashtra				Yavatmal, Maharashtra			
% Married	-	-	-	Nagpur, Maharashtra				Bhandara, Maharashtra			
	STI/RTI										
	2008	2009	2010	2011							
No. episodes treated	-	326	1175	2286							
% Syphilis positivity	0	0	5.40	3.39							
	Programme Response										
No.	2004	2005	2006	2007	2008	2009	2010	2011			
FSW TIs	2	2	1	-	-	1	1	1			
MSM TIs	-	-	-	-	-	1	1	1			
IDU TIs	-	-	-	-	-	-	-	-			
Comp. TIs	-	-	-	-	-	-	-	-			
ICTCs	1	1	2	5	5	9	9	9			
Total tested at ICTCs ⁵	-	-	13	1696	6902	11220	17798	17811			
Blood Banks	1	1	1	2	2	2	2	2			
STI clinics	2	2	2	2	2	2	2	2			
ART centres	-	-	1	1	1	1	1	1			
Link ART centres	-	-	-	-	-	-	-	-			
PLHIV Networks	-	-	-	-	-	-	-	-			
Red Ribbon Clubs	-	-	-	-	-	-	-	-			
Comm. care centres	-	-	-	-	1	2	2	2			
Drop-in-centres	-	-	-	-	-	-	-	-			
Condom outlets	-	-	-	-	-	-	-	-			

Rajnandgaon

Background:

Rajnandgaon is in the central part of Chhattisgarh. The district is bordered by Kabirdham in the north, Durg in the east, Bastar in the south, Gadchiroli and Bhandara districts of Maharashtra and Balaghat district of Madhya Pradesh in the west. It has a population of 15.37 lakhs with a sex ratio of 1,017 females per 1,000 males, and a female literacy rate of 66.98% with an overall literacy rate of 76.97% (Census 2011). The major crop grown in the district of Rajnandgaon is paddy. The region is rich in minerals like limestone, china clay, quartzite, quartz, granite and white clay. In the industrial sector the district Rajnandgaon is categorized as a backward district. The handloom industry of the district is also flourishing at a rapid pace. The district is well connected via roads and railway; National Highway 6 connects it to other districts of the state.



HIV Epidemic Profile:

- Based on 2010 HSS-ANC data, the level of HIV positivity was moderate (0.75%) among the ANC clients, with a fluctuating trend.
- As per 2011, level of HIV positivity was low among PPTCT (0.22%) and Blood Bank (0.31%) attendees. A decreasing trend was observed for both in the last three years.
- According to 2010, the level of HIV positivity was low among FSWs (3.70%), whereas a trend could not be determined due to lack of previous year's data.
- In 2011, according to the ICTC data, the level of HIV prevalence was low among male (3.51%) and female (2.26%) clients. It was also low among referred (2.59%) and direct walk-in (3.09%) clients. In the last five years, a decreasing trend was seen among male clients and referred clients, while a stable trend was observed among female clients and direct walk-in clients.
- According to HRG size mapping data, FSW (406; 72.50% of total HRG) was the largest HRG in the district followed by MSM (126; 22.50% of total HRG).
- In 2011, the number of STI/RTI episodes treated was 1,319 and the syphilis positivity rate among STI clinic attendees was 0.21%.
- As per 2001 Census, 8.75% of the male population were migrants, among them 33.05% migrated to other states and 25.54% migrated to other districts within the state
- The top two destinations for out-of-state migration were Nagpur and Chandrapur districts in Maharashtra.
- In 2009, of the 227 PLHIV registered at the ART centres, 24% were 15-24 years of age, 63% were on ART, 37% were illiterate or only had primary school education, 7% were widowed or divorced.
- In 2011, HIV transmissions through homosexual route accounted for 37.27% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 45.7% and 27.4%, respectively.
- There had been an increase in the total number tested for HIV from 3,123 in 2007 to 9,032 in 2011 at the ICTCs in the district.

Key Recommendations:

- 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. Also the availability of HRG typology data would help to analyze risk factors.
- Strengthen outreach activities for migrants at source and transit points as there was migration to high prevalent districts.
- An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.
- Carryout disaggregated analysis of ANC attendees to identify risk factors responsible for the increasing HIV epidemic among general population.
- Higher HIV transmission rate through homosexual route necessitates strengthening of targeted interventions services.

Rajnandgaon

District Population: 15,37,520 (6.02% of Chhattisgarh Population); Female Literacy¹: 66.98%; ANC Utilization²: 65.4%

	HIV Levels and Trends ³											
	2004	2005	2006	2007	2008	2009	2010	2011				
HSS-ANC	PP ⁴ NT ⁴	0 435	0.25 403	0.75 400	0.25 400	0.26 390	0.75 399	0.75 399	0.26 390	0.26 390	0.75 399	0.75 399
PPTCT	PP NT	- -	- -	- -	* *	0.29 1703	0.37 2981	0.22 3839	0.29 1703	0.37 2981	0.22 3839	0.22 3839
Blood Bank	PP NT	0.54 1670	0.76 2375	0.92 4028	0.70 4158	0.32 8039	0.46 6053	0.31 6222	0.32 8039	0.46 6053	0.31 6222	0.31 6222
HSS-STD	PP NT	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
HSS-FSW	PP NT	- -	- -	- -	- -	- -	3.70 216	- -	- -	- -	3.70 216	- -
HSS-MSM	PP NT	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
HSS-IDU	PP NT	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
ICTC Male	PP NT	- -	14.66 382	12.22 622	5.02 1375	5.61 1284	3.15 1999	3.51 2622	5.02 1375	5.61 1284	3.15 1999	3.51 2622
ICTC Female	PP NT	- -	2.64 832	3.84 704	2.84 1388	2.84 985	1.56 2623	2.26 2571	2.84 985	1.11 2602	1.56 2623	2.26 2571
ICTC Referred	PP NT	- -	5.33 806	6.40 875	4.68 1602	5.62 516	2.25 1865	2.59 2084	4.68 1602	3.11 1383	2.25 1865	2.59 2084
ICTC Direct Walk-in	PP NT	- -	8.58 408	10.42 451	4.57 1161	4.05 1753	1.85 2757	3.09 3109	4.05 1753	1.85 3089	2.25 2757	3.09 3109
PLHIV Profile, 2009												
	% On-ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married	% Widowed or Divorced							
ART (227)	63	24	37	73	7							
DLN (NA)	-	-	-	-	-							
Route of HIV Transmission, ICTC 2011												
	Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe	Parent to Child	Unknown						
% of Total (N=161)	60.87	37.27	1.86	0	0	0						
Block-Level Details												
No. HRG- FSW	-	-	-	-	-	-	-	-	-	-	-	-
No. HRG- MSM	-	-	-	-	-	-	-	-	-	-	-	-
No. HRG- IDU	-	-	-	-	-	-	-	-	-	-	-	-
% Pos., ICTC	-	-	-	-	-	-	-	-	-	-	-	-
% Pos., PPTCT	-	-	-	-	-	-	-	-	-	-	-	-

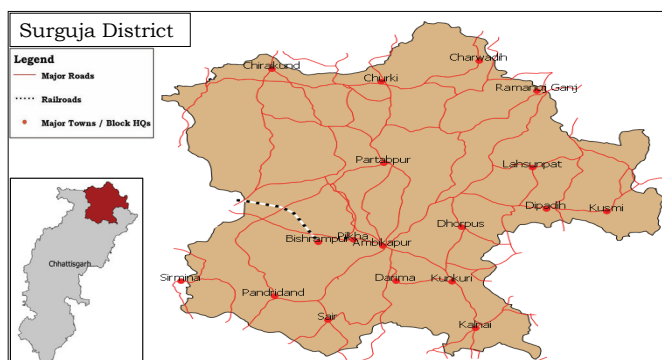
* Inadequate sample size; - Data not available; ¹ 2011 Census; ² Source: DLHS III; ³ Data presented only for years where sample size is valid (HSS-ANC ≥ 300, HSS-HRG/STD ≥ 187, ICTC ≥ 600, PPTCT ≥ 900 and BB ≥ 900); ⁴ PP = percent positive, NT = number tested; ⁵ General clients & pregnant women

Size Est., (Mapping, 2008)	Vulnerabilities											
	HRG Size			Male Migration, 2001 Census			Top 5 districts for inter-state out-migration					
	FSW	MSM	IDU	Overall	Inter-State	Intra-State	Intra-district					
	406	126	28	55385	18302	14145	22938	No. out-migration	% male pop.	% total migration		
% Total HRG	72.50	22.50	5.00	8.75	2.89	3.62						
% Total Pop.	0.03	0.01	0	100	33.05	25.54	41.42					
Program Target	NA	NA	NA									
Program Coverage	-	-	-									
Typology	Home based-NA; Brothel based-NA; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily injectors-NA; Non-daily injectors-NA	Chandrapur, Maharashtra	Bhandara, Maharashtra	Gadchiroli, Maharashtra	Gondiya, Maharashtra					
% <25 yrs.	-	-	-									
% Married	-	-	-									
STI/RTI												
No. episodes treated	2008	2009	2010	2011								
0	0	0	1203	1319								
% Syphilis positivity	0	0	0	0.21								
Programme Response												
No.	2004	2005	2006	2007	2008	2009	2010	2011				
FSW TIs	1	1	1	-	-	1	1	1				
MSM TIs	-	-	-	-	-	-	-	-				
IDU TIs	-	-	-	-	-	-	-	-				
Comp. TIs	-	-	-	-	-	-	-	-				
ICTCs	1	1	1	3	4	6	6	6				
Total tested at ICTCs ⁵	-	1214	1326	3123	3972	7444	7603	9032				
Blood Banks	1	1	1	1	1	1	1	1				
STI clinics	1	1	1	1	1	1	1	1				
ART centres	-	-	-	-	-	-	-	-				
Link ART centres	-	-	-	-	-	-	-	-				
PLHIV Networks	-	-	-	-	-	-	-	-				
Red Ribbon Clubs	-	-	-	-	-	-	-	-				
Comm. care centres	-	-	-	-	-	-	-	-				
Drop-in-centres	-	-	-	-	-	-	-	-				
Condom outlets	-	-	-	-	-	-	-	-				

Surguja

Background:

Surguja is located in the northern part of Chhattisgarh. The district borders on the states of Uttar Pradesh and Jharkhand, and overlaps the southeastern part of the Vindhya-Chal-Baghelkhand region of peninsular India. It has a population of 23.61 lakhs with a sex ratio of 976 females per 1,000 males, and a female literacy rate of 50.88% with an overall literacy rate of 61.16% (Census 2011). Major population comprises tribal people who are still living in forests. Nearly 90% of the population of Surguja is depended on agriculture and engaged in the cultivation of cereals like rice, maize and barley, oil seeds, pulses, and fruits or vegetables. The branch line on Bilaspur-Katani line of the South Eastern Railway is the only railway connection in the Surguja district. The state is linked with different states of India through State Highways 1, 10 and 14.



HIV Epidemic Profile:

- As per 2010 HSS-ANC data, the level of HIV positivity was low among the ANC clients, but a trend could not be found due to lack of data.
- In 2011, the HIV prevalence was low among PPTCT (0.17%) and Blood Bank attendees. A stable trend was observed among Blood Bank attendees, but a trend could not be established among PPTCT attendees due to lack of data.
- In 2011, the level of HIV prevalence was low among male (1.23%) and female (1.35%) clients. It was also low among referred (1.43%) and direct walk-in (1.12%) clients. An overall stable trend was observed among all the ICTCs attendees.
- Based on 2008 HRG size mapping data, FSW (541; 64.79% of total HRG) was the largest HRG in the district followed by IDU (269; 32.22%). Among the FSWs, majority was home based (67.95%) followed by brothel based (32.05%).
- In 2011, the number of STI/RTI episodes treated was 824 and the syphilis positivity rate among STI clinic attendees was 0.99%.
- As per 2001 Census, 4.23% of the male population were migrants, among them 9.40% migrated to other states and 21.41% migrated to other districts within the state.
- The top two destinations for out-of-state migration were Shahdol and Bhopal in Madhya Pradesh.
- In 2009, of the 70 PLHIV registered at the ART centres, 19% were 15-24 years of age, 49% were on ART, 77% were illiterate or only had primary school education, 9% were widowed or divorced.
- In 2011, HIV transmission through blood transfusion accounted for 19.15% of the total HIV transmissions in the district.
- According to DLHS-III data, the HIV and STI/RTI awareness rate among women was 24.6% and 36.7%, respectively.
- There were six ICTCs and 5,486 clients were tested for HIV in the district in 2011.

Key Recommendations:

- Since HIV transmission rates through blood transfusion were relatively higher, there is a need to understand the profile of these positive individuals through in-depth analysis of ICTC and ART data analysis and to screen blood more thoroughly before transfusion.
- Strengthen outreach programmes through awareness campaigns around industries, truck halt points and highways in the district.
- Since the largest HRG was FSW, improved assessment of the size and profile of client population including migrants and truckers, will help in understanding of district vulnerabilities. An effort needs to be made to increase early detection among positive people, as well as strengthen immediate referrals to ART centres upon confirmation of positivity.
- Focus on the outreach efforts for home based FSWs to keep HIV prevalence among them at low level.

District Population: 23,61,329 (9.25% of Chhattisgarh Population); Female Literacy¹: 50.88%; ANC Utilization²: 28%

	HIV Levels and Trends ³									
	2004	2005	2006	2007	2008	2009	2010	2011		
HSS-ANC	PP ⁴	-	-	-	0	-	0	-	-	-
	NT ⁴	-	-	-	397	-	398	-	-	-
	PP	-	-	-	*	*	*	0.17	-	-
PPTCT	NT	-	-	-	*	*	*	2094	-	-
	PP	0	0.12	0.09	0.04	0	0	0.04	0	-
Blood Bank	NT	2514	3405	3301	4530	1404	3328	4655	5087	-
	PP	-	2.40	0	0.40	-	0.41	-	-	-
HSS-STD	NT	-	250	250	248	244	-	-	-	-
	PP	-	-	-	-	-	-	-	-	-
HSS-FSW	NT	-	-	-	-	-	-	-	-	-
	PP	-	-	-	-	-	-	-	-	-
HSS-MSM	NT	-	-	-	-	-	-	-	-	-
	PP	-	-	-	-	-	-	-	-	-
HSS-IDU	NT	-	-	-	-	-	-	-	-	-
	PP	-	-	-	-	-	-	-	-	-
ICTC Male	NT	-	-	-	0.95	3.89	2.79	1.23	-	-
	PP	-	-	-	740	926	681	2203	-	-
ICTC Female	NT	-	-	-	2.14	3.29	5.26	1.35	-	-
	PP	-	-	-	187	607	323	1189	-	-
ICTC Referred	NT	-	-	-	1.65	5.12	3.66	1.43	-	-
	PP	-	-	-	423	918	573	1604	-	-
ICTC Direct	NT	-	-	-	0.79	1.47	3.48	1.12	-	-
	PP	-	-	-	504	611	431	1788	-	-

	PLHIV Profile, 2009			
	% On ART	% 15-24 yrs.	% Ill., Prim. Edu.	% Married or Divorced
ART (70)	49	19	77	73
DLN (NA)	-	-	-	9

	Route of HIV Transmission, ICTC 2011			
	Hetero-sexual	Homo/Bisexual	Blood Transfusion	Needle/Syringe
% of Total (N=47)	80.85	0	19.15	0

	Block-Level Details			
	Parent to Child	Unknown	Needle/Syringe	Unknown
No. HRG- FSW	Suraj- Pur, 8	Ambika- Pur, 70	-	-
No. HRG- MSM	-	-	-	-
No. HRG- IDU	Suraj- Pur, 320	-	-	-
% Pos., ICTC	-	-	-	-
% Pos., PPTCT	-	-	-	-

* 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

	Vulnerabilities									
	HRG Size					Male Migration, 2001 Census				
Size Est., (Mapping, 2008)	FSW	MSM	IDU	No. out-migration	Overall	Inter-State	Intra-state	Intra-district		
% Total HRG	541	25	269	42290	3975	9054	29261			
% Total Pop.	64.79	2.99	32.22	4.23	0.40	0.91	2.93			
Program Target	0.02	0	0.01	100	9.40	21.41	69.19			
Program Coverage	NA	NA	NA	Top 5 districts for inter-state out-migration						
Typology	Home based-67.95%; Brothel based-32.05%; Street based-NA	Kothi-NA; Panthi-NA; Double decker-NA	Daily Injectors-NA; Non-daily injectors-NA	Shahdol, Madhya Pradesh	Bhopal, Madhya Pradesh	Sidhi, Madhya Pradesh	Gadchiroli, Maharashtra	Jabalpur, Madhya Pradesh		
% <25 yrs.	32.05	-	41.88							
% Married	72.73	-	56.88							
STI/RTI										
No. episodes treated	2008	2009	2010	2011						
% Syphilis positivity	467	444	200	824						
Programme Response										
No.	2004	2005	2006	2007	2008	2009	2010	2011		
FSW TIs	-	1	1	1	-	1	-	1		
MSM TIs	-	-	-	-	-	-	-	-		
IDU TIs	-	-	-	-	-	1	1	1		
Comp. TIs	-	-	-	-	-	-	-	1		
ICTCs	1	1	1	3	3	4	6			
Total tested at ICTCs ⁵	-	-	-	125	1086	1942	1813	5486		
Blood Banks	1	1	1	1	1	1	1	1		
STI clinics	1	1	1	1	1	1	1	1		
ART centres	-	-	-	-	-	-	-	1		
Link ART centres	-	-	-	-	1	1	-	-		
PLHIV Networks	-	-	-	-	-	-	-	-		
Red Ribbon Clubs	-	-	-	-	-	-	-	-		
Comm. care centres	-	-	-	-	1	1	1	1		
Drop-in-centres	-	-	-	-	-	-	-	-		
Condom outlets	-	-	-	-	-	-	-	-		

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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